

Documenting the Hospice Beneficiary Notice of Election & Addendum Session Six April 22, 2022



Today's Presenters



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Objectives

- Provide a working knowledge of the hospice beneficiary notice of election statement and addendum documentation requirements



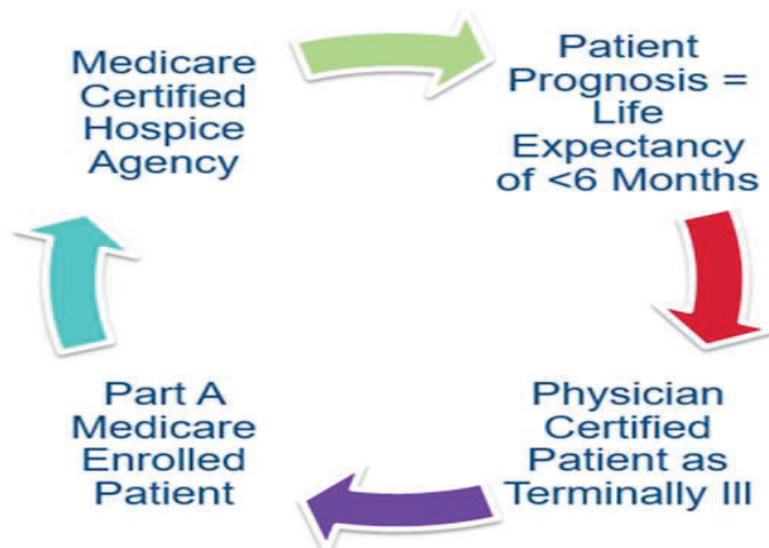
Agenda

- The Medicare Hospice Benefit
- The Hospice Beneficiary Election Statement
 - CMS Example
- The Hospice Beneficiary Election Statement Addendum
 - CMS Example
- References & Resources
- Question & Answer Period

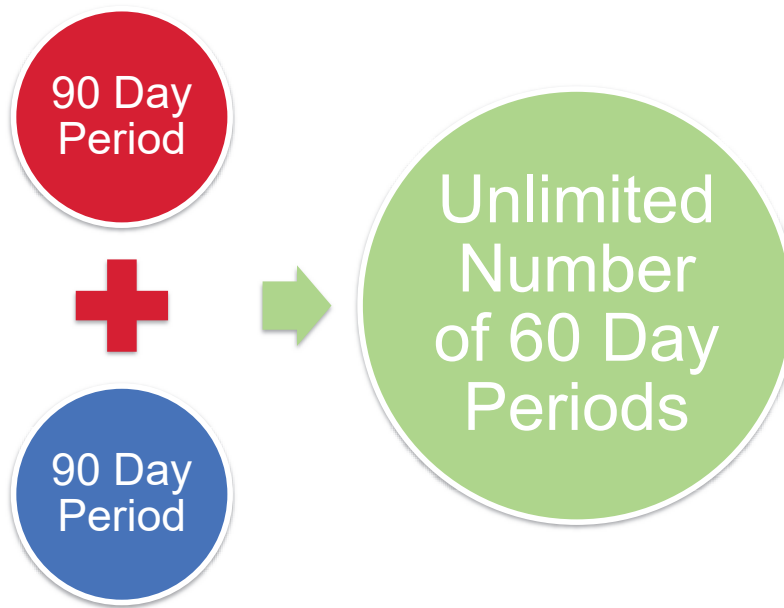


The Medicare Hospice Benefit

The Medicare Hospice Benefit



The Medicare Hospice Benefit



The Medicare Hospice Benefit



The Hospice Beneficiary Election Statement

The Hospice Beneficiary Election Statement



Elect services of hospice agency



Identify and designate an attending physician



Waive rights to Medicare payment for any services related to terminal prognosis

The Hospice Beneficiary Election Statement



Identify Agency



Palliative/Comfort Care



Waived Services



Effective Date



Attending Physician



Beneficiary Choice



Signatures



The Hospice Beneficiary Election Statement

FY 2020 Hospice Final Rule Policy Changes to Address Vulnerabilities

- To increase coverage transparency for beneficiaries electing hospice care, CMS finalized modifications to the election statement in the FY 2020 Hospice Wage Index and Payment Rate Update final rule
- CMS also finalized policies relating to an election statement addendum to be furnished upon request
- These changes became effective for hospice elections beginning on and after **October 1st 2020**



The Hospice Beneficiary Election Statement

The modified content requirements within the beneficiary election statement include the following:

- Acknowledgement that the individual has been provided information on the hospice's coverage responsibility and that certain Medicare services are waived by the election
 - *For Hospice elections beginning on or after 10/1/2020, this would include providing the individual with information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and the hospice should be providing virtually all care needed by the individual who has elected hospice*



The Hospice Beneficiary Election Statement

The modified content requirements within the beneficiary election statement include the following:

- *Notification of the individual's (or representative's) right to receive an election statement addendum, as set forth in paragraph (c) of this section, if there are conditions, items, services, and drugs the hospice has determined to be unrelated to the individual's terminal illness and related conditions and would not be covered by the hospice*
- *Information on the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), including the right to immediate advocacy and BFCC-QIO contact information*



The Hospice Beneficiary Election Statement

CMS Model Example of Hospice Election Statement

Model Example of Hospice Election Statement

Patient Name: _____

Hospice Agency Name: _____

Hospice Election

I, _____ (Patient Name) choose to elect the Medicare hospice benefit and receive Hospice services from _____ (Name of Hospice Agency) to begin on _____ (Start of Care Date).

(Note: The start of care date, also known as the effective date of the election, may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive.)

Right to choose an attending physician

- I understand that I have a right to choose my attending physician to oversee my care.
- My attending physician will work in collaboration with the hospice agency to provide care related to my terminal illness and related conditions.

☐ I do not wish to choose an attending physician.

☐ I acknowledge that my choice for an attending physician is: _____ (Please provide any information that will uniquely identify your attending physician choice.)

Physician Full name: _____

Hospice Philosophy and Coverage of Hospice Care

By electing hospice care under the Medicare hospice benefit, I acknowledge that:

- I was given an explanation and have a full understanding of the purpose of hospice care including that the nature of hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.
- I was provided information on which items, services, and drugs the hospice will cover and furnish upon my election to receive hospice care.
- I was provided with information about potential cost-sharing for certain hospice services, if applicable.
- I understand that by electing hospice care under the Medicare hospice benefit, I waive (give up) the right to Medicare payments for items, services, and drugs related to my terminal illness and related conditions. This means that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected.
- I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual and, in general, the hospice will be providing virtually all of my care while I am under a hospice election. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions continue to be eligible for coverage by Medicare under separate benefits.

Model Example of Hospice Election Statement

Right to Request "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

- As a Medicare beneficiary who elects to receive hospice care, you have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists conditions, items, services, and drugs that the hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the hospice.
- The hospice must furnish this notification within 5 days, if you request this form on the start of care date, and within 72 hours (or 3 days) if you request this form during the course of hospice care.

Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO)

As a Medicare hospice beneficiary, you have the right to contact the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) to request Immediate Advocacy if you disagree with any of the hospice's determinations. The BFCC-QIO that services your area is:

BFCC-QIO Name: _____

BFCC-QIO Phone Number: _____

Signature of Beneficiary: _____

Date Signed: _____

☐ Beneficiary is unable to sign

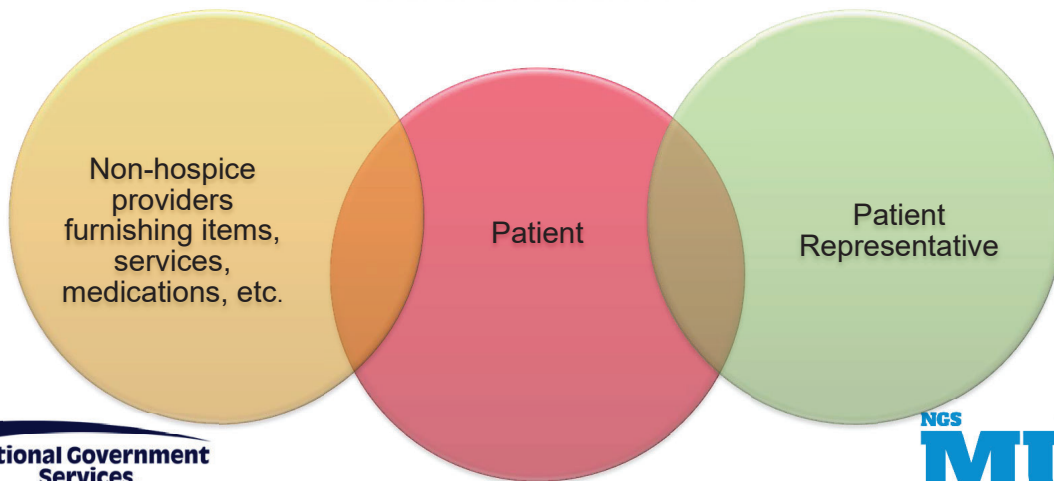
Signature of Representative: _____

Date Signed: _____

Hospice Beneficiary Election Statement Addendum

The Hospice Beneficiary Election Statement Addendum

Who can request the hospice beneficiary election addendum?



The Hospice Beneficiary Election Statement Addendum

- **The goal of the addendum** is to increase coverage transparency to allow individuals to make fully informed decisions as they approach the end of life
- **The purpose of the addendum** is to provide another vehicle in which to prompt discussions between the hospice and the beneficiary

The Hospice Beneficiary Election Statement Addendum

- The addendum is only given to Medicare beneficiaries (or their representatives) when they **request** the information
 - If an addendum is requested on the effective date of the election (that is, the first day of hospice care), the hospice must provide this document within **five days** from the effective date of election
 - If addendum is requested during the course of hospice care (e.g. after the effective date of the election) then hospice must provide information within **three days** of the request
 - **The request date is day zero**
 - *If the beneficiary dies during the five or three day period (mentioned above) and prior to the hospice agency furnishing the addendum, then the condition for payment has been satisfied*
- If there are any changes to the content on the addendum during the course of hospice care, the hospice must update the addendum and provide these updates, in writing, to the individual (or representative)



The Beneficiary Election Statement Addendum

Time Frame Example

Mr. Brown requests the election statement addendum on October 3rd, the effective date of his initial hospice election (that is, at the time of admission to hospice)

The hospice agency must provide this information, in writing, to Mr. Brown within five days from the effective date of the hospice election

Therefore, the addendum would be required to be provided to Mr. Brown on or before October 8th



The Beneficiary Election Statement Addendum

Time Frame Example

Mrs. Smith's effective date of her hospice election was November 1st, but she did not request the election statement addendum until December 4th

Since Mrs. Smith requested the election statement addendum during the course of hospice care (that is, after the effective date of the hospice election), the hospice agency must provide this information, in writing, within three days of her request

Therefore, the addendum would be required to be provided to Mrs. Smith on or before December 7th



The Hospice Beneficiary Election Statement Addendum

Title	
Name of Agency	
Beneficiary Name and Medical Record Identifier	
List of Patient Current Conditions upon Admission	
Associated Items, Services, Drugs, etc. not Covered by Hospice	
Written Clinical Explanation as to why the Items, Services, Drugs etc. are not covered	
References to any Clinical Practice, Policy or Coverage Guidelines	
Purpose of the Addendum	
Right to Immediate Advocacy	
Name & Dated Signature of Patient or their Representative	



The Hospice Beneficiary Election Statement Addendum

- There is no specific or mandatory format for the addendum
- Hospice agencies can design the format of the addendum to best meet their needs as long as the content requirements are met



The Hospice Beneficiary Election Addendum Statement

CMS Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Patient Name: _____
Patient MRN: _____
Hospice Agency Name: _____

Purpose of Issuing this Notification
The purpose of this addendum is to notify the requesting Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions. If you request this notification on the effective date of the hospice election (that is, on the start date of hospice care), the hospice must provide you this form within 5 days. If you request this form at any point after the start date of hospice care, the hospice must provide you this form within 3 days.

Diagnoses Related to Terminal Illness and Related Conditions

1.	5.
2.	6.
3.	7.
4.	8.

Diagnoses Unrelated to Terminal Illness and Related Conditions:

1.	5.
2.	6.
3.	7.
4.	8.

Non-covered Items, Services, and Drugs Determined by Hospice to be Unrelated to Your Terminal Illness and Related Conditions:

Items/Services/Drugs	Reason for Non-coverage

Note: The hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each patient. As the patient or representative, you should share this list and clinical explanation with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions. The hospice should provide its reasons for non-coverage in language that you (or your representative) understand.

Right to Immediate Advocacy
As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagree with the decision of the hospice agency on items not covered because the hospice has determined they are unrelated to your terminal illness and related conditions.

Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Please visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/locate-your-qio> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Signing this notification (or its' updates) is only acknowledgement of receipt of this notification (or its updates) and does not constitute your agreement with the hospice's determinations.

Signature of Beneficiary: _____
Date Signed: _____

☐ Beneficiary is unable to sign

Signature of Representative: _____
Date Signed: _____

The Hospice Beneficiary Election Statement Addendum

- A signed addendum in the beneficiary's medical record with the hospice agency indicates that the beneficiary requested the information
- While hospice agencies can choose to provide the addendum to every electing beneficiary, **it is only mandatory when the patient (or representative) requests it**



Home Health & Hospice References and Resources



Hospice References & Resources

- [Hospice Center Webpage](#)
- [Hospice Code of Federal Regulations](#)
- [Medicare Contractor Beneficiary and Provider Communications Manual](#)
- [Medicare Benefit Policy Manual-Hospice](#)
- [Medicare Claims Processing Manual-Hospice](#)
- [Office of Inspector General Report: Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity](#)



Hospice References & Resources

- [NGS Website](#)
 - Education
 - Medicare Topics
 - Billing
 - Documentation



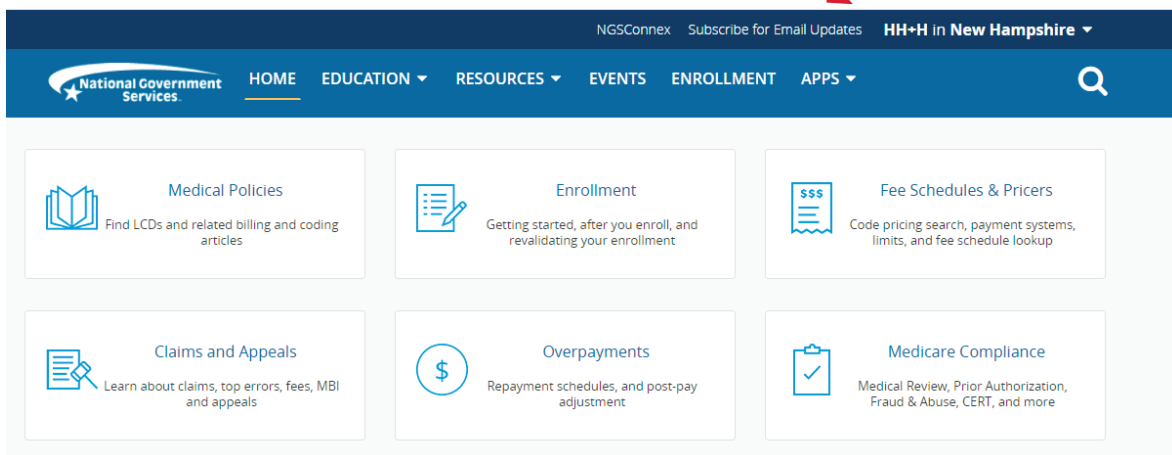
References & Resources

- [NGS Website](#)
 - Resources
 - Medicare Compliance
 - Fraud and Abuse



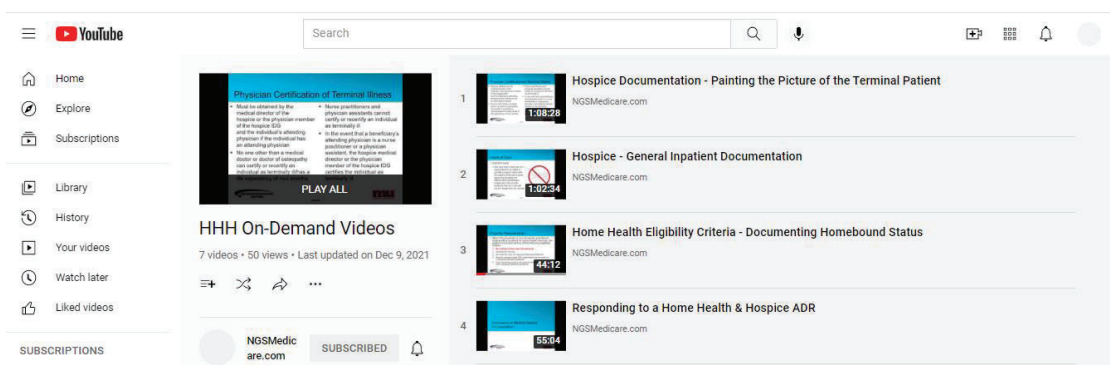
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Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services
 - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries



Provider Contact Center

State/Region	Toll-Free Number	Interactive Voice Response (IVR)	Hours of Service
Alaska, Arizona, California , Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT



Thank You!

- Questions?

