



EDUCATIONAL RESOURCES

# HOSPICE CHANGES IN ELECTION STATEMENTS 2020

**Presented by:**

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# OBJECTIVES

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Participants will :

- Review requirements from CMS for hospice Election Statement content
- Understand the revisions required in the hospice Election Statement based on the FY 2020 Hospice Wage Index Final Rule
- Understand the elements required in the new addendum to the hospice Election Statement per the 2020 Hospice Wage Index Final Rule
- Examine a CMS sample election form and a CMS example of an addendum to the hospice election that meets the requirements and know the required timeframes for implementing and providing the revised forms

# HOSPICE ELECTION STATEMENTS

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- Must still include all the previous hospice Election Statement requirements PLUS
- New requirements for the hospice Election Statement as described in the FY 2020 Hospice Wage Index Final Rule from CMS
- Must additionally have an addendum to the Election Statement available if patient requests

# NEW HOSPICE ELECTION STATEMENT-AND ELECTION STATEMENT ADDENDUM

- All hospice elections on and after 10/1/2020
- Must meet new requirements for revised Election Statement and addendum of items, services and drugs not covered by hospice

# PRIOR ELECTION STATEMENT REQUIREMENTS

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- Prior requirements for hospice election statement still also in effect
- CMS website has examples for revised hospice Election Statement and the new addendum which include revisions and additions described in FY 2020 Hospice Wage Index Final Rule

# ELECTION STATEMENT NEW REQUIREMENTS

- 2020 Hospice Final Rule- *Effective 10/1/2020*
- Requires revision of Election Statement including:
  - Signature of beneficiary/ representative RE: choice to receive addendum to the election statement
  - Information of the purpose of the addendum to the election statement
  - Information about the beneficiary/ family right to appeal hospice decision to a BFCC-QIO third party

# ELECTION STATEMENT ADDENDUM

- Must title addendum “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”
- Must show what items, services, medications hospice will not pay and explain why
- See sample Election Form and addendum form from CMS on website:  
<https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf>
- At time of election, if choose to receive addendum, hospice provides within 5 days

# SAMPLE REVISED ELECTION STATEMENT

## Hospice Election Statement Example

### Hospice Philosophy

I acknowledge that I have been given a full explanation and have an understanding of the purpose of hospice care. 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.

### Effects of a Medicare Hospice Election

I understand that by electing hospice care under the Medicare Hospice Benefit, I am acknowledging that I understand the palliative rather than curative nature of hospice care, as it relates to my terminal illness and related conditions. I understand that by electing hospice care under the Medicare Hospice Benefit, I am waiving (give up) all rights to Medicare payments for services related to my terminal illness and related conditions and I understand 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 services not related to my terminal illness or related conditions will continue to be eligible for coverage by Medicare; however, I also understand that services unrelated to my terminal illness and related conditions are exceptional and unusual and hospice should cover all care related to my terminal illness and related conditions needed under the hospice election.

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

I acknowledge that I have been provided with information about my financial responsibility for certain hospice services (drug copayment and inpatient respite care). I understand that I have the right to request at any time, in writing, the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that lists the items, services, and drugs that the hospice has determined to be unrelated to my terminal illness and related conditions that would not be covered by the hospice. I acknowledge that I have been provided information regarding the provision of Immediate Advocacy through the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) if I disagree with any of the hospice's determinations and I have been provided with the contact information for the BFCC-QIO that services my area.

I elect to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Initials \_\_\_\_\_ Date \_\_\_\_\_

(Hospice: Please provide the beneficiary with the addendum. Must be signed and dated accompanying the election statement.)

I decline to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"

Initials \_\_\_\_\_ Date \_\_\_\_\_

### 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:

Physician Full name: \_\_\_\_\_ NPI (if known) \_\_\_\_\_

Office Address: \_\_\_\_\_

I acknowledge and understand the above, and authorize Medicare hospice coverage to be provided by \_\_\_\_\_ to begin on \_\_\_\_\_

(Hospice Agency)

(Effective Date of Election)

**Note:** The effective date of the election, which 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.

\_\_\_\_\_  
Signature of Beneficiary/Representative

\_\_\_\_\_  
(Date Signed)

Beneficiary is unable to sign -Reason: \_\_\_\_\_

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
(Date Signed)



# SAMPLE ELECTION ADDENDUM

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

Date of Request \_\_\_\_\_ Hospice Agency \_\_\_\_\_  
(Hospice must furnish this addendum within 5 days if requested at the time of hospice election and within 72 hours if requested during the course of hospice care.)

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

Diagnoses Related to Terminal Illness and Related Conditions (hospice is responsible to cover all items, services and drugs):

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Diagnoses Unrelated to Terminal Illness and Related Conditions:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Non-covered items, services, and drugs determined by hospice as not related to my 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 beneficiary. This addendum should be shared 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.

### Right to Immediate Advocacy

As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not being covered because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

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

### Acknowledgement of non-covered items, services, and drugs not related to my terminal illness and related conditions

The purpose of this addendum is to notify beneficiary (or representative), in writing, of those conditions, items, services, and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. I acknowledge that I have been given a full explanation and have an understanding of the list of items, services and drugs not related to my terminal illness and related conditions not being covered by hospice. Signing this addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily agreement with the hospice's determinations.

\_\_\_\_\_  
Signature of Beneficiary/Representative (Date Signed)

Beneficiary is unable to sign -Reason: \_\_\_\_\_

\_\_\_\_\_  
Witness signature (Date Signed)

# COMPLIANCE CHECKLIST FOR HOSPICE ELECTION

- Compliance to new requirements for revised Election Statement and the “Patient Notification of Hospice Non-Covered Items, Services and Drugs” addendum forms
- Sample checklist for monitoring revisions of Election Statement and addendum
- See Handout- “Compliance Checklist”

# ELECTION STATEMENT OF BENEFITS REQUIREMENTS

- **Prior requirements still in effect**
- A patient must choose to elect hospice benefit
- No standardized form that is required but must include:
  - The name of the hospice provider
  - Acknowledgement of the patient's understanding of hospice care
    - Palliative vs. curative

# ELECTION STATEMENT OF BENEFITS REQUIREMENTS

- Continued...
  - Acknowledgement that certain Medicare rights are waived while enrolled in hospice care that are related to terminal illness
  - Effective date of election to hospice
    - May be the first day of hospice care or a later date, but may be no earlier than the date of the election statement
  - Signature of patient/representative
    - Signature needs to be dated

# ELECTION STATEMENT OF BENEFITS REQUIREMENTS

- Continued...
  - Patient's attending physician
    - Full name/NPI number or any other identifying information such as address
    - Acknowledgement that this was patient's choice
      - Attending physician and hospice medical director can be the same if this was patient's choice
    - Patient/representative can choose NOT to have an attending physician
      - Needs to be documented

# CHOICE OF ATTENDING PHYSICIAN

- Existing Requirements before 2020
- Election statement must show choice of attending physician if any
- If patient chooses an attending and then requests to change the following must be completed:
  - A signed statement stating who the new attending physician will be with the name and NPI number/identifying information
  - Acknowledgement that this was patient/representative choice
  - The date of the effective change
  - The patient/representative's signature along with the date signed

# ELECTION STATEMENT OF BENEFIT: CHANGE IN HOSPICE

- A patient may change, once in each election period, the designated hospice provider they want to receive services from
- When this happens the receiving hospice must file a new 'Notice of Election'; however, the benefit periods are unaffected
- The patient or representative must file a signed statement from the hospice, which he or she has received care **AND** with the newly designated hospice and must include the following:
  - Name of hospice from which the individual has received care
  - Name of hospice from which they plan to receive care
  - The date the change is to be effective

# CONCLUSION

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- Utilize the CMS Model Election Statement and Addendum Sample
  - Why reinvent the wheel?
- Update agency policies and procedures
- Provide staff education
- Audit new admissions to ensure the requirements are being met





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# QUESTIONS?



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# THANK YOU

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