



Maryland Medicaid Hospice Request Form Refresher & Updates

Division of Hospice & PACE Services (DHPS)

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Objectives

By the end of this training, Hospice Organizations (HOs) will be able to:

- Articulate the purpose of the Maryland Medicaid Hospice Request Form and identify key updates since the last revision.
- Identify the required information that must be provided on the Maryland Medicaid Hospice Request Form.
- Understand the impact of submitted information on claims processing and billing outcomes.
- Articulate the requirements for timely submission
- Navigate the Maryland Medicaid Hospice Request Form through a live demonstration
- Locate and utilize Provider Services contact information for ongoing support
- Engage in a question-and-answer session to clarify outstanding concerns

What is the Maryland Medicaid Hospice Request Form?

The Maryland Medicaid Hospice Request Form is the designated tool for hospice providers to submit documentation related to:

- Enrollment
- Disenrollment
- Transfer
- Resource (participant contribution to care) updates
- Correction of information

Accessing the Maryland Medicaid Hospice Request Form

Hospice providers can access the Maryland Medicaid Hospice Request Form at:

<https://www.cognitoforms.com/MDH3/MedicaidHospiceRequestForm>

Where do I submit the Maryland Medicaid Hospice Request Form?

The Maryland Medicaid Hospice Request Form is submitted via Cognito.

What is Cognito?

- Cognito is a secure, HIPAA-compliant online data management platform used to collect, organize, and manage form submissions.

How will DHPS use Cognito?

- As the official intake system for enrollment, disenrollment, and resource adjustment requests.
- To support internal review, tracking, and processing of submissions.

Cognito Use is Mandatory

- According to Provider Transmittal [PT 16-23](#), As of October 10, 2022, the use of the Cognito tool to submit the Maryland Medicaid Hospice Request form is **mandatory**.
- DHPS will not accept any e-requests that are not submitted through Cognito.

What is a Continued Stay Review (CSR)?

- A Continued Stay Review is a process that reviews the health status and medical necessity of Hospice services for Maryland Medicaid Hospice Participants continuously enrolled for more than **ONE** year
- [Transmittal PT 24-25](#) requires Providers to submit CSRs as they are due electronically through the Qualitrac Provider Portal.
- Qualitrac can be accessed using this link:
<https://telligenmd.qualitrac.com/>.

Who has access to the Maryland Medicaid Hospice Request Form ?

Hospice Provider Personnel

- As designated by the Hospice Provider

Maryland Department of Health, Division of Hospice & PACE Services

- Medical Care Program Specialist
- Health Policy Analyst
- Division Chief

Office of the Inspector General/Auditors

- Routine Audits
- Fraud, Waste, Abuse Prevention and Investigation

When to use the Maryland Medicaid Hospice Request Form?

Actions pertaining to:

- **Changes** to Contribution to Care
- Submission of Documentation

Submission Requirements:

- 10th of the following month**
- Timely within 365 days of the first date of service

Implications:

- At risk for non-payment
- Claims and Billing Adjustments
- Non-Compliance with CMS/CFR
- Fraud/Waste/Abuse

**Submission of changes by the 10th of the following month (or next business day if the 10th is a non business day) will enhance accurate payment and reduce claim delay.

When to use the Maryland Medicaid Hospice Request Form?con't

Actions pertaining to:

- Enrollment
- Disenrollment

Enrollment/Disenrollment:

- 10th of the following month **
- Timely - within 365 days of the first date of service

Implication:

- Late Enrollments - Risk for non-payment
- Recoupments
- Contracts with Long Term Care Providers

**Submission of changes by the 10th of the following month (or next business day if the 10th is a non business day) will enhance accurate payment and reduce claim delay.

How does the Maryland Medicaid Hospice Request Form work?

- Provider enters all required information into the Form and upload required documents.
 - File Name: YYYY MMDD_Last Name_First Name_Name of Document
 - PDF
 - Drag and Drop or Attach
- If a required field or upload is not completed, you will not be able to complete submission
- Cognito captures the information needed and directly routes it to an internal log for review and processing.
- Required documents for submission via Cognito

Documentation Required by CMS

- Certification of Terminal Illness 42 CFR 418.22(a)
- Notice of Election (NOE) 42 CFR 418.24(e)
- Face-to-face encounter 42 CFR 418.22(a)(4)(i)
- Notice of termination of election. 42 CFR 418.26(e)
- Change of the designated hospice form 42 CFR 418.30

What's New:

- Requesting all enrollment/disenrollment changes from the previous month to be uploaded by the 10th of the following month.
- Requirement for uploading forms when taking the following actions:
 - Election of Hospice Benefit
 - Certification of Terminal Illness
 - Changes in Hospice Provider
 - Change in Recipient Resources
 - Revocation of Hospice Care
 - Termination of Hospice Care Due to Death or for Cause

So Let's Try It!

Open a request: [Request Form](#)



Medicaid Hospice Request Form

Physician Provider # *

Provider Name

Contact Person

Phone

Email *

First

Last

Recipient Name *

Patient ID Number

First

Last

Medical Assistance # *

☐ This number has been verified through EVS

Home Hospice in a Nursing Facility

[42 CFR 418.112](#) states the hospice and the Nursing Facility must have a written agreement.

Living in a Nursing Facility *

Yes



Name of Nursing Facility *

Enrollment Date

Enter the participant's original Hospice enrollment date

Enrollment Date *

4/2/2025



Diagnosis *

Hospice qualifying diagnosis

Select the Purpose(s)

Please check which action(s) is/are being requested and complete all fields in the area(s) indicated.

- ☐ Initial Enrollment
- ☐ Change in Hospice Care Provider
- ☐ Change in Recipient Resources
- ☐ Revocation of Hospice Care Election
- ☐ Termination of Hospice Care due to Death of Recipient
- ☐ Termination of Hospice Care Election for Cause

Enter any additional information you believe pertinent to this request.

Initial Enrollment

Please check which action(s) is/are being requested and complete all fields in the area(s) indicated.

☒ Initial Enrollment

Effective Date of Enrollment *

Please upload Notice of Election of Hospice Benefit Form. *

Upload or drag files here.

Please upload Certification of Terminal Illness Form. *

Upload or drag files here.

Change in Hospice Care Provider

Please check which action(s) is/are being requested and complete all fields in the area(s) indicated.

☐ Initial Enrollment

☒ Change in Hospice Care Provider

Effective Date *



Name of New Provider *

Please upload Change in Hospice Care Provider. *

Upload

or drag files here.

Change in Contribution to Care

☒ Change in Recipient Resources

Please upload the Notice of Eligibility (NOE) received from DHS reflecting the participant responsibility for cost of care. *

Upload or drag files here.

The DHMH 4233 - Notice of Eligibility (NOE) is issued to reflect the cost of care amount when a redetermination application and/or an initial application is approved.

Effective Date *

New Amount *

Effective Date

New Amount

Effective Date

New Amount

Effective Date

New Amount

Effective Date

New Amount

Revocation of Hospice Care Election

☒ Revocation of Hospice Care Election

Effective Date *

Reason for Revocation *

☐ I certify that the patient has been informed that they cannot resume (i.e., forfeit) hospice for the duration of the election period.

Please upload the Revocation of Hospice Care Election/Termination of Hospice Care Election for Cause. *

Upload

or drag files here.

Termination: Death

☒ Termination of Hospice Care due to Death of Recipient

Effective Date *



Termination of Care for Cause

☒ Termination of Hospice Care Election for Cause

Effective Date *



Recommend termination for the following reason (documentation must be attached) *

Please attach Revocation of Hospice Care Election/Termination of Hospice Care Election for Cause. *

Upload

or drag files here.

Rationale of Termination for Cause

Recommend termination for the following reason (documentation must be attached) *

Please attach documentation. *

Upload or drag files here.

Enter any additional information you believe pertinent to this request.

Participant's prognosis as being terminally ill has changed.

Participant relocated to a place of residence where a Hospice care provider is not available.

Participant's actions or behavior makes continuation of Hospice care inappropriate.

Other (describe below)

Certification

Enter any additional information you believe pertinent to this request.

I hereby certify that the above statements and submissions are true to the best of my knowledge.

Signature *

x

draw type

Submit

I've submitted a request...what happens next?

An [Acknowledgement](#) will pop up on your screen.

- Email Confirmation
- Reference Number = File Number
- Link to a copy of the request

What does DHPS do with these requests?

- Comprehensive review of the submission
 - Approve
 - Return for correction
 - Deny
- Process Enrollment
 - MMIS “Special Program” enrollment/disenrollment
 - Coordination of nursing facility span disenrollment (DREP)
- Enrollment reconciliation
- Audit for compliance with documentation requirements

If We Encounter a Problem

- If the problem can be readily corrected (e.g., invalid MA#), you will receive an email with a link to correct and resubmit.
- You must edit and resubmit within 14 days, otherwise the link expires and you will have to submit all the information again as a new request.

Unable to Process

- If the problem cannot be readily corrected (e.g., no Medicaid eligibility on the date of service), you will receive an email notifying you that your request has been rejected.
- If the reason for rejection is later resolved (e.g., the person is later approved for Medicaid for the enrollment date), you will need to submit a new request.

Important Points to Remember!

- You must use the **physician provider number (PT-20)** that is assigned to the hospice agency, not the hospice provider number.
- Submit changes and enrollments by the 10th of the month for the previous month.

Federal Resources

- CMS Hospice Resources:
<https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice>
- Code of Federal Regulations (CFR), 42 CFR Part 418 pertaining to Hospice:
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418?toc=1>

Maryland Resources

- Provider Services: 410-767-5503
- Maryland ePREP Hotline: 1-844-463-7768
- Electronic billing issues:
mdh.ediops@maryland.gov
- UB-04 Billing Questions: 410-767-5457
- Provider payment-related inquiries:
mdh.medicaidchecktracing@maryland.gov
- General Hospice questions
ephraim.lewis@maryland.gov

Maryland Resources (cont'd)

- Maryland Department of Health, Hospice Services:
<https://health.maryland.gov/mmcp/longtermcare/Pages/Hospice-Services.aspx>
- Maryland Department of Health Code of Maryland Regulations (COMAR), 10.09.35 pertaining to Hospice:
<https://dsd.maryland.gov/regulations/Pages/10.09.35.00.aspx>

Questions for Medicaid Hospice Services

Please contact DHPS at
mdh.dhps@maryland.gov



Conclusion

By the end of this session, HOs:

- Can articulate the purpose of the Maryland Medicaid Hospice Request Form, and what has changed since the last update
- Understand the information required for accurate and complete submission
- Recognize how submitted information impacts claims processing and billing
- Are aware of the requirements for timely submission
- Have viewed a demonstration of the submission process via Cognito
- Received Provider Services contact information for ongoing support
- Had the opportunity to ask questions and receive clarification