



STATE OF MARYLAND

DHMH

OFFICE OF HEALTH SERVICES

PT 11-05

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospice Care Transmittal No. 8
November 8, 2004

TO: Hospice Care Agency Administrators

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal

RE: Revised Medicaid Hospice Client Enrollment and Disenrollment Processes

The Maryland Medicaid Program (“Program”) is implementing a new process for enrolling and disenrolling Medicaid clients of the Hospice Care program effective January 1, 2005. This new process is being implemented to facilitate the enrollment and disenrollment processes as well as to reduce the amount of paper that is used in the current process. A description of the new process for the enrollment and disenrollment of Medicaid hospice clients follows.

The hospice provider will complete the attached hospice E-request form, note all relevant information and email it to the Program. The email address is Hospice@dhhm.state.md.us. **All information emailed to the Program on the designated form will be password protected.** Thus, should the information be emailed to the incorrect person or the incorrect division, access to the personal information will be denied. Should a provider lack email capability the revised form may be faxed to the Program at 410-333-7125. Staff will continue to be available to answer provider questions and assist with provider issues.

The requirements for enrolling and disenrolling Medicaid clients in the Hospice Care program are not changing. All requisite information pertaining to the election of hospice by the client or his representative as well as his physician’s certification of terminal

illness must be completed **prior** to the client's hospice enrollment. Specifically, enrollment continues to require a physician's certified written statement that the client's medical prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course. The hospice provider must maintain this certification in the client's file.

The hospice provider must also maintain in the client's file the hospice election declaration that is signed and dated by the client or his representative. The election declaration must document the following:

- A. The client or his representative elects hospice care;
- B. The effective date of the election of hospice;
- C. A statement that the client or representative acknowledges being given a full description of hospice care and its palliative rather than curative nature as it relates to the client's terminal illness and related conditions;
- D. A statement that the client or his representative understands that the client waives all rights to Program payments for the duration of the election of the hospice care for the following services:
 1. Hospice care provided by a hospice other than the provider designated by the client or his representative, unless provided under arrangements made by the designated provider; and
 2. Any services covered by the Program that are related to treatment of the terminal condition or a related condition or equivalent to hospice care except for services provided by:
 - a. The designated provider;
 - b. Another hospice under arrangements made by the designated provider;
 - c. The client's attending physician if that physician is not an employee of the designated provider or receiving compensation from the provider for those services; or
 - d. A nursing facility for room and board if the client is a resident of a nursing facility and would be eligible under the Medicaid Program for nursing facility services if hospice care was not elected.

The hospice provider must maintain all required documentation in the client's file and furnish copies to the Program on request. In addition, the original election declaration and the physician's written certification documentation must be available to Program staff for their review when audits are conducted. Please note that all timelines regarding the provider's receipt and maintenance of the documentation remain the same and are established pursuant to COMAR 10.09.35.

Questions regarding this transmittal should be directed to the hospice staff specialist at (410) 767-1448.

Attachments

To: Long Term Care & Community Support Services Administration
Hospice E-Request: Hospice@dhmh.state.md.us

From: _____
(Name of Hospice Provider)

(Rendering Provider Number) (Phone Number) (Fax-Number)

(Print Name of authorized Hospice Representative) (Date)

I, the authorized hospice representative certify that the following checked documents have been obtained and/or completed and will be made available to the Department of Health and Mental Hygiene upon request.

- Hospice E-Request Revocation Statement Change of Hospice Designation Statement
- Hospice Election Declaration Written Medical Certification
- Long Term Care Patient-Medicaid Hospice Election Report

Name of Recipient to be enrolled: _____
Medical Assistance #: _____ S. S. # _____
Effective Date of Enrollment _____ Diagnosis _____
Living in a nursing home? Y/N _____ Name of Nursing Home _____
Last date for nursing home to bill Medicaid _____
Name of Attending Physician _____

I. Change in Hospice Care Provider. Y/N Effective Date _____
Name of Provider _____

II. Revocation of Hospice Care election. _____
(Effective date of revocation)

The recipient revoked the election benefit for the following reason (s):

III. Termination of Hospice Care election. _____
(Effective date of termination)

The recipient is being recommended for termination for the following reason (s):

