

Eli's Hospice Insider

Election: Model Addendum Form's Diagnosis Instructions May Go Too Far

Forms contain multiple problems.

Another reason the new election and election addendum model forms shouldn't take effect in October is that they contain a variety of items that need changed.

Each form is brief at one page. The addendum model form is titled "Patient Notification of Hospice Non-Covered Items, Services, and Drugs," and contains sections for diagnoses related to the terminal condition, unrelated diagnoses, and non-covered items, services and drugs due to relatedness.

The form isn't required, and is meant "to give hospices an idea as to the requirements and how they can develop their own forms," the **Centers for Medicare & Medicaid Services** says in the proposed rule published in the April 15 Federal Register. CMS also notes that it is "soliciting comments on both of these model examples to see if they are helpful in educating hospices in how to meet these requirements effective on October 1, 2020."

Both forms contain some concerns, relates **Katie Wehri** with the **National Association for Home Care & Hospice**. To start, the addendum form will need a lot more space to fit in all the required information, she says. Other problems include:

Requiring both the related and unrelated diagnoses may be overkill, and isn't strictly required by regulation, Wehri says.

Both forms have a spot for a witness signature that is also not required, and thus shouldn't be included, Wehri adds. Hospices can make those additions if they would like, instead.

Under a "Right to Immediate Advocacy" section, the addendum form says, "As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not be covering [sic] 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." The usage of "appeal" is misleading, because the BFCC-QIO can't actually overturn a hospice's decision on what's covered, Wehri contends. This may "set up beneficiaries for disappointment and frustration," she predicts.

The election statement form mentions possible costs including "drug copayment and inpatient respite care" when informing patients of the addendum option. Hospices "very, very, very rarely" charge the copays, in part because they cost more to track and bill than they are worth, Wehri says.