

Eli's Hospice Insider

Notices of Election: Here's What Medicare Wants To See In New NOE Addendum

Emphasis is on unrelated items and services.

Along with a proposed election statement expansion, Medicare wants a related addendum that experts predict will be a heavy burden.

In its 2020 hospice payment proposed rule, the **Centers for Medicare & Medicaid Services** proposes "that hospices would be required, upon request, to provide to the beneficiary (or representative) an election statement addendum with a list and rationale for the conditions, items, services, and drugs that the hospice has determined as unrelated to the terminal illness and related conditions." Hospices also would have to provide the election statement addendum upon request to other non-hospice providers that are treating such conditions, and Medicare contractors who request it.

Time frame: "If the election statement addendum is requested at the time of hospice election, the hospice would have to provide this information, in writing, to the individual (or representative) within 48 hours of the request," CMS says. "If this addendum is requested during the course of hospice care, the hospice must provide this information, in writing, immediately ... as this information should be readily available in the beneficiary's hospice medical record."

Comment opportunity: "While we believe that hospices should be able to immediately provide this information, in writing ... we are soliciting comment on the appropriate timeframe ... if such information is requested after the election of hospice care," CMS says.

Updates: "During the course of hospice care, if there are changes to the plan of care that result in a determination that a new illness or condition has arisen, we are proposing that hospices would be required to issue an updated addendum to the patient (or representative) reflecting whether or not items, services and supplies related to the new illness or condition."

CMS stresses that "the purpose of the proposed addendum is to inform beneficiaries and their families of non-covered conditions, items, services, and drugs to provide full coverage transparency to hospice patients and their families to assist in making treatment decisions." The addendum also "will help facilitate communication and benefit coordination between hospices and non-hospice providers."

Payment impact: "If there is a request for the addendum, the presence of the signed addendum (and updated, signed addenda) in the beneficiary's hospice medical record would be a new condition for payment for Medicare hospice services," CMS also proposes.

Hospices can develop and design the addendum to their liking, but it must be titled "Patient Notification of Hospice Non-Covered Items, Services, and Drugs," according to the rule. CMS also proposes the addendum must include:

1. The hospice name;
2. The beneficiary's name and hospice medical record identifier;
3. The beneficiary's terminal illness and related conditions;
4. The beneficiary's current diagnoses/conditions present on hospice admission (or plan of care update) and the associated items, services, and drugs, not covered by the hospice because they have been determined by the hospice to be unrelated to the terminal illness and related conditions;

5. A written clinical explanation, in language the beneficiary can understand, as to why the identified conditions, items, services, and drugs are considered unrelated to the terminal illness and related conditions and not needed for pain or symptom management. Plus a general statement that a coverage decision is made for each patient and that the beneficiary should share this clinical explanation with other health care providers from which they seek services unrelated to their terminal illness and related conditions;

6. References to any relevant clinical practice, policy, or coverage guidelines;

7. Information on the purpose of the addendum (to notify the hospice beneficiary of what the hospice will not be covering as unrelated); that the addendum will be updated along with the plan of care and provided to the patient; and the right to immediate advocacy through the Medicare Beneficiary and Family-Centered Care - Quality Improvement Organization if the bene disagrees with the hospice's determination, along with specific language about the BFCC-QIO's role; and

8. Name and signature of hospice beneficiary (or representative) and date signed, along with a statement that signing this addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily the beneficiary's agreement with the hospice's determinations.

Note: The rule is at www.govinfo.gov/content/pkg/FR-2019-04-25/pdf/2019-08143.pdf.