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HOSPICE REVOCATION AND DISCHARGE

When a recipient revokes or is discharged alive during an election period, the recipient loses any remaining days in the election period (Louisiana Register, Vol. 28, No. 06, Chapter 35, June 20, 2002). The individual may at any future time elect to receive hospice coverage for any other hospice periods for which he/she is eligible.

This requirement will affect both Medicaid only and dually eligible as Centers for Medicare and Medicaid Services (CMS) requires the election and revocation/discharge to be simultaneous for both payer sources.

The date of discharge (except discharge due to death) is **NOT** reimbursed by Medicaid.

Revocations

A recipient or his/her representative may revoke the election of hospice care at any time during an election period. This is a right that belongs solely and exclusively to the recipient or legal representative.

At no time is the hospice provider to demand a revocation. In addition, the hospice recipient or legal representative must not be asked to sign a blank form to be completed by the hospice provider prior to submission to the Prior Authorization Unit through e-PA. In the event it is discovered during the verification process that a hospice provider encouraged revocation for the purpose of potentially avoiding hospice related charges, and the recipient or legal representative is in agreement, the revocation will not be honored.

Required Statement of Revocation

When a recipient revokes or is discharged alive during an election period, the recipient or legal representative must sign and date a statement acknowledging that he or she is aware of the revocation and state why the revocation is chosen. This written statement must be in the hand writing of the recipient or legal representative. This signed statement must contain the reason for revocation; the recipient's contact information must be dated and submitted to the Hospice Manager for verification and follow up.

A signed statement must include the date the revocation is to be effective. A recipient or his/her representative cannot designate an effective date earlier than the date that the revocation is made. The date of signature and proper written statement must also be included. This revocation shall be faxed to the hospice program manager within **72** hours of revocation. Any revocation submitted after the three-day limit will become effective on the date of receipt. Revocations that

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are back dated will be forwarded to Program Integrity for investigation for possible fraudulent activity.

Revocations received at the Prior Authorization Unit through e-PA that are more than five days old will need to be submitted with proof of prior attempts to submit timely. A fax cover sheet reflecting the appropriate discharge/revocation form with explanation (81B) is acceptable as proof as long as there is a fax date on the cover sheet. A blank fax cover sheet is not acceptable. Without this proof, the department has no way of determining if a revocation was properly executed and it will not be able to be entered into the system. At no time will the effective date be earlier than the date the request is signed and submitted to the hospice manager. A verbal revocation of benefits is NOT acceptable.

If a recipient is eligible for Medicare as well as Medicaid (dually eligible) and revokes hospice care, it must be revoked simultaneously under both programs. The revocation forms must be submitted to the appropriate agency in compliance with the agency's requirements (as stated above.)

Discharges

A hospice agency must discharge a recipient from hospice care upon receipt of a revocation statement or upon discovery the recipient is not terminally ill.

Reasons for Discharge

Recipients must be discharged **only** in the following circumstances:

- Change in terminal status;
- Recipient relocates from the hospice's geographically defined service area;
- Safety of the recipient or of the hospice staff is compromised. The hospice must make every effort to resolve these problems satisfactorily before discharge and efforts must be documented in detail in the recipient's clinical record;
- Medicaid only recipients who enter a non-contracted nursing home or hospital and all options have been exhausted (a contract is not attainable, the recipient chooses not to transfer to a facility with which the hospice has a contract, or to a hospice with which the skilled nursing facility (SNF) has a contract). The hospice must notify the payer source to document that all options have been pursued and that the hospice is not dumping the recipient; and

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- The hospice determines that the recipient's (or other persons in the recipient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the recipient or the ability of the hospice to operate effectively is seriously impaired.

The hospice must do the following before it seeks to discharge a recipient for cause:

- Advise the recipient that a discharge for cause is being considered;
- Make a serious effort to resolve the problem(s) presented by the recipient's behavior or situation;
- Ascertain that the recipient's proposed discharge is not due to the recipient's use of necessary hospice services;
- Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into the recipient's clinical record; and
- Obtain a written physician's discharge order from the hospice **medical director** prior to discharging a recipient for any reason.

NOTE: If a recipient has an attending physician involved in his/her care, the physician should be consulted before discharge with his/her review and decision included in the discharge note. This order shall be submitted to the Hospice Manager with the required Medicaid discharge forms within two calendar days. This order shall be submitted to the Hospice Manager with the required Medicaid discharge forms within two calendar days.

Documentation of Discharge

The hospice must clearly document why it was necessary to discharge the recipient.

Within two calendar days after discharge, the provider must submit the Notice of Termination with type bill 81B or 82B via the BHSF Form Hospice - Notice of Election to the Prior Authorization Unit through e-PA so the files may be updated in a timely manner.

Discharge/Revocation Due to Hospital Admit

It is against Medicaid hospice policy to encourage recipients to revoke hospice when they have an inpatient admission, emergency room visit, ambulance transport, or other outpatient services

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and re-elect hospice after services are delivered. These cases will be verified and closely monitored by the Hospice Manager for referral to Program Integrity.

Service Availability upon Revocation or Discharge

A recipient is no longer covered for hospice care under Medicaid upon discharge or revocation. All previously waived benefits will resume. The recipient must reapply for Long Term-Personal Care Services (LT-PCS).

NOTE: This does not apply to waiver services received prior to hospice election.

Notice of Transfer

A Notice of Transfer is sent when the recipient is in the middle of an election period and wants to change hospice providers. A recipient **may** change hospices **once each election period**. The date of discharge from the current hospice must be only one day before the date of admission to the newly designated hospice.