

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



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### Sample Hospice Election Statement

**Note: This article was revised on December 13, 2016, to clarify that the subject is the Hospice Election Statement and not the notice of election.**

### Provider Types Affected

This MLN Matters® Special Edition Article is intended for physicians and hospices submitting claims to Home Health & Hospice Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

### What You Need to Know

In a September 2016 report ([OEI-02-10-00492](#)), the Office of the Inspector General (OIG) noted that hospice election statements lacked required information or had other vulnerabilities in more than one-third of general inpatient care stays. Notably, the statements did not always mention, as required, that the beneficiary was waiving coverage of certain Medicare services by electing hospice care or that hospice care is palliative rather than curative. The OIG report, entitled “Hospices Should Improve Their Election Statements and Certifications of Terminal Illness,” also noted deficiencies in certifications of terminal illness required of physicians for hospice patients. In MLN Matters Special Edition Article, [SE1628](#), the Centers for Medicare & Medicaid Services (CMS) details the requirements for and provides further guidance to hospices on certification/recertification of terminal illness. Model Medicare Hospice Election Statement language is included at the end of this article.

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## Background

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As discussed in the [“Medicare Benefit Policy Manual,” Chapter 9](#), Section 10, hospice care is a benefit under the hospital insurance program. To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the medical prognosis is that the individual’s life expectancy is 6 months or less if the illness runs its normal course. Only care provided by (or under arrangements made by) a Medicare certified hospice is covered under the Medicare hospice benefit.

An individual (or the individual's authorized representative) must elect hospice care to receive it. An individual may receive Medicare coverage for two 90-day periods, and an unlimited number of 60-day periods. If the individual (or authorized representative) elects to receive hospice care, he or she must file an election statement with a particular hospice. Hospices obtain election statements from the individual and file a Notice of Election with their MAC. Once the initial election is processed, Medicare systems maintain the beneficiary in hospice status until a final claim indicates a discharge (alive or due to death) or until an election termination is received.

For the duration of the election of hospice care, an individual must waive all rights to Medicare payments for the following services:

- Hospice care provided by a hospice other than the hospice designated by the individual (unless provided under arrangements made by the designated hospice), and
- Any Medicare services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition, or services that are equivalent to hospice care, except for services provided by:
  1. The designated hospice (either directly or under arrangement)
  2. Another hospice under arrangements made by the designated hospice, or
  3. The individual’s attending physician, who may be a Nurse Practitioner (NP), if that physician or nurse practitioner is not an employee of the designated hospice or receiving compensation from the hospice for those services.

Medicare services for a condition completely unrelated to the terminal condition for which hospice was elected remain available to the patient if he or she is eligible for such care.

In their study, the OIG determined that in 35 percent of general inpatient care stays, hospices used election statements that were missing required information or had other vulnerabilities. The key shortcomings included statements that:

- Did not mention Medicare
- Did not include required waiver information or the information was stated inaccurately
- Did not mention required information about palliative care

The hospice election statement is very important in making sure that beneficiaries and their caregivers make informed choices. To assist hospices in completing acceptable election statements, CMS is providing a sample Hospice Election Statement at the end of this article. This sample includes the necessary elements that assure the beneficiary understands the

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nature of hospice care and makes an informed decision. Note that hospices are not required to use this specific sample, but they must use a statement that contains all the elements in this sample.

## Additional Information

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If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

The “Medicare Benefit Policy Manual,” Chapter 9, Section 10, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>.

The OIG report is available at <https://oig.hhs.gov/oei/reports/oei-02-10-00492.pdf>.

MLN Matters article SE1628 is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1628.pdf>.

The sample statement is on the next page.

## Document History

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- December 13, 2016 - The article was revised to clarify that the subject is the hospice election statement and not the notice of election.
- November 22, 2016 - Initial issuance.

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Medicare Hospice Election Statement

Draft Sample

I, \_\_\_\_\_ choose to elect the Medicare hospice benefit and receive
(Beneficiary Name)
Hospice services from \_\_\_\_\_
(Hospice Agency)

Hospice Philosophy

I acknowledge that I have been given a full explanation and have an understanding of the purpose of hospice care. Hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.

Effects of a Medicare Hospice Election

I understand that by electing hospice care under the Medicare Hospice Benefit, I am waiving (give up) all rights to Medicare payments for services related to my terminal illness and related conditions and I understand that while this election is in force, Medicare will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected. I understand that services not related to my terminal illness or related conditions will continue to be eligible for coverage by Medicare.

Right to choose an attending physician

I understand that I have a right to choose my attending physician to oversee my care. My attending physician will work in collaboration with the hospice agency to provide care related to my terminal illness and related conditions.

[ ] I do not wish to choose an attending physician

I acknowledge that my choice for an attending physician is:

Physician Full name: \_\_\_\_\_ NPI (if known) \_\_\_\_\_

Office Address: \_\_\_\_\_

I acknowledge and understand the above, and authorize Medicare hospice coverage to be provided by

\_\_\_\_\_ to begin on \_\_\_\_\_
(Hospice Agency) (Effective Date of Election)

Note: The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive.

Signature of Beneficiary/Representative \_\_\_\_\_

(Date) \_\_\_\_\_

[ ] Beneficiary is unable to sign -

Reason: \_\_\_\_\_

Witness signature \_\_\_\_\_

(Date) \_\_\_\_\_

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