

The Four Paths to Eligibility

All four paths lead to the same destination: identification and support of a six-month prognosis

Path One



Meets **ALL** the Local Coverage Determination (LCD) criteria

The LCDs

- Developed by the MACs • Provide medical criteria for determining prognosis but not consistent predictors of prognosis
- Use as guidelines for documenting terminal illness
- If a patient meets certain criteria, they are deemed eligible
- If a patient doesn't meet the LCD, may still be eligible for the MHB but must document why (best done by a physician)
- Not the legal standard for hospice eligibility however, are followed by reviewers when reviewing for payment determinations

Path Two



Meets most of the LCD criteria AND has documented **rapid clinical decline** supporting a limited prognosis

Indicators of Rapid Clinical Decline

- Nutritional decline
- Functional decline
- Progressive deterioration while receiving appropriate care
- Hospital utilization
- Serial lab assessments

Path Three



Meets most of the LCD criteria AND has **significant comorbidities** that contribute to a limited prognosis

Terminal Diagnosis: The condition established after study to be chiefly responsible for the patient's admission to hospice

Related: Secondary conditions or related co-morbid conditions that directly emerge or result from the terminal condition or co-morbid conditions associated with the terminal illness; interconnected with the terminal condition and impact prognosis

Unrelated: Conditions or diagnoses that are independent of the terminal condition

Path Four



Physician's clinical judgment is that the patient has a limited prognosis

Clinical assessment + experience + evidence based knowledge

Checklist

ELECTION STATEMENT COMPLIANCE

Due to the recent increase in denials related to a missing component in the election statement, use this tool as a checklist to ensure your Prudent Hospice has all of the items on the Election Statement. These items must be on the election form itself, and not just in the patient handbook, or part of another form. The MACs are denying in medical review if a component is missing from the Election Statement itself.

The hospice's election statement must include the following items of information:

- Identification** of the particular hospice agency that will provide care to the beneficiary.

- The beneficiary or their representative's (as applicable) acknowledgment** that they have been given a full understanding of hospice care, *particularly the palliative rather than curative nature of treatment.*

- The individual's acknowledgement** that the individual has been provided information on the hospice's coverage responsibility and that certain Medicare services are waived by the election. For hospice elections beginning on or after 10/1/2020, this would include providing the individual with information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and the hospice should be providing virtually all care needed by the individual who has elected hospice.

- The effective date of the election**, which may be the first day of hospice care or a later date, but cannot be a retroactive date. An individual may not designate an effective date that is retroactive.

- The beneficiary's designated attending physician (if any).** Information identifying the attending physician recorded on the election statement should provide enough detail so that it is clear which physician, NP or PA was designated as the attending physician. This information should include, but is not limited to, the attending physician's full name, office address, NPI number, or any other detailed information to clearly identify the attending physician.

- The beneficiary or their representative's acknowledgement** that the designated attending physician was their choice.

- Information** on individual cost-sharing for hospice services.

- Notification of the individual's (or representative's) right** to receive an election statement addendum if there are conditions, items, services, and drugs the hospice has determined to be unrelated to the individual's terminal illness and related conditions and would not be covered by the hospice.

- Information on the BFCC-QIO**, including the right to immediate advocacy and BFCC-QIO contact information

- The signature** of the beneficiary or their representative.

Each hospice agency designs and prints its own election statement. CMS has provided examples for developing a hospice election statement Model Example of Hospice Election Statement.