Election and Enrollment

The Election Statement (DOM-1165) includes the following:

- The name of the hospice that will provide care to the beneficiary
- The beneficiary's/legal representative's written acknowledgment that he/she has been given a full understanding of hospice care
- The beneficiary's/legal representative's written acknowledgment that he/she understands the listed Medicaid services that are waived by the election
- The hospice benefit period in which the beneficiary is enrolling (periods must be used in order)
- The signature of the hospice beneficiary/legal representative
- The signature of the hospice provider representative

If a beneficiary is eligible for Medicare as well as Medicaid, the hospice benefit and each period therein, must be elected and revoked simultaneously under both programs. ~~Refer to Section 14.07 in this manual.~~ Refer to Provider Policy Manual Section 14.07 for Dual Eligibles policy.

Revocation

The beneficiary/legal representative may revoke the election of hospice care at any time by filing a Disenrollment Form (DOM-1166) to disenroll from the current benefit period. The form must reflect the effective date of revocation from hospice election. Disenrollment from hospice is required for, but not limited to, the following:

- Death
- Hospitalization unrelated to terminal illness
- Beneficiary is seeking treatment other than palliative in nature
- Beneficiary no longer meets program requirements

The Disenrollment Form (DOM-1166) must be completed, signed and dated, filed in the beneficiary's medical record, and a copy transmitted to DOM's fiscal agent within forty-eight (48) hours of the disenrollment. Failure to comply will result in the hospice being held responsible for any or all charges incurred by the beneficiary. The beneficiary forfeits coverage for any remaining days in that election period. The beneficiary may not designate an effective date earlier than the date that the revocation was made.

When the election of hospice care for a particular election period is revoked, the beneficiary resumes Medicaid coverage of the benefits waived when hospice care was elected. The beneficiary may at any time elect to receive hospice services for any other hospice election periods for which he/she is eligible.

Change in Hospice Designation

The beneficiary may change the designation of hospice care once per election period. A change in the designated hospice is not considered a revocation of the election.

To change the designation of the hospice provider the beneficiary must file a signed statement with the current hospice and with the newly designated hospice. Each hospice provider must provide the other with a copy of the signed statement and both must file both statements in the beneficiary's medical record. The signed statements must include the following information:

- The name of the current hospice provider from whom the beneficiary has been receiving care
- The name of the new hospice provider from whom the beneficiary plans to receive care
- The date the change is effective

The current hospice provider must complete the Disenrollment Form (DOM-1166) on the beneficiary's last date of service and the new hospice provider must complete the Enrollment Form (DOM-1165) on the next date of service. Both forms must be mailed to DOM's fiscal agent. The Election Statement must accompany the DOM-1165.

Hospice change of ownership is not considered a change in the beneficiary's designation of a hospice and requires no action on the beneficiary's part.

Refer to http://www.medicaid.ms.gov/providerforms.aspx to view a copy of the Election Statement and Disenrollment forms.