TuftsMedicine

EpicEdge Tips & Tricks

Hospice Non-covered Items and Services

Per Hospice Regulation:

- The purpose of this addendum is to notify the requesting Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs not covered by the hospice because the hospice has determined they are unrelated to your terminal illness and related conditions.
- If patient/HCP request this notification within 5 days of a hospice election, the hospice must provide this form within 5 days of request.
- If this form is requested at any point after the first 5 days of the start date of hospice care, the hospice must provide this form within 3 days of request.

How to stay in compliance:

Hospice Providers are required to discuss what items will not be covered by Hospice and provide a printed list of those items if the patient requests.

- Items may include medications or DME not related to care for terminal illness. Services may include therapies, transportation and treatments not related to terminal care.
- All Diagnoses must be marked in the Medical Record as related or not related to the terminal illness.
- All Medications and DME must be marked as covered or not covered in the Medical Record.
- Upon Election of Hospice, at Admission, a discussion must occur regarding any Items, drugs or services that may not be covered by Hospice.
- If you are not sure about coverage, contact your manager or Medical Director.
- When Requested, a notification note with a list of non-covered items is created in the Plan of Care, then delivered to the patient.
- A copy must be signed by the patient and returned to the office, Hospice Team Scheduler, for scanning into the medical record.
- Another copy is left with the patient.
- In order to comply with the regulation, the printed list must be delivered and signed within 5
 days of the request, when requested at Election and within 3 days when requested after
 election.

Medications

Address Medication coverage in the Medications Task.

- View and Update the Medication Coverage status.
- Tap the warning ^A to open the coverage status buttons.
- Select the Covered or Not Covered button as appropriate.

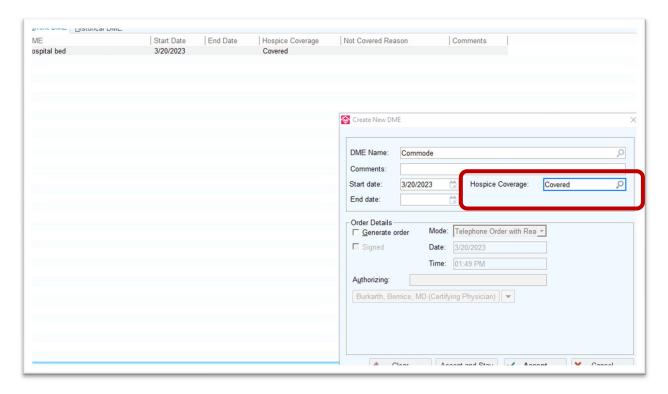
• If you are not sure if a medication should be covered, check with the Medical Direct or your clinical manager for guidance.



DME coverage status

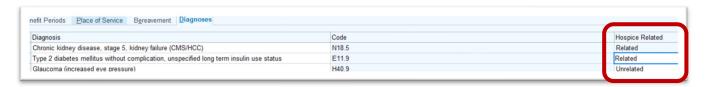
From the **DME Task** enter or update DME including Hospice Coverage Status.

Use the Modify button to add or Edit Coverage Status. Accept the changes.



Diagnoses

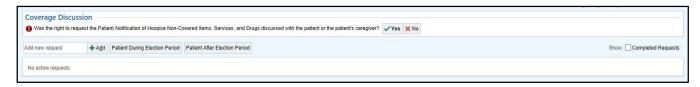
In the Hospice Info task mark diagnosis as Related or Unrelated to the terminal illness



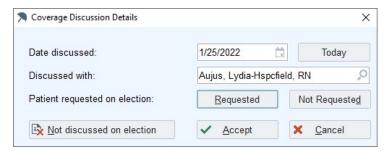
Non-Covered Requests

This required assessment is documented in the admission contact and is found in the **Hospice Item Set** form group.

It is used to document and track whether the patient requests or declines to receive the Patient Notification of Hospice Non-Covered Items, Services, and Drugs.



- 1. Answer the Coverage Discussion question.
 - a. If you answer No, then nothing happens.
- 2. If Yes is selected, then the Coverage Discussion Details window displays.
 - a. Complete as appropriate.



Note- we cannot email letters when there is a request. They needed to be reviewed and signed by the requestor upon delivery.

Fulfilling a request for list of Hospice Non-Covered Items, Services, and Drugs

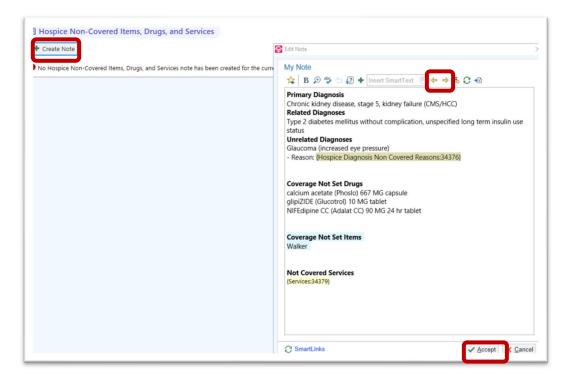
If the patient requests the printed Notification of Hospice Non-Covered Items, Drugs and Services, the list is created in the **Plan of Care Task**.

Perform a quick Sync if prompted.

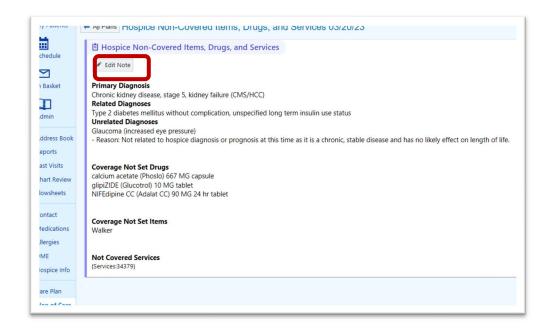
- Select Start a New Plan
- Select Hospice Non-Covered Items, Drugs and Services
- Select Create



- Select Create Note
- Complete the SmartText and update the note as appropriate using the yellow arrows to navigate the drop lists and wildcards.
- Accept
- A reviewer will finalize the plan.



Once the note is created, click on the Draft to access the Edit button if needed.



If a request is received after the admission, use the add form access **Request Tracking** and continue to create the form letter as above.

This process is only required when a patient requests a list of non-covered items. The process for delivery of an ABN for non-covered items/services does not change.

Back office workflows track the status of the requests:

- Requested
- ready for print
- out for delivery
- Scanned and completed