

FY2021-ELECTION STATEMENT ADDENDUM

HCHB Enhancements



Goals of this Education:

- Understand the requirements of this regulation
- Understand how to use new functionality in PointCare
- Understand what processes may change based on agency decisions



Purpose of the
Election
Statement
Addendum

To notify the hospice beneficiary (or representative) of items, services, and drugs the hospice will not be covering to increase coverage transparency



▶ What does it mean?

Patient Notification of Hospice Non-Covered Items, Services and Drugs

For patient electing hospice on or after October 1, 2020....

Agencies must inform them of their right to request an Addendum



If the patient or representative requests the addendum...

A copy must be provided in writing within 5 or 3 days

The agency must have the recipient sign a copy of the addendum for the record



“

HOW DOES THIS IMPACT WHAT WE DO?

YOU WILL SEE UPDATES TO THE NOE AND CONSENT FORMS. NOE WILL INCLUDE LANGUAGE THAT PATIENT HAS THE RIGHT TO REQUEST IN WRITING THE “PATIENT NOTIFICATION OF HOSPICE NON-COVERED ITEMS, SERVICES AND DRUGS”

THE HOSPICE CONSENT WILL BE A SEPARATE FORM.

BOTH THE NOE AND CONSENT WILL BE CAPTURED ELECTRONICALLY IN HCHB. A PAPER COPY WILL BE LEFT IN THE HOME

”

Non- covered medications are indicated as not covered by the provider in the medication list.

Non-covered items and services (not medications) will be indicated by the clinician in the new Hospice Addendum Coordination note, and will be listed in the medical record.

Patient Diagnoses will be marked as Not Related to the terminal Diagnosis when appropriate.

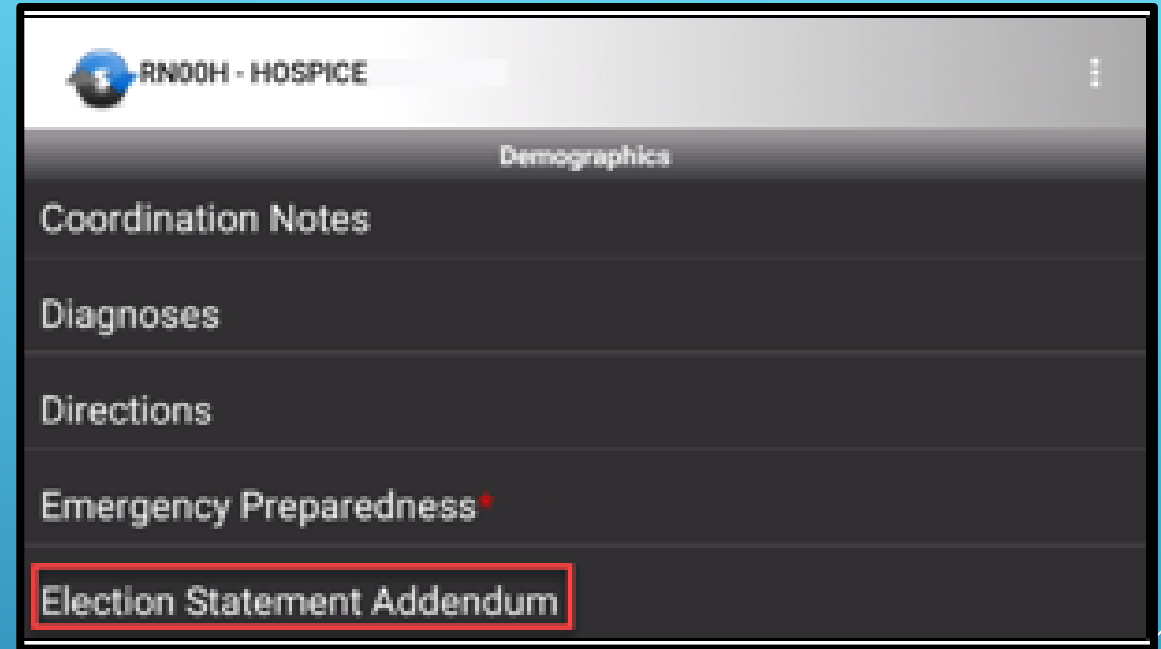


- ▶ The new Hospice Election Statement Addendum form will list non covered Hospice medications, items and services in a document that will be available to Hospice patients/caregivers upon request.
- ▶ If the document is requested, it will be generated from HCHB back office, and printed for the clinician to provide to the patient/caregiver.
- ▶ Clinicians will deliver the printed document to patients.
- ▶ Patients will sign a copy of the document, to be returned to the office for uploading into the medical record.
- ▶ This signature on the addendum indicates that the patient has received the list of non covered items, not they necessarily agree with that list.

NEW HOSPICE ELECTION STATEMENT ADDENDUM REQUIREMENT OCTOBER, 1ST 2020



- A new “Election Statement Addendum” section has been added to hospice PointCare forms, accessed from Visit Actions -> Demographics, to allow the clinicians to capture whether or not the beneficiary or representative have requested to receive the “Patient Notification of Non-Covered Items, Services, and Drugs”
- *Note: This section will become required for all Hospice SOC visits whose starting dates are October 1, 2020 or greater, and will be optional for revisits*



The screenshot shows a mobile application interface for 'RN00H - HOSPICE'. At the top, there is a header with the organization name and a menu icon. Below the header, the word 'Demographics' is displayed. A list of menu items follows: 'Coordination Notes', 'Diagnoses', 'Directions', 'Emergency Preparedness', and 'Election Statement Addendum'. The 'Election Statement Addendum' item is highlighted with a red rectangular border.

PointCare:

A new option, accessible via Visit Actions/Demographics, has been created to allow field staff to indicate if an election statement addendum is requested during a visit



RN00H - HOSPICE

Election Statement Addendum

Does the patient or their representative request to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"?

Requested Not Requested

Recipient Information

RN00H - HOSPICE

Election Statement Addendum

Does the patient or their representative request to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"?

Requested Not Requested

Recipient Information

<Requested By*>

Delivery Method * In Person Email

Phone* Email

Address*

City* <State*> Zip*

Cancel Save

Not Requested – selected if the beneficiary or representative does not request the addendum information.

Requested – expands “Recipient Information” section to capture demographic information for the requestor

Note that Requested should be selected and that all requests should be marked as In Person Delivery Method at this time.



- Recipient Information:
- Requested By – includes patient and their current contacts
 - Demographics fields will be auto-populated with any existing information for the selected recipient
- Delivery Method – indicate if the recipient would like to receive the addendum information “In Person”, the email option should not be selected at this time.
 - Phone – required field regardless of delivery method selected
- “Save” is accessible once all required fields have been addressed

RN00H - HOSPICE, LONGTAP

Election Statement Addendum

Does the patient or their representative request to receive the "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"?

Requested Not Requested

Recipient Information

Patient

Delivery Method * In Person Email

502-333-1234 patient@home.com

123 SKYLINE DR

FLOYDS KNOBS IN 47119

Cancel Save

FOR PATIENT WHO REQUEST TO RECEIVE THE NOTICE OF NON COVERED ITEMS, SERVICES AND DRUGS, A WORKFLOW IS GENERATED IN THE BACK OFFICE IN THE NEW ADDENDUM CONSOLE



What's non-covered?

Non covered Medications are captured via the Medications list. The reason for medication non coverage must be included.

Non Covered Items and Services are captured via the Hospice Addendum Coordination Note in Pointcare and can be entered directly into the Medical Record from Back Office.

Non Covered items and services may be captured at SOC, revisits or during IDG.

Non-Covered items and services indicated in the Addendum Coordination Note will be added from the back office into the medical record, in order to flow to the printed list of items on the addendum form.



What's non-covered?

- Medication Financial Responsibility
 - Financial Responsibility Reason is required for medications that are not set to Provider responsibility

Options for Financial Responsibility

- If provider is not selected, the Medication will display as non-covered on the printed addendum form.

| |
|----------|
| PROVIDER |
| PATIENT |
| PART D |
| OTHER |

SM T380 9:31 100%

RN00H - ADDENDUM, ADOLPHUS

EDIT MEDICATION

trazodone 50 mg tablet

ROUTE <Choose>

REASON* INSOMNIA

INSTRUCTIONS

Enter Special Instructions

MED UNDERSTANDING

Education Monograph

PURPOSE DIRECTION FOR USE SIDE EFFECTS / INTERACTIONS

MED UNDERSTANDING NOTES

Enter Med Understanding Notes

FINANCIAL RESP.* PATIENT

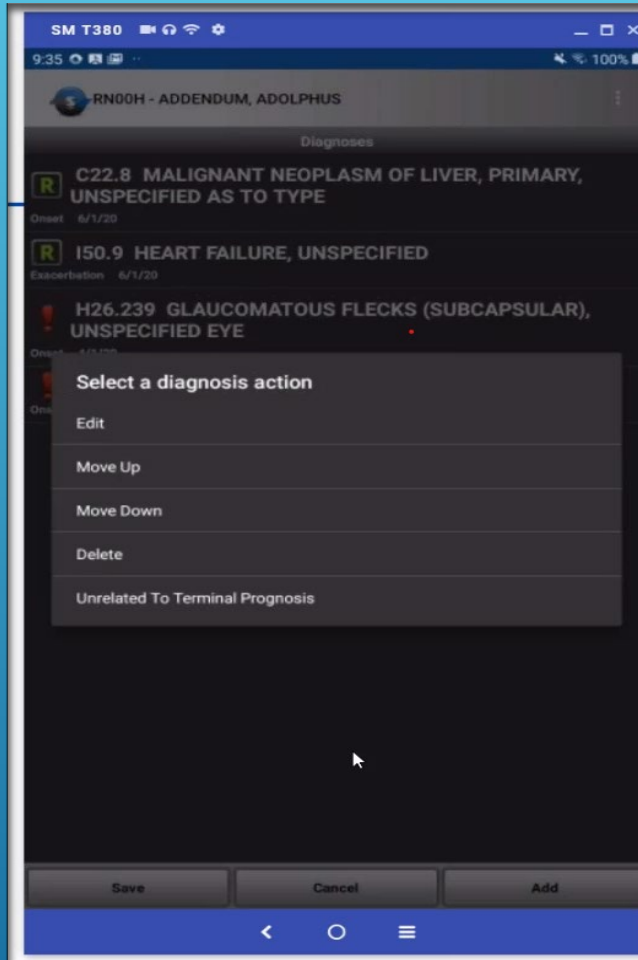
FINANCIAL RESPONSIBILITY REASON*

Enter Financial Responsibility Reason

Always enter the reason for non coverage

Save Cancel





INDICATING THAT A DIAGNOSIS IS UNRELATED TO THE TERMINAL PROGNOSIS

- Patients may have Dx that are unrelated to the terminal Dx and should be marked as unrelated.
- To mark a Diagnosis as Unrelated, select the diagnosis, then select Unrelated to Terminal Prognosis.
- Note the you may also move Dx up and down on the list. The primary Dx must be the top spot and cannot be marked as Unrelated.
- If you are not sure if a Dx is related to the terminal illness, consult with your medical director or clinical manager.



Providing a copy of the addendum

- Workflow notifies the office of a request
- Addendum is printed from the office to be provided to the requestor
- Must provide a copy **and** obtain a signature in the 5 or 3 day time frame
- Signature is not agreement with what is non-covered, but acknowledgement that a copy was received
- Changes to what is non-covered will result in subsequent copies of the addendum

Patient Notification of Hospice Non-Covered Items, Services, and Drugs

Date of Request: 9/22/2020 Hospice Agency: HCHB AGENCY2
Patient Name: [REDACTED] MRN: [REDACTED]

Diagnoses Related to Terminal Illness and Related Conditions (hospice is responsible to cover all items, services and drugs):

| |
|---|
| M48.20 - OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED |
| G31.1 - SENILE DEGENERATION OF BRAIN, NOT ELSEWHERE CLASSIFIED |
| F02.80 - DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE |
| F31.9 - BIPOLAR DISORDER, UNSPECIFIED |
| 089.29 - OTHER CHRONIC PAIN |
| E03.9 - HYPOTHYROIDISM, UNSPECIFIED |
| R29.6 - REPEATED FALLS |
| R13.10 - DYSPHAGIA, UNSPECIFIED |
| Z99.3 - DEPENDENCE ON WHEELCHAIR |
| Z86 - DO NOT RESUSCITATE |

Diagnoses Unrelated to Terminal Illness and Related Conditions:

| |
|---|
| M06.9 - RHEUMATOID ARTHRITIS, UNSPECIFIED |
| I10 - ESSENTIAL (PRIMARY) HYPERTENSION |
| E78.5 - HYPERLIPIDEMIA, UNSPECIFIED |
| M19.90 - UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE |
| M88.8X8 - OTHER OSTEOMYELITIS, OTHER SITE |

Non-covered items, services, and drugs determined by hospice as not related to my terminal illness and related conditions:

| Items/Services/Drugs | Reason for Non-Coverage |
|--|-------------------------|
| No Non-Covered Items, Services, or Drugs | |

Note: The hospice makes the decision as to whether or not conditions, items, services, and drugs are related for each beneficiary. This addendum should be shared with other healthcare providers from which you seek items, services, or drugs, unrelated to your terminal illness and related conditions to assist in making treatment decisions.

Right to Immediate Advocacy
As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not being covered because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance.

Visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/contact-zones> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Acknowledgement of non-covered items, services, and drugs not related to my terminal illness and related conditions
The purpose of this addendum is to notify the beneficiary (or representative), in writing, of those conditions, items, services, and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. I acknowledge that I have been given a full explanation and have an understanding of the list of items, services and drugs not related to my terminal illness and related conditions not being covered by hospice. Signing this addendum (or its updates) is only acknowledgement of receipt of this addendum (or its updates) and not necessarily agreement with the hospice's determinations.

Beneficiary is unable to sign - Reason: _____

Signature of Beneficiary/Representative

Date Signed

Signature of Hospice Representative

Date Signed



| SOC Request Start Point | | | | |
|-------------------------|---|--|---|---------------------------------------|
| | 1 | 2 | 3 | 4 |
| PROCESS OWNERSHIP | Hospice Nurse | Hospice Nurse | Hospice Nurse | Hospice Nurse |
| | Point Care | Point Care | Point Care | - |
| | | | | |
| STEPS | Nurse Visits Patient | Patient requests lists of Non-Covered Items | Nurse Assesses/ Documents Patient Info | Nurse Syncs Visit |
| TASKS | <p>Nurse goes over Hospice Intro Information</p> <p>Discusses option to Elect to receive Addendum Updates</p> | <p>(In Demographics section)</p> <p>Nurse selects EOB addendum as Requested</p> <p>Nurse enters in Recipient Information</p> | <p>Documents covered and Non-Covered Items such as: (unrelated Diagnosis, Non-covered meds)</p> <p>Nurse documents the non covered reasons.</p> | <p>Request is sent to back office</p> |

| 5 | 6 | 7 | 8 | 9 |
|--|--|---|---|---|
| System Generated | Clinical Manager | Admin Employee | Hospice Patient & Hospice Clinician | Hospice Patient & Hospice Clinician |
| Back Office | Back Office | Back Office | - | Back Office |
| Update Addendum Console & Update Workflow | Review Clinical SOC Workflow | Send Addendum Document to Recipient | Patient Receives copy of Addendum | Signed form is received & added to Med Records |
| <p>Request row in Addendum Console is created</p> <p>Workflow Task to send the Addendum to Recipient</p> | <p>Review the Documentation for the content of the Addendum</p> <p>Add Non-Covered Items & Services to Patient Information</p> | <p>Addendum Form is printed from Console accessed from workflow</p> <p>Employee assigns Request status as "Sent"</p> <p>Workflow is closed when the status is flipped to "Sent"</p> | <p>How its delivered will depend on chosen preferred Delivery Method.</p> <p>Hospice representative provides Addendum and recipient signature is obtained</p> | <p>Clinician brings signed form back to Office</p> <p>Signed form is scanned into system as an attachment</p> <p>Request status is updated to "Signed" via Addendum Console</p> |

OVERVIEW OF THE REQUESTED ADDENDUM WORKFLOW

