PATIENT CARE – GENERAL

Election of Benefit / Informed Consent

Regulation(s)/Standards: 418.20, 418.24, 418.52(c)	Effective Date: October 2020
State Regulations:	**Revision Date(s):**

PURPOSE: To ensure patients and /or patient representatives are provided a complete explanation of hospice care and services.

POLICY: To be eligible for Hospice services, an individual must have been diagnosed with a terminal illness and wants hospice services. The patient / caregiver understands and desire palliative rather than curative care and treatment. Medicare patients have a prognosis of 6 months or less should the disease run its normal course.

Services are provided to patients / caregivers and families regardless of age, gender, nationality, race, creed, sexual orientation, disability, ability to pay or availability of a primary caregiver.

Each patient must live in Hospice's service area and have an attending physician licensed in the state of Hospice. If the patient does not have an attending physician, then the medical director/hospice physician assumes responsibilities of the attending physician.

PROCEDURE:

1. A complete explanation of all consents and forms is given to the patient/representative by a Hospice employee.

2. If the patient is competent, they sign the Informed Consent / Election of Benefit.

   a) If the patient's legal representative signs, document the reason the patient was unable to sign.
   b) If the patient's legal representative signs the Informed Consent / Election of Benefit, document the relationship to the patient.
   c) If the patient is competent and the legal representative signs the Informed Consent / Election of Benefit, document that the patient gave verbal consent.

3. The effective date of election may be no earlier than the date of election statement.

4. A copy of all consents is given to each patient/representative and filed in the patient's clinical record.

5. A Medicare Secondary Payor Questionnaire (MSP) is completed on all Medicare admits to determine if Medicare is primary or secondary for services provided.

   a) If the patient has another payor source, Medicare may become secondary payor.
   b) If there is another type of payor that is primary insurer, the eligibility and benefits of that coverage will be verified by the hospice.

6. The patient does not incur financial responsibility until she receives verbal and / or written notification of financial responsibility for services.

a) Insurance coverage and patient's responsibility for co-pay, if known, will be discussed at the time of admission.
b) Written and/or verbal notification of the patient's financial responsibility will be documented in the clinical record with a copy provided to the patient / representative.

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7. The patient is provided information related to the following prior to the start of care:

a) Hospice Program;
b) Scope of services, including any specific limitations on those services;
c) Scope of services provided directly and those provided through a contractual agreement, including a list of contracted inpatient facilities;
d) Choosing and acknowledging the choice of the attending physician;
e) Advance Directives;
f) Hospice care is palliative rather than curative;
g) Nature and goals of care;
h) Care and services to be provided;
i) Access to the after-hours system;
j) Financial responsibility of the patient, if any, for care;
k) Complaint / grievance process;
l) Patient rights and responsibilities;
m) Safety information;
n) Emergency preparedness;
o) Infection control information.

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8. The election of hospice services for Medicare must include written explanation of:

a) Identification of the hospice whom the patient is electing with (Name/logo)
b) Acknowledgement of understanding of the palliative, not curative nature of hospice
c) Acknowledgement of understanding regarding hospice's coverage responsibility and that election of hospice waives the right to traditional Medicare coverage for services related to the terminal prognosis
d) Information stating that services unrelated to the terminal illness conditions are exceptional, and that the hospice should be providing most care needed
e) Acknowledgement of the right to choose an attending physician/NP/PA to continue to provide services and work as a team member with the hospice for the hospice related conditions.
f) 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
g) For Hospice elections beginning on or after October 1, 2020, the Hospice must provide 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.
h) For Hospice elections beginning on or after October 1, 2020, the Hospice must provide information on the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), including the right to immediate advocacy and BFCC-QIO contact information.
i) For Hospice elections beginning on or after October 1, 2020, the Hospice must provide information on individual cost-sharing for hospice services.
j) The signature of the individual electing hospice, or his/her representative

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9. Content of hospice election statement addendum.

a) The addendum must be titled "Patient Notification of Hospice Non-Covered Items, Services, and Drugs."
b) Name of the hospice.
c) Individual's name and hospice medical record identifier.
d) Identification of the individual's terminal illness and related conditions.
e) A list of the individual's conditions present on hospice admission (or upon plan of care update) and the associated items, services, and drugs not covered by the hospice because they have been determined by the hospice to be unrelated to the terminal illness and related conditions.
f) A written clinical explanation, in language the individual (or representative) can understand, as to why the identified conditions, items, services, and drugs are considered unrelated to the individual's terminal illness and related conditions and not needed for pain or symptom management. This clinical explanation must be accompanied by a general statement that the decision as to whether or not conditions, items, services, and drugs are related is made for each patient and that the individual should share this clinical explanation with other health care providers from which they seek items, services, or drugs unrelated to their terminal illness and related conditions.
g) References to any relevant clinical practice, policy, or coverage guidelines.
h) Information on the following: (i) Purpose of Addendum. The purpose of the addendum is to notify the individual (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.

ii) Right to Immediate Advocacy. The addendum must include language that immediate advocacy is available through the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) if the individual (or representative) disagrees with the hospice's determination.
i) Name and signature of the individual (or representative) and date signed, along with a statement that signing this addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily the individual's (or representative's) agreement with the hospice's determinations.

j) If patient or representative refuses to sign

i) Document date and attempts made in the clinical record
ii) Note on the addendum refusal to sign.

k) The election addendum must be provided to the requester within five days, when requested upon election, or within three days if requested during care, and after election.

i) If a non-hospice providers involved in the patient care, or a Medicare contractor requests a copy of the Patient Notification form, the document should be provided within 72 hours