

# HOSPICE DENIAL FACT SHEET

## Denial Reason 5PX05, 5PX06, and 5PX07: Missing/Incomplete/Untimely Election Statement

<p><b>What is an election statement?</b></p>	<p>An election statement must be completed by the beneficiary or their representative in order to receive services under the Medicare hospice benefit.</p> <p>Each hospice designs and prints its own election statement. However, there is specific information that must be included in order for the election statement to be considered valid.</p> <ul style="list-style-type: none"> <li>Refer to the CMS Model Example of Hospice Election Statement <a href="https://www.cms.gov/files/document/model-example-hospice-election-statement.pdf">https://www.cms.gov/files/document/model-example-hospice-election-statement.pdf</a> and CMS Model Example of “Patient Notification of Hospice Non-Covered Items, Services, and Drugs” <a href="https://www.cms.gov/files/document/model-hospice-election-statement-addendum-july-2021.pdf">https://www.cms.gov/files/document/model-hospice-election-statement-addendum-july-2021.pdf</a></li> </ul> <p>An invalid election statement may result in a claim denial. In addition, if an election statement is not submitted when a claim is selected for medical review additional development request (MR ADR), the claim will be denied.</p>
<p><b>What is required on an election statement?</b></p>	<p>To be valid, the election statement must include the following information:</p> <ul style="list-style-type: none"> <li>Identification of the hospice agency that will provide the care;</li> <li>The effective date of the election; <ul style="list-style-type: none"> <li><b>Reminder:</b> This date can be the first day of hospice care, or a later date, but cannot be a retroactive date.</li> </ul> </li> <li>The patient’s/representatives acknowledgement of their understanding of hospice care, particularly that hospice care is palliative; not curative;</li> <li>The patient’s/representatives acknowledgement that they understand certain Medicare services are waived by the hospice election; and</li> <li>The signature of the patient or their representative.</li> <li>The patient’s/representative’s designated attending physician (if they have one). Include enough detail to clearly identify the attending physician. This may include, but is not limited to, the physician’s full name, office address, or National Provider Identifier (NPI).</li> <li>The patient’s/representative’s acknowledgement that the designated attending physician was their choice.</li> <li>Indication that services unrelated to the terminal illness and related conditions are exceptional and unusual and hospice should be providing virtually all care needed.</li> <li>Information on individual cost-sharing for hospice services.</li> <li>Right to receive an election statement addendum if there are conditions, items, services, and drugs the hospice has determined unrelated to the terminal illness and related conditions and would not be covered by the hospice.</li> <li>Information on the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), including right immediate advocacy and BFCC-QIO contact information.</li> </ul>



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<p><b>What is required on an election statement addendum (as applicable)?</b></p>	<ul style="list-style-type: none"> <li>Titled “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”</li> <li>Name of the hospice</li> <li>Individual’s name and hospice medical record identifier</li> <li>Identification of the individual’s terminal illness and related conditions</li> <li>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 hospice because they have been determined by hospice to be unrelated to the terminal illness and related conditions</li> <li>Written clinical explanation, in language the individual (or representative) can understand, why the identified is considered unrelated             <ul style="list-style-type: none"> <li>- General statement decision made for each patient and they should share this clinical explanation with other health care providers</li> </ul> </li> <li>References to relevant clinical practice, policy, or coverage guidelines</li> <li>Purpose of the addendum</li> <li>Right to immediate advocacy</li> <li>Name and signature of the individual (or representative) and date signed, statement signing is only acknowledgement of receipt not necessarily agreement with the hospice’s determination             <ul style="list-style-type: none"> <li>- If individual (or representative) refuses to sign, documentation of why on the addendum</li> </ul> </li> <li>Date hospice furnished the addendum</li> </ul>
<p><b>Where do I find more information?</b></p>	<ul style="list-style-type: none"> <li><b>CGS “Hospice Election Requirements” Web page:</b> <a href="http://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/Election_Requirements.html">http://www.cgsmedicare.com/hhh/coverage/Coverage_Guidelines/Election_Requirements.html</a></li> <li><b>Medicare Benefit Policy Manual (CMS Pub. 100-02, Ch. 9 §10 and §20.2)</b> <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf</a></li> </ul>