Clinical Policies and Procedures

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<th>REVOCATION OF THE MEDICARE HOSPICE BENEFIT</th>
<th>Policy #: CP258</th>
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<td>NHPCO Standard(s): CES 9; CES 9.1; CES 9.4</td>
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<td>Regulatory Citation: 42 CFR 418.28 and 104(e)(2), 10 NYCRR 793.2(d)(3)</td>
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POLICY

High Peaks Hospice (HPH) cannot revoke a person’s Medicare hospice benefit for any reason. A patient or their representative may revoke the patient’s election of the Medicare or Medicaid hospice benefit at any time and for any reason by signing a statement with an effective date noted.

DEFINITION

Revocation: When a patient chooses to no longer receive hospice care. The patient’s Medicare benefits waived when electing the hospice benefit will resume.

PROCEDURE

1. A patient may choose to revoke the Medicare hospice benefit for the following (or any other) reasons:
   
   A. to seek aggressive care for treatment of the terminal diagnosis

   B. dissatisfaction with the hospice’s services

   C. to receive care at an inpatient facility with which HPH does not have a written agreement

2. The patient or their representative must provide a written revocation statement that includes the following:
   
   A. A signed statement indicating that Medicare coverage for hospice care is revoked for the remainder of that election period and

   B. the date that the revocation is effective

NOTE: The patient/representative may not designate an effective date earlier than the date the revocation is made and signed.
3. Only the patient or their representative may revoke election of the Medicare hospice benefit. HPH may not revoke a patient's election nor pressure the patient to do so for any reason or under any circumstances.

4. HPH staff will advise the patient that they:

   A. are no longer covered under Medicare for hospice care for the remaining benefit period

   B. resume Medicare coverage of the benefits waived when they elected the Medicare hospice benefit

   C. may at any time elect the Medicare hospice benefit for any other hospice election periods that he or she may be eligible to receive

5. When hospice election is ended due to revocation, HPH must file a notice of termination/revocation of election with the Medicare contractor within 5 calendar days after the effective date of revocation, unless HPH has already filed a final claim for that beneficiary.

6. When a revocation occurs, a discharge summary is completed to summarize the care received by the patient, reason(s) for the revocation, and needed follow-up care or services (See Clinical Policy “Discharge from Hospice Services CP219”)

7. If the patient consents and identifies a healthcare provider who will be providing ongoing care, the discharge summary is forwarded to that provider.

8. The patient’s attending physician is notified of the revocation decision and effective date by the Registered Nurse Case Manager. A copy of the discharge summary is provided to the attending physician. The clinical record is also provided if requested.

LAST REVIEW DATE: IDT 03/07/18

LAST UPDATED: Comp Coord 01/01/18, 02/13/19

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