MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospice Transmittal No. 22
March 8, 2022

TO: Hospice Administrators

FROM: Marlana R. Hutchinson, Director
       Office of Long Term Services and Supports

RE: E-Request Updates

NOTE: Please ensure the appropriate staff members in your organization are informed of the contents of this transmittal.

This transmittal provides further details and instructions regarding the Hospice E-Request form. This transmittal also clarifies the circumstances under which a Maryland Medical Assistance Program participant who is enrolled in hospice may disenroll from hospice, and the documentation requirements for disenrollment. The transmittal further clarifies documentation requirements when a participant is transferring to another nursing facility but is remaining with the same hospice provider. Finally, the transmittal sets forth a revised deadline for the submission of enrollment E-Requests. Please note that this transmittal supersedes PT 07-20, Hospice Transmittal No. 17, Disenrollment from Hospice; Submission of Enrollment E-Requests, dated September 25, 2019.

E-Request Form

The Program continues to use the updated E-Request form to capture necessary information. Providers shall continue using the updated form for submissions and email submissions to mdh.hospice@maryland.gov. The form is attached in Excel format and can also be found on the Department’s website at https://health.maryland.gov/mmcp/longtermcare/Pages/Hospice-Services.aspx. Providers may convert the Excel format to an alternative online format as long as the content and appearance of the form are unchanged.

Revocation of Hospice Care Election by the Participant

The participant (or their representative) may revoke an election of hospice at any time for any reason. When a participant revokes hospice, they forfeit Program coverage of hospice care for the remaining days in the election period.
If the participant wishes to revoke hospice care, the provider shall submit the Hospice E-Request form with the section titled “Revocation of Hospice Care Election” checked and completed. The provider shall also submit a copy of the participant’s written notice of revocation that meets the requirements set forth in COMAR 10.09.35.05E(1).

Termination of Hospice Coverage for Cause

At its option, the Department may terminate hospice care for cause. Termination may be initiated by the Department or occur at the hospice provider’s recommendation. Cause for termination may include, but is not limited to:

1. A change in the participant’s prognosis as being terminally ill;
2. Participant relocation to a place of residence where a hospice care provider is not available; or
3. Participant’s actions or behavior which makes continuation of hospice care inappropriate (for example: fraud, misconduct, or repeated instances of willfully seeking services related to the terminal illness from other than the designated provider).

When a provider is recommending that the Department terminate hospice care, the provider shall complete the Hospice E-Request with the section titled “Termination of Hospice Care Election for Cause” checked and completed. Documentation supporting the recommendation should also be submitted. The Department will review the request and notify the provider of its determination.

Transfers to Another Nursing Facility

When a hospice participant transfers from one nursing facility to another yet is remaining under the same hospice provider, an E-Request documenting this change is not necessary. If the transfer occurs on a date other than the first of the month, however, the hospice provider is required to submit separate claims for the month of transfer reflecting each nursing facility stay (field 76 of the UB04) to ensure accurate room and board payment.

Deadline for Submission of Enrollment E-Requests

To facilitate hospice enrollments, it is crucial that providers submit enrollment requests in a timely manner. Effective with the issuance of this transmittal, providers shall submit enrollment E-Requests no later than one year following the first date of service or, in cases involving retroactive Medicaid eligibility, one year following the date the Notice of Eligibility was issued.

If you have any questions, please feel free to contact Leslie Jackson, Hospice Coordinator, at (410) 767-1714 or at leslie.jackson@maryland.gov.