

INSTRUCTIONS FOR COMPLETION OF HOSPICE ELECTION FORM 165

Policy: The completion of this form is required by all hospice providers for all Medicaid recipients who are determined to be terminally ill based upon Alabama Medicaid Agency (AMA) guidelines and elect the hospice benefit. If a recipient is eligible for Medicare as well as Medicaid, the Medicare election form will serve as election for both hospice programs. Once the form has been signed and dated by the physician the form should not be altered.

1. **PATIENT'S NAME AND PHONE NUMBER:** Record the recipient's name just as it appears on the Medicaid card and a telephone number if applicable.
2. **MEDICAID NUMBER:** Record the recipient's 13 digit Medicaid number just as it appears on the Medicaid card.
3. **HOSPICE NAME:** Record the name of the hospice provider who is rendering the service.
4. **PROVIDER NUMBER:** Record the assigned Medicaid Provider ID number.
NOTE: (This will be either a six digit number or a PIC number).
5. **PROVIDER PHONE NUMBER:** Record the phone number for the provider who is rendering the service.
6. **DATE:** Record the date of the effective hospice benefit. This should be equivalent to your first billable service date.
7. **ADMITTING DIAGNOSIS CODE(S):** Record the ICD 9 Code of the recipient's terminal illness diagnosis.
8. **CHECK BOXES:** Place a check mark in the applicable box as pertaining to the recipient.
 - The first box indicates that the recipient has Medicare Part A benefits.
 - The second box indicates that the recipient does not have Medicare Part A benefits, but must notify the hospice provider of any future eligibility.
 - The third box indicates if the recipient is receiving service in a nursing home and if the recipient is eligible for the room and board benefits.
9. **PATIENT'S SIGNATURE OR MARK:** The recipient's or representative's signature indicates the desire to elect the hospice benefit. The signature must be dated by the individual who is signing the form.

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10. **PATIENT REPRESENTATIVE SIGNATURE:** If the recipient is unable to sign the form, he or she may designate a representative to sign the form. The signature of the representative must be dated by the person who is signing as the recipient's representative. If the recipient meets the eligibility requirements for hospice care, he or she must file a written election certification statement (Medicaid Hospice Election and Physician's Certification, Form 165) with a particular hospice within two calendar days after hospice care begins.
11. **RELATIONSHIP TO PATIENT:** The relationship of the recipient's representative should be recorded. Examples include son, daughter, spouse, and significant other.
12. **BENEFIT PERIODS AND DATES OF BENEFIT PERIOD:** The date of the benefit periods, 90, 90, and subsequent 60 day periods, should be documented by the physician or the hospice provider in the appropriate section. For subsequent 60 day periods, please complete another Form 165 with the pertinent information at the top of the Form. The recipient's signature is not necessary on subsequent forms. The physician making the certification of the terminal illness should record the dates of the effective hospice benefit period and the signature of the physician in the corresponding location. This should be equivalent to your first billable service date. If no verbal order is received, this date must be obtained within two days from the effective date.
13. **PHYSICIAN CERTIFICATION AND DATE:** Medical certification is required by the recipient's attending physician; however, if the recipient does not have a primary attending physician, certification may be given by the Hospice Medical Director. The physician must sign and date the Form in the appropriate section.
14. **VERBAL ORDER DOCUMENTATION:** A verbal order for service may be received for the initial certification only. In the event that a physician verbal order is obtained, the nurse receiving the verbal order must date and sign, and print/type the physician's name who is giving the order. If a verbal order is given, the physician must certify the election within 30 days of this date. However, if there is no verbal order, the physician must sign within two days after hospice care is initiated. For each subsequent benefit period, the hospice must obtain written certification with two calendar days of the beginning of the period.