

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Federally Qualified Health Centers, Hospice Providers, Hospital Providers, Nurse Practitioners, Nursing Homes, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## Members 20 and Under May Elect Hospice and Continue with Active Treatment

Effective for dates of service on and after March 23, 2010, members 20 years of age and under who are enrolled in BadgerCare Plus or Medicaid may elect to receive hospice services concurrently with all medically necessary treatment services. This *ForwardHealth Update* includes the new Election of Hospice Benefit for Members 20 and Under form, F-01009A (12/10).

### Removal of Curative Treatment Prohibition

The recent implementation of section 2302 of the Affordable Care Act amended the Social Security Act to allow members 20 years of age and under, or those making decisions on their behalf, to elect hospice services without forgoing any other service to which that member is entitled for the treatment of a terminal condition. Effective for dates of service on and after March 23, 2010, members 20 years of age and under who elect hospice services may now receive any medically necessary BadgerCare Plus- and Medicaid-covered services concurrently with hospice care, as long as those services are not duplicative of services covered under the hospice benefit. Prior to enactment of the Affordable Care Act, curative treatment of a member's terminal illness ceased upon election of the hospice benefit.

ForwardHealth will identify denied claims that meet the criteria for the new policy and will adjust these claims accordingly.

The information in this *ForwardHealth Update* applies to services for members 20 years of age and under who are

enrolled in Wisconsin Medicaid and all BadgerCare Plus plans.

### Members Continuing Curative Treatment Upon Turning 21

Providers should note that the option to receive all covered health services concurrently with hospice services will cease on the member's 21<sup>st</sup> birthday. If a member wishes to continue curative treatment on and after his or her 21<sup>st</sup> birthday, that member will need to withdraw from the hospice benefit.

### Forms for Members Electing Hospice Services

This new provision does not change the criteria for receiving hospice services; as for all members receiving hospice services, the physician(s) is required to sign a Physician Certification/Recertification of Terminal Illness, F-1011 (10/08), and the hospice is required to keep a copy of it in the member's record.

Effective immediately, however, members 20 years of age and under who elect the hospice benefit are required to use the Election of Hospice Benefit for Members 20 and Under form, F-01009A (12/10), located in Attachment 1 of this *Update* and on the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/). Members 21 years of age and older are required to use the re-named (but otherwise unchanged) Election of Hospice Benefit for Members 21

and Older form, F-01009B (12/10), located in Attachment 2 and on the Forms page of the Portal. As a reminder, the hospice is responsible for notifying ForwardHealth of the member's hospice election by completing the Hospice Benefit form online or by completing and sending in the paper Notification of Hospice Benefit Election, F-1008 (10/08).

Refer to the to the Hospice area of the ForwardHealth Online Handbook for additional information.

## **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# **ATTACHMENT 1**

## **Election of Hospice Benefit for Members 20 and Under**

(A copy of the Election of Hospice Benefit for Members 20 and Under form is located on the following page.)

## WISCONSIN MEDICAID ELECTION OF HOSPICE BENEFIT FOR MEMBERS 20 AND UNDER

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

**Instructions:** Type or print clearly. Keep this information in the member's records; *do not* send it to ForwardHealth.

Name — Member	Name — Hospice	Hospice's National Provider Identifier
Name — Attending Physician		Start Date for Hospice Services

I, the member named above, choose to receive hospice care from the hospice program named above. I acknowledge and understand the following:

- The hospice program is palliative in its goals. This means that the program does not attempt to cure disease but emphasizes the relief of symptoms such as pain, physical discomfort, and emotional stress that may accompany a life-threatening illness.
- By choosing Medicaid hospice benefits, I agree to receive most services from the hospice and attending physician I designated above.
- Under the Affordable Health Care Act, members 20 years of age and under may receive curative treatment services concurrently with hospice services. I understand that upon turning 21, I will no longer be eligible to receive hospice care and curative treatment services concurrently.
- I can choose to discontinue hospice care at any time. To discontinue, I must complete a revocation statement. I can obtain this statement from the hospice coordinator.
- If I choose to withdraw from my Medicaid hospice benefit, I understand that I may re-elect hospice at a later time.
- I can choose to receive hospice care from another hospice program at any time. To change programs, I must first confirm that the hospice to which I wish to be admitted can admit me and on what date. I must inform my current hospice program of my wishes so that arrangements for the transfer can be made. I must document the date I wish to discontinue care from my current hospice, the name of the hospice from which I wish to receive care, and the date that care will start.

Acknowledging and understanding the above, I authorize the above-named hospice to begin providing Medicaid-covered services on the date indicated above. I designate the physician named above as my attending physician.

<b>SIGNATURE</b> — Member or Legal Representative	Date Signed
<b>SIGNATURE</b> — Witness	Name — Witness
	Date Signed

# **ATTACHMENT 2**

## **Election of Hospice Benefit for Members 21 and Older**

(A copy of the Election of Hospice Benefit for Members 21 and Older form is located on the following page.)

## WISCONSIN MEDICAID ELECTION OF HOSPICE BENEFIT FOR MEMBERS 21 AND OLDER

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

**Instructions:** Type or print clearly. Keep this information in the member's records; *do not* send it to ForwardHealth.

Name — Member	Name — Hospice	Hospice's National Provider Identifier
Name — Attending Physician		Start Date for Hospice Services

I, the member named above, choose to receive hospice care from the hospice program named above. I acknowledge and understand the following:

- The hospice program is palliative, not curative, in its goals. This means that the program does not attempt to cure disease but emphasizes the relief of symptoms such as pain, physical discomfort, and emotional stress that may accompany a life-threatening illness.
- By choosing Medicaid hospice benefits, I agree to receive all services from the hospice and attending physician I designated above.
- I can choose to discontinue hospice care at any time. To discontinue, I must complete a revocation statement. I can obtain this statement from the hospice coordinator.
- If I choose to withdraw from my Medicaid hospice benefit, I understand that I may re-elect hospice at a later time.
- I can choose to receive hospice care from another hospice program at any time. To change programs, I must first confirm that the hospice to which I wish to be admitted can admit me and on what date. I must inform my current hospice program of my wishes so that arrangements for the transfer can be made. I must document the date I wish to discontinue care from my current hospice, the name of the hospice from which I wish to receive care, and the date that care will start.

Acknowledging and understanding the above, I authorize the above-named hospice to begin providing Medicaid-covered services on the date indicated above. I designate the physician named above as my attending physician.

<b>SIGNATURE</b> — Member or Legal Representative	Date Signed
<b>SIGNATURE</b> — Witness	Name — Witness
	Date Signed