



Department of Health

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MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Date: November 10, 2022
DAL: DHCBS 22-15
Subject: Notification of Hospice Non-Covered Items, Services, and Drugs

Dear Hospice Provider:

In response to a recent audit of the hospice benefit, including #2018-S-71 by the Office of the State Comptroller, the Department of Health ("Department") has developed the enclosed form, DOH-5778 Entity/Facility Notification of Hospice Non-Covered Items, Services, and Drugs. This correspondence is intended to provide guidance to hospice providers regarding expectations of this form's utilization and retention.

Section I

Section I reflects the name of the hospice agency; the name of the entity, facility or agency with whom the completed Form was shared and date it was shared; the patient's full name and date of birth, Medical Record Number (MRN) and the Medicaid Client Identification Number (CIN) if applicable. It is imperative that this information be complete and accurate.

Section II

In Section II, the hospice will provide the patient's diagnoses information, and identify whether the diagnoses are related (Section II.A.) or unrelated (Section II. B.) to the patient's terminal illness and its associated conditions. It is expected that the field will not include a code (e.g., C25.9) but rather will include appropriate terminology reflective of the diagnosis (i.e., "pancreatic cancer").

Section III

The hospice decides whether the conditions, items, services, and/or drugs are related on an individualized, patient-specific basis. In Section III, the hospice will delineate items (including durable medical equipment), services (including personal care), and drugs that are unrelated to the patient's terminal illness and associated conditions. It is expected that the fields will not include codes but rather will include appropriate terminology reflective of the items, services, and/or drugs that are listed. Form DOH-5778 should be shared with other healthcare providers from which the hospice patient may seek items, services, or drugs that are deemed unrelated to the terminal illness and related conditions to assist in making treatment decisions.

Section IV

The hospice representative that completed DOH-5778 is to complete this section with their name, title, and contact information in the event there are questions or follow-up information needed.

Provision of DOH-5778

It is expected that this form will be completed by the hospice provider and shared with other medical providers and/or facilities who provide services to the patient. These entities will need to incorporate this form into their records for appropriate care planning throughout the duration of treatment and be able to provide the form upon request of the Department and/or other entities (e.g., the Office of the Medicaid Inspector General, Centers for Medicare and Medicaid Services, etc.) for purposes of audit and/or surveillance. The information shared herein will be shared by the hospice with other Medicaid service providers including managed care and managed long term care plans.

The hospice should encourage all non-hospice providers to document the reason a service is provided outside of the hospice benefit (e.g., diagnoses, medical conditions) not related to the recipient's terminal illness.

Questions

If you have any questions regarding completion of this form, please contact the Division of Home and Community Based Services at homecare@health.ny.gov.

Sincerely,

Seon A. Davis, Acting Director
Division of Home and Community Based Services
Center for Long Term Care Surveillance
and Operations

Enclosure

Entity/Facility Notification of Hospice Non-Covered Items, Services, and Drugs

Section I

Hospice Agency _____

Name of Entity/Facility Receiving this Form _____

Date the Form was Shared with Entity/Facility _____

Patient Name _____ DOB: _____

MRN: _____ CIN: _____

Section II

A. Diagnoses Related to Terminal Illness and Associated Conditions (Hospice is responsible to cover all items, services, and drugs)

1.	4.
2.	5.
3.	6.

B. Diagnoses Unrelated to Terminal Illness and Associated Conditions**

1.	4.
2.	5.
3.	6.

**Attach additional pages as needed.

Section III

Non-covered items, services, and drugs determined by hospice as unrelated to the patient's terminal illness and associated conditions**

Items	Reason for Non-Coverage

Services	Reason for Non-Coverage

Section III, continued

Drugs	Reason for Non-Coverage
_____	_____
_____	_____
_____	_____
_____	_____

**Attach additional pages as needed.

Note: The hospice decides whether the conditions, items, services, and/or drugs are related or unrelated to the terminal condition of each patient. This form should be shared with other healthcare providers, the local district as applicable, managed long term care plans and managed care plans, from which the hospice patient may seek items, services, or drugs that are deemed unrelated to the terminal illness and related conditions to assist in making treatment decisions. The information shared herein will be shared by the hospice with other Medicaid service providers.

Section IV

Name of the Individual Completing this Form _____

Title _____

Organization _____

Telephone _____

Email Address _____