

HOSPICE ELECTION STATEMENT
Content of Hospice Election Statement Checklist
[Code of Federal Regulations 42 CFR 418.24\(b\)](#)

418.24 Election of hospice care.			
(b) Content of election statement. The election statement must include the following:			
	Required Component	Included on Agency Form	Comments
1.	Identification of the particular hospice and of the attending physician that will provide care to the individual. The individual or representative must acknowledge that the identified attending physician was his or her choice.		
2.	The individual's or representative's acknowledgement that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the individual's terminal illness and related conditions.		
3.	<p>Acknowledgement that the individual has been provided information on the hospice's coverage responsibility and that certain Medicare services, as set forth in paragraph (f) of this section, are waived by the election.</p> <p>(1) Hospice care provided by a hospice other than the hospice designated by the individual (unless provided under arrangements made by the designated hospice).</p> <p>(2) Any Medicare services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or that are equivalent to hospice care except for services -</p> <ul style="list-style-type: none"> (i) Provided by the designated hospice; (ii) Provided by another hospice under arrangements made by the designated hospice; and (iii) Provided by the individual's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services. 		

	For Hospice elections beginning on or after October 1, 2020, this would include providing the individual with information indicating that services unrelated to the terminal illness and related conditions are exceptional and unusual and hospice should be providing virtually all care needed by the individual who has elected hospice.		
4.	The effective date of the election, which may be the first day of hospice care or a later date but may be no earlier than the date of the election statement.		
5.	For Hospice elections beginning on or after October 1, 2020, the Hospice must provide information on individual cost-sharing for hospice services.		
6.	For Hospice elections beginning on or after October 1, 2020, the Hospice must provide notification of the individual's (or representative's) right to receive an election statement addendum, as set forth in paragraph (c) of this section, if there are conditions, items, services, and drugs the hospice has determined to be unrelated to the individual's terminal illness and related conditions and would not be covered by the hospice.		
7.	For Hospice elections beginning on or after October 1, 2020, the Hospice must provide information on the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), including the right to immediate advocacy and BFCC-QIO contact information.		
8.	The signature of the individual or representative.		

Source: [eCFR: 42 CFR 418.24 -- Election of hospice care.](#)

CMS [Model Example of "Patient Notification of Hospice Non-Covered Items, Services, and Drugs"](#)

Considerations for Modified Election Statement Content

Consider using the CMS [Model Example of Hospice Election Statement](#) as a minimum baseline. Additional considerations are dependent on the hospice's EMR functionalities.

- Include an identifier to the patient's name (medical record number)
- Consider developing a separate election statement from the informed consent form. The hospice would have two documents instead of one combined.
- If patient does not choose an attending physician, then:
 - Do not insert a Hospice Medical Director or hospice physician's name – leave it blank
- However, the hospice will include the Hospice Medical Director or hospice physician as the attending physician on their NOE and claims
- Some elements of the model election statement are applicable to Medicare patients but may not be applicable to non-Medicare patients, e.g., the BFCC-QIO. Providers should check with state Medicaid requirements.

Hospice Philosophy and Coverage of Hospice Care

- **First Bullet**
 - Per §418.24 (b) Include the verbiage: the holistic, comprehensive and palliative nature of the Medicare hospice benefit.
- **Fifth Bullet**
 - You may want to replace the language in the model form with the language from the FY2021 Final Wage Index, Section C, bullet 2, stating, “Although it would be rare, there could be some necessary items, drugs, or services that will not be covered by the hospice because the hospice has determined that these items, drugs, or services are to treat a condition that is unrelated to the terminal illness and related conditions.
 - In addition, consider rewording the language in the last sentence of this bullet, as Medicare **or other insurance** doesn’t necessarily cover all unrelated items, services and drugs.
- **Sixth Bullet (insert additional language)**
 - Some items, services or drugs may no longer be medically appropriate for you. Hospice will alert you to these items, if they occur, and discontinue them from the hospice plan of care. If you choose to continue with these items, you will be financially responsible for them.
- **Signatures of Beneficiary or Representative**
 - Insert an additional line for both signers, whereby the signer’s name can be typed or printed along with their signature
 - May wish to include a line why the patient was unable to sign (e.g. lack of capacity)
 - Check with your State laws and regulations as to who may legally sign as the patient’s representative.