NOTIFICATION OF TERMINATION OF HOSPICE BENEFITS

This form must be used to notify the MO HealthNet Division (MHD) when a patient's hospice benefit is terminated. This form must be received by the MHD within five days of the date the form is executed. All signatures and dates on this form must be original.

Participant Information

Participant Name	MO HealthNet Identification Number

Name of Hospice

Provider Information

Provider Name	National Provider Identifier (NPI)

Taxonomy Code	Medicare ID Number	Medicare Provider Identifier

Discharge Information

Choose One and Complete Corresponding Section Below. See details of each on page two of this form.

- ☐ Revocation of Hospice Benefits by Patient Choice – Complete Section I
- ☐ Change of Designated Hospice Provider – Complete Section II
- ☐ Decertification of Terminal Illness by Physician – Complete Section III
- ☐ Discharge Due to Patient Relocation – Complete Section IV
- ☐ Death of Patient while on Hospice Care – Complete Section V

Section I – Revocation of Hospice Benefits by Patient Choice

I hereby request that the hospice MO HealthNet/Medicare benefits provided to me by the above hospice be discontinued on _____ (designated date). I understand that the remaining days in this election period will be lost, but I can elect hospice benefits again for any other hospice period for which I am eligible. My regular MO HealthNet/ Medicare benefits waived under the Hospice Program will be automatically restored as long as my MO HealthNet/ Medicare eligibility remains in effect.

Patient or Patient Representative Signature	Date	Witness Signature	Date

Section II – Change of Designated Hospice Provider

I wish to discontinue hospice care with	Hospice Name	Stop Date
I wish to receive care from	Hospice Name	Start Date
Patient, Patient Representative or Hospice Representative Signature		Date

Step III – Decertification of Terminal Illness by Physician

Effective _____ (date) the prognosis for the above-named patient has changed. This patient no longer has a terminal prognosis of six months or less, and therefore does not meet the criteria for hospice benefits.

Physician Signature	Date

The above-name patient has been informed that regular MO Healthnet/Medicare benefits waived under the Hospice Program will be automatically restored as long as their MO HealthNet/Medicare eligibility remains in effect.

Physician or Hospice Representative Signature	Date

Step IV – Discharge Due to Patient Relocation

Effective _____ (date) the above-named patient moved out of the hospice's service area. The above named hospice will no longer provide hospice services after the effective date.

Hospice Representative Signature	Date

Step V – Death of Patient While on Hospice Service

Date Patient Expired	Hospice Representative Signature	Date

Discharge Option Descriptions

Section I – Revocation of Hospice Benefits by Patient Choice

The patient **chooses** to discontinue hospice benefits to seek active treatment of the disease, or decides against using hospice benefits for some other reason. Benefits will revert to regular MO HealthNet/Medicare coverage. The effective date of revocation is the date of the signature, unless a subsequent date is designated. An individual may not designate an effective date earlier than the date the revocation is signed. Requires dated signature of patient or dated, witnessed signature of a patient representative.

Section II – Change of Designated Hospice Provider

The patient transfers from one hospice provider immediately to another hospice provider in the same or different area. The newly designated hospice must verify that a Notification of Termination of Hospice Benefits form, indicating a change of designated hospice, was completed by the original hospice by viewing the patient's copy of the form. If the form was not completed, the new hospice must complete the form and submit a copy to the original hospice and to MHD. The newly elected hospice must submit all documentation required for a new election. Requires dated signature of patient, patient representative or a hospice representative.

Section III – Decertification of Terminal Illness by Physician

The attending physician or the hospice's medical director has determined that the patient's condition has improved, or the prognosis has otherwise changed such that the physician does not expect the patient to expire within 6 months. Requires dated signature of the physician who is providing the new prognosis.

Section IV – Discharge Due to Patient Relocation

The patient leaves the current hospice provider's service area. Hospice staff may be signatory on this type of notification.

Section V – Death of Patient while on Hospice Care

Hospice staff may be signatory on this type of notification.