




Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**Maryland Medical Assistance Program
Hospice Transmittal No. 17
September 25, 2019**

TO: Hospice Administrators

FROM: Mark A. Leeds, Director 
Office of Long Term Services and Supports

SUBJECT: Disenrollment from Hospice; Submission of Enrollment E-Requests

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

New E-Request Form

The Program has modified the Hospice Enrollment E-Request form to a user-friendly Excel format. A facsimile of this format is attached. The format may also be found on the Department's website at <https://mmcp.health.maryland.gov/longtermcare/Pages/Hospice-Services.aspx>.

Providers are encouraged to begin using the Excel format for submissions immediately upon receipt of this transmittal. Providers shall continue to address submissions to mdh.hospice@maryland.gov. For E-Requests submitted on or after November 1, 2019, use of this form and submission in the Excel format will be mandatory.

Revocation of Hospice Care Election by the Participant

The participant (or representative) may revoke an election of Hospice at any time for any reason. When the participant revokes Hospice, he or she forfeits Program coverage of Hospice care for any days remaining in the election period.

If the participant wishes to revoke Hospice care, the provider shall submit the Hospice E-Request form with the section titled Revocation of Hospice Care election checked and completed. The provider shall also submit a copy of the participant's written notice of revocation that meets the requirements set forth in COMAR 10.09.35.05E(1).

Termination of Hospice Coverage for Cause

At its option, the Department may terminate Hospice care for cause. Termination may be initiated by the Department or occur at the Hospice provider's recommendation. Cause for termination may include, but is not limited to:

1. A change in the participant's prognosis as being terminally ill;
2. Participant relocation to a place of residence where a Hospice care provider is not available; or
3. Participant's actions or behavior which makes continuation of Hospice care inappropriate, for example, fraud, misconduct, or repeated instances of willfully seeking services related to the terminal illness from other than the designated provider.

When a provider is recommending that the Department terminate Hospice care, the provider shall complete the Hospice E-Request with the section titled Termination of Hospice Care Election for Cause checked and completed. Documentation supporting the recommendation should also be submitted. The Department will review the request and notify the provider of its determination.

Deadline for Submission of Enrollment E-Requests

To facilitate Hospice enrollments, it is crucial that providers submit enrollment requests in a timely manner. Effective January 1, 2020, the Program will no longer accept enrollment requests to begin more than 90 days prior to the date the request is received. We strongly encourage providers to ensure that all participants currently receiving Hospice services have been properly enrolled in the Program before that date.

Your cooperation in complying with the above requirements is greatly appreciated. If you have any questions, please feel free to contact the Hospice Program at mdh.hospiceinfo@maryland.gov.