



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Hospice Bulletin 21
August 2021

TO: Hospice Providers Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth
RE: **Submission of the MassHealth Hospice Election Form through the LTSS Provider Portal**

Introduction

This bulletin communicates the availability of a new online submission tool for hospice providers to submit the required MassHealth Hospice Election Form through the MassHealth LTSS Provider Portal.

Submission of the MassHealth Hospice Election Form for Dual-Eligible Members

Hospice providers that deliver services to MassHealth members who also have Medicare coverage (“dual-eligible members”) are reminded that they must ensure such members elect or revoke the hospice benefit simultaneously through Medicare and MassHealth. Pursuant to Medicare Benefit Policy Manual Chapter 9, Section 20.3 and State Medicaid Manual Chapter 4, Section 4305.3, dual-eligible members are required to elect or revoke the hospice benefit simultaneously under both Medicare and MassHealth.

Accordingly, hospice providers—even when providing Medicare covered hospice services to dual-eligible members—must complete and submit the MassHealth Hospice Election Form, in accordance with all requirements set forth in 130 CMR 437.412, to ensure that all dual-eligible members served by the hospice provider elect or revoke their MassHealth hospice benefit at the same time that they elect or revoke their Medicare hospice benefit. Hospice providers may be subject to sanction for failure to comply with this requirement.

New LTSS Provider Portal Option

As of September 1, 2021, hospice providers are encouraged to use the MassHealth LTSS Provider Portal to electronically complete and submit the MassHealth Hospice Election Form as outlined in this bulletin. Providers are also encouraged to use the MassHealth LTSS Provider Portal to check the status of a previous submission and print confirmation of a submitted election form.

MassHealth will consider submission of the MassHealth Hospice Election Form through the MassHealth LTSS Provider Portal in accordance with the requirements set forth in this bulletin as completion of the MassHealth Hospice Election Form in accordance with the requirements of 130 CMR 437.412.

Providers must still ensure the member or the member’s representative signs and dates a hospice election and revocation statement that meets the requirements outlined in this bulletin. Providers must retain this signed statement in the member’s record in addition to a copy of the completed MassHealth Hospice Election Form that was submitted through the MassHealth LTSS Provider Portal.

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MassHealth Hospice Election Procedures

Pursuant to 130 CMR 437.412, hospice providers must complete and submit the MassHealth Hospice Election Form for all MassHealth members, including dual-eligible members. The form must be completed and submitted any time a member:

- Elects the MassHealth hospice benefit;
- Changes hospice providers;
- Revokes their MassHealth hospice election; or
- Disenrolls or is disenrolled from hospice.

For MassHealth Fee-For-Service, Primary Care Accountable Care Organization (ACO), and Primary Care Clinician Plan members, the hospice provider must complete and submit the MassHealth Hospice Election Form directly to MassHealth in accordance with the submission instructions in this bulletin.

For MassHealth members enrolled in an Accountable Care Partnership Plan, managed care organization (MCO), or MCO-administered ACO, the hospice provider must work with the member and the member's plan to coordinate election of the MassHealth hospice benefit through the plan. Submission of the MassHealth Hospice Election Form for a member enrolled in one of these plans will result in the member being disenrolled from the plan.

For MassHealth members enrolled in One Care, the Program of All Inclusive Care for the Elderly, or Senior Care Options, the hospice provider must work with the member and the member's plan to coordinate election of the MassHealth hospice benefit, as well as simultaneous election of the Medicare hospice benefit for dual-eligible members. For a member in any of these plans, the hospice provider will not be able to submit the MassHealth Hospice Election Form through the MassHealth LTSS Provider Portal unless the member chooses to disenroll from the plan and disenrollment is complete prior to submission.

MassHealth Hospice Election Form Submission Instructions

Effective September 1, 2021, hospice providers serving MassHealth Fee-For-Service, Primary Care ACO, and Primary Care Clinician Plan members are encouraged to submit the MassHealth Hospice Election Form through the MassHealth LTSS Provider Portal, which may be accessed at www.masshealthltss.com.

To use the MassHealth LTSS Provider Portal, hospice providers must register primary and secondary users. To complete registration providers will use the following link, www.masshealthltss.com, and follow the directions within the "Need to Register?" button.

If necessary, hospice providers may continue to submit the MassHealth Hospice Election Form to the Hospice Enrollment Unit by fax or mail.

- Fax: (855) 656-3381
- Mail:

MassHealth LTSS-Hospice Enrollment Unit
PO Box 159108
Boston, MA 02215

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MassHealth Hospice Election Statement Requirements

In accordance with 130 CMR 437.412(C), hospice providers must ensure that all MassHealth members or their representatives, as appropriate, sign and date a hospice election statement upon electing the MassHealth hospice benefit. Providers may use a provider-created election and revocation statement to acquire the signature of a member or member's representative. The provider-created election and revocation statement must meet all federal and MassHealth requirements set forth in 42 CFR 418.24(b) and 130 CMR 437.412(C). The election statement must be specific to MassHealth and the member's waiver of their rights to certain MassHealth services for the duration of their hospice election.

Hospice providers may wish to use Section D of the MassHealth Hospice Election Form to ensure that all election statement requirements are included, or may incorporate all elements of Section D of the MassHealth Hospice Election Form into their own provider-created election statement.

Hospice providers must retain the completed election and revocation statement in the member's medical record and follow all requirements in 130 CMR 437.425: *Record Keeping*.

Individuals Seeking MassHealth Eligibility

Individuals seeking MassHealth eligibility may complete a MassHealth hospice election statement at the time of hospice admission, in accordance with the requirements of Section H of the MassHealth Hospice Election Form. Hospice providers may not submit the MassHealth Hospice Election Form for such individuals until MassHealth eligibility has been approved.

MassHealth does not pay for hospice services unless a completed MassHealth Hospice Election Form has been submitted, and MassHealth does not pay for hospice services provided before the effective date entered on the form. The effective date for MassHealth hospice services may not be earlier than the date that the member or the member's representative signs the MassHealth hospice election statement.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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Questions

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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