

Hospice Election Statement Addendum Checklist

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#	Requirement	Description / Verification	Completed
1	Title of Document	Document is titled: "Patient Notification of Non-Covered Hospice Items, Services, and Medications."	<input type="checkbox"/>
2	Hospice Name	Hospice organization name is clearly listed.	<input type="checkbox"/>
3	Patient Information	Includes patient's full name and hospice medical record number.	<input type="checkbox"/>
4	Diagnosis Details	Identifies patient's terminal illness and any related medical conditions.	<input type="checkbox"/>
5	List of Non-Covered Items/Services	Lists current health conditions unrelated to terminal illness, with associated non-covered items, services, or drugs.	<input type="checkbox"/>
6	Plain-Language Clinical Explanation	Written in simple terms why each item/service is unrelated and not necessary for symptom or pain control. Includes a note recommending the patient shares this with other providers.	<input type="checkbox"/>
7	Clinical References	Lists any clinical guidelines, internal policies, or Medicare coverage standards used to support non-coverage.	<input type="checkbox"/>
8	Purpose and Advocacy Rights	Clearly states the purpose of the addendum and informs patient of right to request help through BFCC-QIO if they disagree with hospice's determination.	<input type="checkbox"/>
9	Signature and Acknowledgment	Includes name, signature, and date of patient/representative. States signature confirms receipt only. If signature is refused, reason is documented on the form.	<input type="checkbox"/>
10	Date of Addendum Provided	Date hospice gave the form is listed and matches required timeframe: • 5 days from request (if requested within first 5 days after election), OR • 3 days from request (if during ongoing care).	<input type="checkbox"/>