

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Hospice Transaction Form

Hospice providers must use this form to report hospice election, certification, revocation of hospice services, change of hospice provider, and death of the MHCP member. Review the information in the [Hospice Services](#) section of the MHCP Provider Manual for more information and detailed instructions about this form. Fax completed forms to DHS at 651-431-7554.

The hospice provider must develop a hospice plan of care and coordinate services with other providers, including county case managers, before beginning services to assure services are not duplicated.

**Note:** Signatures are required to ensure timely reimbursement of all claims. Electronic and handwritten signatures are accepted. It is the provider's responsibility to ensure all required signatures have been obtained before submitting this form.

## MHCP Member Information

### Election of Hospice Services - age 22 and older

I choose to receive hospice services beginning \_\_\_\_\_ (MM/DD/YYYY) under Medical Assistance or MinnesotaCare. The hospice provider informed me about the nature and extent of hospice services, and my right to stop getting hospice services at any time. I understand this means I waive my right to any other medical services related to treating the terminal condition for which I elected hospice services. [Complete all appropriate boxes.]

### Election of Hospice Services - age 21 and younger

I choose to receive hospice services beginning \_\_\_\_\_ (MM/DD/YYYY) under Medical Assistance or MinnesotaCare. The hospice provider informed me about the nature and extent of hospice services as a person aged 21 or younger. I understand my right to stop getting hospice services at any time. [Complete all appropriate boxes.]

SIGNATURE OF MHCP MEMBER OR LEGAL REPRESENTATIVE		DATE	
WITNESS SIGNATURE – required when recipient of the hospice care is not able to sign		DATE	
MHCP MEMBER NAME		MEMBER ID NUMBER	DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP CODE

## Medicare Hospice Election

Yes – A member who is dually eligible for both Medicare and Medical Assistance must elect hospice under Medicare, as well as Medical Assistance. Check Yes if the person is eligible for and has elected hospice under Medicare.

## Elected Hospice Provider

NAME OF HOSPICE			NPI
STREET ADDRESS OF HOSPICE	CITY	STATE	ZIP CODE
HOSPICE PHONE NUMBER (include area code)		HOSPICE FAX NUMBER (include area code)	

The elected hospice provider must complete all applicable sections of this form and submit it to DHS to be paid for the hospice services provided. DHS may return this form or may deny claims if this form is incomplete or not submitted within two calendar days of beginning or changing services.

Send a copy of this form to the county worker within two business days after the member elects hospice. Do not send a copy to MinnesotaCare if the member is enrolled in MinnesotaCare.

## Certification of Terminal Illness

We (or I) certify that the MHCP member named on this form has a terminal illness with a life expectancy of six months or less. The hospice medical director, and the attending physician if the attending physician remains involved in care, must complete the following.

TERMINAL ILLNESS DIAGNOSIS OR DIAGNOSES	ICD DIAGNOSIS CODES
<b>HOSPICE MEDICAL DIRECTOR/OTHER HOSPICE MD NAME</b>	NPI
<b>SIGNATURE OF MEDICAL DIRECTOR/OTHER HOSPICE MD</b>	DATE
ATTENDING PHYSICIAN NAME	NPI
<b>SIGNATURE</b>	DATE

The hospice service provider must obtain written certification of terminal illness within two calendar days after hospice care has started. The provider must submit the written certification to DHS before submitting a claim.

### Check when appropriate

- The member named on this form has no attending physician and is relying on the hospice to fulfill the main role of determining and delivering care.

## Discharge Statement

The member named on this form is discharged from the hospice program effective \_\_\_\_\_ (MM/DD/YYYY)

## Revocation of Hospice Services

Effective \_\_\_\_\_ (DATE OF REVOCATION), I no longer want to receive hospice services. The hospice provider informed me that hospice will no longer pay for my medications and services and that Medical Assistance or MinnesotaCare will resume paying for any medications or other services that are covered under my benefits.

<b>SIGNATURE OF MHCP MEMBER OR LEGAL REPRESENTATIVE</b>	DATE
<b>WITNESS SIGNATURE</b>	DATE

## Change of Designated Hospice Provider

Effective \_\_\_\_\_ (DATE), the MHCP member named on this form chose the following hospice provider. The current hospice provider must complete this form and submit it to DHS and the newly elected hospice provider.

HOSPICE NAME	<b>SIGNATURE OF MHCP MEMBER OR LEGAL REPRESENTATIVE</b>
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## Death of person who was receiving Hospice Services

The hospice provider must complete this form and submit it to DHS if the MHCP member dies while in hospice care.

DATE OF DEATH	HOSPICE MEDICAL DIRECTOR OR DESIGNEE NAME
NPI	<b>SIGNATURE OF MEDICAL DIRECTOR OR DESIGNEE</b>

**NO ENGLISH**



Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ፡- ስለ ዶክመንቱ ነፃ ገለፃ ከፈለጉ፣ ወራተኛዎን ያነጋግሩ። Amharic

Arabic. انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه.

মনোযোগ দিন। যদি আপনি বিনামূল্যে এই নথিটির ব্যাখ্যার জন্যে সহায় চান তাহলে উপরোক্ত বাক্সে থাকা নম্বরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។  
ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意!如果您需要免費的口譯支持,請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wąŋ. héčínhaŋ niyé wačínŋAŋ wayúiyeska ki de wówapi sutá, ečíyA kiŋ wóiyawa ed ophíye waŋ. Dakota

Paunawa. Kung kailangan mo ng librenng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में नि:शुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

**NO ENGLISH**



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကိၣ်းထံလံာ်တီၤလံာ်မိတဖဉ်အယိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. نهگهر بو وهرگیرانی ئەم بەلگەنامەیه پێویستت بە یارمەتی بێبەر امبەرە، ئەوا پەڕه‌ندی به‌و ژماره‌یه‌وه بکه که له بۆکسه‌که‌ی سهر هه‌دايه Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanǰí thí wíyukčanpi kin yuhá níyungspe héčha čhéya, lé tkíčhuŋ kin k'é nánpa opáwiŋyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。  
Mandarin (Simplified Chinese)

P̄alɛ rɔ piny: Mi gööri luäk lɔrä ke luɔc kä mɛmɛ, ɣɔtni nämbär ɛmɔ tää nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

**NO ENGLISH**



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili


ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐጣጢዑ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò irànlówọ pẹlú tí tú mò àkòólẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

LB (7-24)



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