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## COORDINATION OF HOSPICE SERVICES | COMPLETING THE DOH NOTIFICATION FORM

Dear Hospice Provider:

As you may know, the NYS Office of Health Insurance Programs Division of Health Plan Contracting and Oversight now requires documentation for hospice providers concerning certain hospice services. When members in our Medicaid Managed Care and Managed Long Term Care plans receive such services, MetroPlusHealth is responsible for coordinating services and financial obligations with the hospice provider.

To help with this coordination, DOH has instructed hospice providers to complete form DOH-5778, *Entity/Facility Notification of Hospice Non-Covered Items, Services, and Drugs*, and to share it with other health care providers. These include Medicaid managed care and managed long term care plans, and those from whom the hospice recipient may seek items, services, or drugs. For audit and/or surveillance purposes, each of these entities must also furnish the completed forms as requested by DOH and/or other regulators.

For services not related to a recipient's terminal illness, hospices should encourage all nonhospice providers to document the reason a service is provided outside of the hospice benefit (e.g., diagnoses, medical conditions). If you are providing relevant hospice services to MetroPlusHealth members covered by our Medicaid or Managed Long-Term Care programs, please send completed forms DOH-5778 to [healthpromotion@metroplus.org](mailto:healthpromotion@metroplus.org), or via fax to 212.908.5190.

The form and instructions are at [health.ny.gov/facilities/home\\_care/dal/docs/22-15.pdf](https://health.ny.gov/facilities/home_care/dal/docs/22-15.pdf). We have also included the form itself with this letter. If you have questions about completing the form, please contact the Division of Home and Community Based Services at [homecare@health.ny.gov](mailto:homecare@health.ny.gov).

We look forward to continuing to partner with you to ensure that our members receive high quality hospice services.

Sincerely,

Dr. Sanjiv Shah  
Chief Medical Officer



# Entity/Facility Notification of Hospice Non-Covered Items, Services, and Drugs

## Section I

Hospice Agency \_\_\_\_\_  
 Name of Entity/Facility Receiving this Form \_\_\_\_\_  
 Date the Form was Shared with Entity/Facility \_\_\_\_\_  
 Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_ CIN: \_\_\_\_\_

## Section II

A. Diagnoses Related to Terminal Illness and Associated Conditions  
 (Hospice is responsible to cover all items, services, and drugs)

1.	4.
2.	5.
3.	6.

B. Diagnoses Unrelated to Terminal Illness and Associated Conditions\*\*

1.	4.
2.	5.
3.	6.

\*\*Attach additional pages as needed.

## Section III

**Non-covered items, services, and drugs determined by hospice as unrelated to the patient's terminal illness and associated conditions\*\***

Items	Reason for Non-Coverage

Services	Reason for Non-Coverage

**Section III, continued**

Drugs	Reason for Non-Coverage
_____	_____
_____	_____
_____	_____
_____	_____

\*\*Attach additional pages as needed.

Note: The hospice decides whether the conditions, items, services, and/or drugs are related or unrelated to the terminal condition of each patient. This form should be shared with other healthcare providers, the local district as applicable, managed long term care plans and managed care plans, from which the hospice patient may seek items, services, or drugs that are deemed unrelated to the terminal illness and related conditions to assist in making treatment decisions. The information shared herein will be shared by the hospice with other Medicaid service providers.

**Section IV**

Name of the Individual Completing this Form \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_