CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12589	**Date: April 19, 2024**
	Change Request 13523

Transmittal 12516 issued February 22, 2024, is being rescinded and replaced by Transmittal 12589, dated April 19, 2024, to revise the policy section and Chapter 9 of the Medicare Benefit Policy manual to add the following language to Section 60 - Provision of Hospice Services to Medicare/Veteran's Eligible Beneficiaries: The verbiage "Veteran's eligible beneficiaries" should be replaced with "dually eligible veterans (i.e., eligible for both Medicare and Veterans benefits)". As such, the sentence, "However, this does not preclude Veteran's eligible beneficiaries from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary's VA benefits, in addition to Medicare hospice services." should be changed to "However, this does not preclude dually eligible veterans (i.e., eligible for both Medicare and Veterans benefits) from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary's VA benefits, in addition to Medicare hospice services." All other information remains the same.

SUBJECT: Manual Updates for Clarification on Services Under the Medicare Hospice Benefit for Dually Eligible Veterans

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Medicare Benefit Policy Manual, (Pub. 100-02), Chapter 9 to clarify that although, upon electing the Medicare hospice benefit, the beneficiary waives the right to Medicare payment for any Medicare services related to the terminal illness and related conditions during a hospice election. However, this does not preclude dually eligible veterans (i.e. eligible for both Medicare and Veterans benefits) from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary's VA benefits, in addition to Medicare hospice services.

EFFECTIVE DATE: March 25, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: March 25, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	9/60/ Provision of Hospice Services to Medicare/Veteran's Eligible Beneficiaries

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-02	Transmittal: 12589	Date: April 19, 2024	Change Request: 13523

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SUBJECT: Manual Updates for Clarification on Services Under the Medicare Hospice Benefit for Dually Eligible Veterans

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to clarify that although Chapter 9 of the Medicare Benefit Policy Manual stipulates that upon electing the Medicare hospice benefit, the beneficiary waives the right to Medicare payment for any Medicare services related to the terminal illness and related conditions during a hospice election, this does not preclude Veteran's eligible beneficiaries from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary's VA benefits, in addition to Medicare hospice services. This may include care and support services that are unique to VA benefits and not typically provided by Medicare hospice agencies, for example, but not limited to, VA home-based primary care for illnesses other than the terminal illness. Any services that are included on the hospice plan of care must be provided and paid under Medicare.

B. Policy: Chapter 9 of the Medicare Benefit Policy manual will be updated to add the following language to Section 60 - Provision of Hospice Services to Medicare/Veteran's Eligible Beneficiaries:

Upon electing the Medicare hospice benefit, the beneficiary waives the right to Medicare payment for any Medicare services related to the terminal illness and related conditions during a hospice election. However, this does not preclude Veteran's eligible beneficiaries from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary's VA benefits, in addition to Medicare hospice services. This may include care and support services that are unique to VA benefits and not typically provided by Medicare hospice agencies, for example, but not limited to, VA home-based primary care for illnesses other than the terminal illness. Any services that are included on the hospice plan of care must be provided and paid under Medicare.

If a dually eligible veteran, who had been receiving Medicare hospice services in his/her home, is admitted to a VA owned and operated inpatient facility, the beneficiary must revoke the Medicare hospice benefit. Medicare is not allowed to pay for services that another Federal provider or agency furnishes (§1862(a)(3) and 42 CFR 411.6).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13523.1	The contractors shall be aware of the revisions to Pub. 100-02, Chapter 9 related to the policies discussed in this CR.			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kendra Delaine, 410-786-2011 or Kendra.Delaine@cms.hhs.gov , Susan Bauhaus, 410-786-6709 or Susan.Bauhaus@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

60 - Provision of Hospice Services to Medicare/Veteran’s Eligible Beneficiaries

(Rev. 12589; Issued: 04-19-24; Effective:03-25-24; Implementation:03-25-24)

Medicare beneficiaries that are dually eligible veterans, and reside at home in their community may elect the Medicare Hospice Benefit and have hospice services paid for under the Medicare Hospice Benefit. See §1853(c) and 1814(d) of the Act.

Upon electing the Medicare hospice benefit, the beneficiary waives the right to Medicare payment for any Medicare services related to the terminal illness and related conditions during a hospice election. However, this does not preclude Veteran’s eligible beneficiaries from receiving services not included on the hospice plan of care, and which are furnished and paid under the beneficiary’s VA benefits, in addition to Medicare hospice services. This may include care and support services that are unique to VA benefits and not typically provided by Medicare hospice agencies, for example, but not limited to, VA home-based primary care for illnesses other than the terminal illness. Any services that are included on the hospice plan of care must be provided and paid under Medicare.

If a du*al*ly eligible veteran, who had been receiving Medicare hospice services in his/her home, is admitted to a VA owned and operated inpatient facility, the beneficiary must revoke the Medicare hospice benefit. Medicare is not allowed to pay for services that another Federal provider or agency furnishes (§1862(a)(3) and 42 CFR 411.6).

Dually eligible veterans may elect to receive Medicare hospice services while residing in community nursing homes and state homes and have those services paid for under the Medicare hospice benefit. (This is similar to paying for hospice care if a beneficiary lives in a nursing facility. See §20.3.)