



## IMPORTANT HOSPICE UPDATE

TO: Hospice Healthcare Providers

FROM: Health Choice Management

Subject: CMS Approved Form for Collecting Hospice Information  
for Medicare Part D Plans

March 31, 2015

Dear Hospice Healthcare Providers:

This memorandum is to announce that Health Choice has adopted the “Hospice Information Form” recently published by the Centers for Medicare and Medicaid Services (CMS).

Effective Immediately, Health Choice is requesting that all Hospice Healthcare Providers complete and submit a hospice information form for each new Health Choice Generations member that elects to receive hospice services through your care plan.

The hospice information form will facilitate coordination between Health Choice, hospices and pharmacies. This form will service two primary purposes; to document drugs that are unrelated to a beneficiary’s terminal prognosis and to convey when a beneficiary has had a change in hospice status.

Hospice Healthcare Providers may fax hospice information forms to (480)-760-4635, or mail them to the address provided below (Attn: Enrollment Department).

A copy of the hospice information form can be downloaded from CMS' website at [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/index.html).

Thank you for your continued partnership and commitment to quality service. If you have any questions, please contact your Health Choice Provider Service Representative.

Sincerely,  
Health Choice Management