

HCA/Medicaid Hospice Notification

FAX 360-725-1965 (notification)

For verification of hospice dates, please check the ProviderOne website at
<https://www.waproviderone.org>

Please fill out the form electronically, then print the form and fax to 360-725-1965.

ACES CLIENT ID NUMBER		CLIENT NAME (LAST, FIRST, MI)		
CLIENT DATE OF BIRTH		SOCIAL SECURITY NUMBER		
HOSPICE NPI NUMBER		HOSPICE CONTACT	HOSPICE TELEPHONE NUMBER	HOSPICE FAX NUMBER
PROVIDERONE PROVIDER NUMBER			PROVIDERONE CLIENT ID	
Name and mailing address of hospice agency:				
<input type="checkbox"/> Election/hospice begin date		<input type="checkbox"/> Hospice end date	Reason for end date <input type="checkbox"/> Deceased <input type="checkbox"/> Discharged <input type="checkbox"/> Revoked	
Provider NPI	Physician or Dx change date	Physician name	Diagnosis code	Description of Dx code
A.	From: To:			
B.	From: To:			
C.	From: To:			
Total monthly hospice rate (cost of care) anticipated		<input type="checkbox"/> Late notification, give reason:		
Date of notification letter/communication		Date application sent	Date Release of Information Faxed	<input type="checkbox"/> Medicare primary
Place of service (choose one)		Name and physical address		Dates of residence From To
<input type="checkbox"/> Home				
<input type="checkbox"/> Nursing home				
<input type="checkbox"/> Hospice care center (145) or (656)				
<input type="checkbox"/> In-patient hospital (656)				
If the client is currently in a nursing home, hospice care center or hospital, and wishes to return home, does a medical provider certify that it will likely happen within six months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the client need a monthly home maintenance allowance as a participation deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				

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