



## PHYSICIAN REFERRAL FORM & ELIGIBILITY CHECKLIST

**Patient Name (First and Last):** \_\_\_\_\_

**Medicare Number (HIC number):** \_\_\_\_\_

**Date of Birth (month, day, and 4-digit year):** \_\_\_\_\_

Patient:	Validation Comments
Enrolled in Medicare fee-for-service Part A and Par B as primary insurance for the past 12 months (not enrolled in a Medicare managed care plan, including but not limited to Medicare Advantage, Health Care Pre-Payment Plan, or Program of All-Inclusive Care for the Elderly.)	
Has a diagnosis as indicated by certain ICD-10 codes for advanced cancer, COPD, HIV/AIDS, or CHF.	
Certification by the community provider of six months to live if the end-stage condition runs its usual course in accordance with §418.22, co-signed by the hospice medical director	
Had at least one hospital encounter in the last 12 months for ER/ED visit, observation stay or admission.	
Had at least three office visits for any reason with any Medicare participating provider within the last 12 months.	
Has not elected the Medicare Hospice Benefit within the last 30 days	
Has not elected the Medicaid Hospice Benefit within the last 30 days	
Lives in a traditional home not and has continuously for the last 30 days (1)	
Patient's address is within the service area of the participating hospice	

**Information verified by:**

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**Signature of MCCM Representative**

**Date**

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**Name of MCCM Representative**

1 The patient is required to live in a traditional home setting for the 30 days prior to Capital Caring CareChoices enrollment. Examples include a traditional home, an adult foster home or group home, and an independent living facility. However, a patient who is in a skilled nursing facility or assisted living, SNF or inpatient rehab, that is not their permanent residence, can be enrolled into the Model after discharge without waiting 30 days.

Revised as of March 31, 2017