
Medicare Hospice Manual

Department of Health and
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HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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Section 156.4, Disclosure of Itemized Statement to an Individual for Any Item or Service Provided, reflects §4311(b) of the Balanced Budget Act of 1997, which declares that Medicare beneficiaries have the right to request and receive an itemized statement from their health care provider or supplier. Included in this section are suggested contents of an itemized statement.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER I

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2. Be signed and dated by the individual or someone authorized to act on his behalf;
3. Specify the name of the provider being authorized to disclose information;
4. Specify what information the individual is authorizing the provider to disclose;
5. Specify the names of the third party payers to whom the information is being released;
6. Specify the purpose for which the information is being released; and
7. Specify an expiration date for the authorization which should not exceed 2 years from the date it was signed and specify that it may be revoked at any time.

156.4 Disclosure of Itemized Statement to an Individual for Any Item or Service Provided.--

A. General.--Section 4311 of the Balanced Budget Act of 1997 requires that if a Medicare beneficiary submits a written request to a health services provider for an itemized statement for any Medicare item or service provided to that beneficiary, the provider must furnish this statement within 30 days of the request. The law also states that a health services provider not furnishing this itemized statement may be subject to a civil monetary penalty of up to \$100 for each unfulfilled request. Since most institutional health practices have established an itemized billing system for internal accounting procedures as well as for billing other payers, the furnishing of an itemized statement should not pose any significant additional burden.

B. 30-Day Period to Furnish Statement.--You will furnish to the individual described above, or duly authorized representative, no later than 30 days after receipt of the request, an itemized statement describing each item or service provided to the individual requesting the itemized statement.

C. Suggested Contents of Itemized Statement.--Although §4311 of the Balanced Budget Act of 1997 does not specify the contents of an itemized statement, suggestions for the types of information that might be helpful for a beneficiary to receive on any statement include: beneficiary name, date(s) of service, description of item or service furnished, number of units furnished, provider charges, and an internal reference or tracking number. If the claim has been adjudicated by Medicare, additional information that can be included on the itemized statement are: amounts paid by Medicare, beneficiary responsibility for co-insurance, and Medicare claim number. The statement should also include a name and telephone number for the beneficiary to call if there are further questions.

D. Penalty.-- A knowing failure to furnish the itemized statement shall be subject to a civil monetary penalty of up to \$100 for each such failure.

157. DISCLOSURE OF INFORMATION ABOUT HOSPICES BY HCFA

The following information about hospices participating in the Medicare program may be disclosed by HCFA under the Freedom of Information Act in response to requests from the public.

157.1 Medicare Reports.--

- A. Provider Survey Report and Related Information.--Information concerning survey reports

of hospices as well as statements of deficiencies, based on survey reports are available at the local Social Security office where the program is located. The following data may be released under this provision:

1. The official Medicare report of a survey.
2. Statements of deficiencies which have been conveyed to the hospice following a survey.
3. Plans of correction and pertinent comments submitted by the hospice relating to Medicare deficiencies cited following a survey.

State agencies certify whether institutions or other entities meet the Medicare conditions of participation for hospices. (See § 110.) A State agency may disclose information it obtains relating to the qualifications and certification status of hospices it surveys.

B. Program Validation Review Reports and Other Formal Evaluations.--Upon written request, official reports and other formal evaluations of the performance of hospices are made available to the public. After the survey reports and other formal evaluations are prepared by personnel of HCFA, the evaluated hospice is given an opportunity (not to exceed 30 days) to review the report and submit comments on the accuracy of the findings and conclusions. The hospice's comments are incorporated in the report if pertinent.

Program validation review reports are generally released only by HCFA central office.

Generally, informal reports and other evaluations of the performance of hospices which are prepared by the intermediary are available to the public.

C. Hospice Cost Reports.--

1. General.--Requests by any member of the public either to inspect or to obtain a copy of a hospice cost report must be submitted to HCFA or the intermediary in writing and must identify the hospice and specific cost report(s) in question.

Intermediaries are required to respond to requests in writing within 10 working days after receipt of a written request. A copy of the response to the requestor will be sent simultaneously to the hospice putting the hospice on notice that its report has been requested by a particular person. If a request is for a report submitted by a former owner of a hospice, copies of the intermediary's response to the requestor will go to both the present owner and the former owner of the hospice.

2. Information That May be Disclosed.-- Disclosure by the intermediary is limited to cost report documents which hospices are required by HCFA regulations and instructions to submit. These documents include the statistical page, trial balance of expenses, and cost finding schedules or documents required by HCFA as part of the regular cost report process. (Where a hospice, after first obtaining program approval, has submitted equivalent documents in lieu of official program documents, these documents are subject to the same disclosure rules as official forms.)

3. Information That May Not be Disclosed.-- If a hospice chooses to submit with its cost report additional information not specifically required by regulations or instructions, the intermediary will not disclose such information unless it is contained within an official document. For example, some hospices may submit supplementary analyses of certain expenses, financial statements (other than the statement of income and expenses and the balance sheets as required in accordance with cost reporting instructions), or income tax returns, etc., that are not required by the program. These items would not be disclosed by the intermediary as part of the cost reports.