



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Matthew G. Bevin**  
Governor

275 E Main St, 6W-A  
Frankfort, KY 40621  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

**Scott W. Brinkman**  
Acting Secretary

**Stephen P. Miller**  
Commissioner

**MEMORANDUM**

**TO:** Hospice Service Providers (Provider Type 44)  
**FROM:** Stephen P. Miller, Commissioner *SPM*  
**DATE:** March 12, 2018  
**RE:** **Hospice Election Forms – Processing Change  
Provider Letter #A-205**

As you know, a member's hospice election and termination forms are faxed to either the local Department for Community Based Services (DCBS) office or to the Central Department for Medicaid Services (DMS) office for entry into the *benefind* system. Once these forms are entered into *benefind*, a new patient liability amount is calculated and both pieces of information are transmitted into KyHealthNet. This decentralized process has seriously impacted some technical problems we continue to work through.

Until the Department solves the technical issues, the Central Office will process all Hospice MAP forms. In place of the current process of sending the forms to the local DCBS offices, effective immediately, please fax or email all MAP Form 374s, 375s, 376s, 378s, and 403s to DMS at 502-564-0039 or please send via email to [DMS.ELIGIBILITY@KY.GOV](mailto:DMS.ELIGIBILITY@KY.GOV). Centralizing this process will assist us in tracking future complications and opportunities for improvement.

Should you have questions on this matter, please contact us via [DMS.ELIGIBILITY@KY.GOV](mailto:DMS.ELIGIBILITY@KY.GOV). Many thanks for your continued support of those recipients that we serve.