

## **1.1. TERMINATION OF MEDICAID HOSPICE BENEFITS FORM**

### **1.1.1. (MAP-378)**

If hospice benefits for an individual are terminated for any reason, a Termination of Medicaid Hospice Benefits Form (MAP-378) must be filed by the hospice agency that has been providing the hospice care.

The name of the individual, the MAID number, the effective date of the termination, provider name, and provider ID the hospice agency must be entered in the appropriate spaces on the MAP-378

The block indicating the reason for termination must be checked. If patient is deceased, the date of death must be entered. If "Other" is checked, an explanation of the reason for termination must be included.

This MAP-378 may also be used if a patient becomes inactive. The date the patient became inactive must be entered, and the block "Condition Improved checked." "Patient in Long Term Inactive Status" must also be checked.

**NOTE: Termination of hospice benefits is not of revocation of benefits.**

The MAP-378 must be signed and dated by the hospice medical director.

A copy of the MAP-378 must be sent to the local DCBS office and Unisys Corporation within two (2) working days of the effective date of the termination. A copy must also be retained by the hospice agency.

An example of the MAP-378 is found on the following page.

