

## Provider Notice

Thank you for being part of the Magellan Complete Care of Virginia (MCC of VA) provider network and helping our members live healthier lives. To align with the DMAS Hospice provider manual, beginning November 1, 2020, MCC of VA will follow the process outlined below for hospice service requests.

To be eligible for hospice care under Medicaid, a member must be certified as terminally ill. A member is considered terminally ill if, should the terminal illness run its normal course, their life expectancy is six months or less.

For the initial 90-day benefit period of hospice coverage, you must submit with the initial request, a DMAS 420 form signed and dated by the attending physician and hospice medical director. For any subsequent 90- or 60-day hospice period, you must submit form DMAS 420 or DMAS 420A. The form must be signed and dated by the hospice medical director or the hospice interdisciplinary team physician on or before the beginning day of the 90- or 60-day period. You can find these forms on the [DMAS website](#).

Any hospice service requests beyond 180 days will require clinical review for medical necessity of continued hospice services.

If you have any questions, send an email to [UM\\_MCCofVA@mccofva.com](mailto:UM_MCCofVA@mccofva.com) or call us at 1-800-424-4524.