HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Concurrent Hospice Services and Curative Care
Monthly Service and Activity Log

Hospice Provider: _____

Sponsor SSN: _____ Beneficiary Date of Birth: _____/_____/_____

For beneficiaries under the age of 21 years old, medically necessary and appropriate curative services related to the treatment of the terminal illness for which hospice care is provided during hospice election may be covered under TRICARE.

Hospice services shall continue to provide palliative services and support to help children and their families live as normally as possible.

- Prior authorization is required for concurrent care provided to beneficiaries under the age of 21 in order to ensure collaboration between the hospice and referring outside providers (TRICARE Reimbursement Manual, Chapter 11, Section 5, paragraph 3.5.3).
- Hospice providers must submit a consolidated (palliative and curative) treatment plan, to include this Monthly Service and Activity Log, to Health Net Federal Services, LLC (HNFS) Case Management each month a beneficiary under age 21 is receiving concurrent curative care services.
  - Submit the monthly treatment plan and Monthly Service and Activity Log to HNFS by fax: 1-888-965-8438.

Primary Diagnosis: _____ Comorbidities: _____

Hospice Start of Care Date: _____ Hospice Care Coordinator: _____

Primary Care Manager/Attending for Hospice Care: _____

Specialist(s):_____

	Start Date	Description	
Chemotherapy:		Drug Name: ☐ IV ☐ Oral # of Visits/Treatments:	☐ Curative ☐ Palliative
		Drug Name: ☐ IV ☐ Oral # of Visits/Treatments:	☐ Curative ☐ Palliative
		Drug Name: ☐ IV ☐ Oral # of Visits/Treatments:	☐ Curative ☐ Palliative
Radiation Therapy:		Type: # of Visits:	☐ Curative ☐ Palliative
Infusion Services:			☐ Curative ☐ Palliative
Enteral Feeding:		☐ NG ☐ JG ☐ Continuous ☐ Bolus	☐ Curative ☐ Palliative
DME:			☐ Curative ☐ Palliative
☐ PT		Treatment Plan: # of Visits:	☐ Curative ☐ Palliative
☐ OT		Treatment Plan: # of Visits:	☐ Curative ☐ Palliative
☐ ST		Treatment Plan: # of Visits:	☐ Curative ☐ Palliative
Lab/Diagnostic Tests:			☐ Curative ☐ Palliative

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	Start Date	Description		
Procedures:				☐ Curative ☐ Palliative
Medications:		Drug Name:	☐ IV ☐ PO ☐ Other:	☐ Curative ☐ Palliative
		Drug Name:	☐ IV ☐ PO ☐ Other:	☐ Curative ☐ Palliative
		Drug Name:	☐ IV ☐ PO ☐ Other:	☐ Curative ☐ Palliative
		Drug Name:	☐ IV ☐ PO ☐ Other:	☐ Curative ☐ Palliative
		Drug Name:	☐ IV ☐ PO ☐ Other:	☐ Curative ☐ Palliative
Other:				☐ Curative ☐ Palliative
				☐ Curative ☐ Palliative
				☐ Curative ☐ Palliative
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				☐ Curative ☐ Palliative
				☐ Curative ☐ Palliative

Hospice Care Coordinator Signature: _____ Date: _____/_____/_____

HNFS Case Management Reviewer: _____ Date: _____/_____/_____