

Update to Claims Submission and Billing Guidelines for Hospice

We are updating our hospice claims submission and billing guidelines for Florida Blue Medicare Advantage members, effective May 1, 2026. This change only impacts BlueMedicare HMO and BlueMedicare PPO plans.

When a Medicare Advantage member elects hospice care, follow the steps below in Availity Essentials™ for plan-covered services unrelated to the terminal prognosis:

1. Submit claims for Part A and Part B services to Original Fee for Service Medicare for primary processing and payment.
2. After receiving the claims decision from Original Medicare, submit the claim to the member's Medicare Advantage plan, along with the Medicare Summary Notice (MSN) or Explanation of Benefits (EOB), for secondary consideration and any additional payment.

Claims submitted to the member's Medicare Advantage plan first and/or without an MSN or EOB will deny MDHOS ("services not covered by Medicare Advantage plan patient enrolled in hospice").

For more information, refer to the *Manual for Physicians and Providers* on the Florida Blue website at [FloridaBlue.com](https://www.floridablue.com).