NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

August 14, 2026

Nevada Medicaid Web Announcement 3984

Hospice Revocation Requirements

To revoke the election of hospice care, the recipient or representative must sign the Nevada Medicaid Hospice Program Action Form (FA-91) indicating they are electing to revoke their hospice assignment. This form must be submitted to the hospice prior authorization (PA) by the hospice provider to revoke the hospice assignment.

If a hospital has had a PA pended for more information due to an overlapping hospice assignment, the hospital can have the recipient or representative sign the Nevada Medicaid Hospice Program Action Form (FA-91) indicating they are electing to revoke their hospice assignment. The hospital can upload this form to the hospital PA. If a hospital is unable to determine the hospice provider, an inquiry can be made by calling the Gainwell Technologies PA contact center at 800-525-2395 to obtain that information.