

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 6**

POLICY TITLE: HOSPICE CARE GUIDELINES

POLICY PURPOSE: Provide continuity and coordination of care when a member elects hospice for a terminal condition.

PROCEDURE:

Hospice services are to provide comfort and support to a member and family during a terminal illness. Facts about hospice:

- Hospice provides comfort and support services to people who are terminally ill.
- Hospice care is provided by a specially trained team that cares for the “Whole person,” including his or her physical, emotional, social and spiritual needs.
- Hospice provides support to family members caring for a terminally ill person.
- Hospice is generally given in the home.
- Hospice services may include drugs, physical care, counseling, equipment, and supplies for the terminal and related conditions.
- Hospice isn’t only for cancer patients.
- Hospice doesn’t shorten or prolong life.
- Hospice focuses on comfort, not on curing an illness.

Hospice care is given in periods of care. Members can receive care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each period, the hospice medical director or other hospice physician must recertify that the member is terminally ill.

Commercial Hospice Benefits

Hospice services are paid for a terminally ill person while in a Hospice care program when:

- a. A participating physician has certified that the member is terminally ill.
- b. The participating physician has recommended and the MAHP Medical Director has approved the Hospice care program.
- c. The terminally ill person is a member.
- d. The services are charged for by the Hospice care program.
- e. The services are provided within six months of the terminally ill Member’s entry or re-entry (after a remission period) in the Hospice care program.

An authorization is required and it is spanned for 6 months.

The member may have coverage in full for in plan providers. Member may have out of pocket expenses (i.e., co-pays, deductible, UCR) when using out of plan providers. Review individual subscriber agreement for the plan coverage and reimbursement.

Health Choices Benefits

Review individual subscriber agreement for the plan coverage/reimbursement and authorization requirement. If an auth is required, it is spanned for 1-3 months depending on prognosis.

**MEDICAL ASSOCIATES HEALTH PLANS
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POLICY NUMBER: PP 6**

Page 2

Medicare Hospice Benefits

The member must meet **all** of the following conditions to qualify:

- a. Member is eligible for Medicare Part A (Hospital Insurance)
- b. Member's doctor and the hospice medical director certify that member is terminally ill and **has** six months or less to live if illness runs its normal course.
- c. Member signs a statement choosing hospice care instead of other Medicare-covered benefits to treat your illness.*
- d. Member gets care from a Medicare-approved hospice program.

*Medicare will still pay for covered benefits for any health problems that isn't related to the member's terminal illness.

Medicare covers the following hospice services for a terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (such as wheelchairs, walkers, etc.)
- Drugs for symptom control or pain relief (member may need to pay a small co-payment)
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Grief and loss counseling for member and family
- Short-term inpatient care (for pain and symptom management) *Medicare does allow a physician to bill for part B Hospice physician services with appropriate modifiers when services performed are not a part of the patient's hospice contract or not a part of the patient's terminal contract. The amisys system is set up to allow according to modifier submitted.
- Short-term respite care (may need to pay a small co-payment)
- Any other Medicare-covered services needed to manage pain or other symptoms, as recommended by the hospice team.

Respite Care: you can get inpatient respite care from a hospice if your usual caregiver (such as family member) needs a rest. During this time, the member will be cared for in a Medicare approved facility, such as a hospice inpatient facility, hospital or nursing home. Medicare does pay for inpatient respite care up to and no more than 5 consecutive days at one time.

Medicare will not cover:

- Treatment intended to cure the terminal illness
- Prescription drugs to cure the illness rather than for symptom control or pain relief
- Care from a hospice provider who wasn't set up by the hospice medical team
- Room and board if the member gets hospice care in the home, nursing home or a hospice residential facility

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 6**

Page 3

- Care in the emergency room, inpatient facility care or ambulance transportation, unless it's either arranged by your hospice medical team or is unrelated to your terminal illness.

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Date

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Date

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