

Policy

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Purpose

Hospice care is a benefit under the Medicare hospital insurance program. To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A Medicare and be certified as terminally ill. An individual is considered to be terminally ill if their medical prognosis is that the individual's life expectancy is 6 months or less if the illness runs its normal course. Only care provided by a Medicare certified hospice is covered under the Medicare hospital benefit.

Members enrolled in a managed care program may elect to utilize the hospice benefit. This policy outlines Longevity Health's policy for members enrolled in both the Longevity Health ISNP Plan and hospice care.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
Hospice	Care that focuses on the quality of life for individuals experiencing terminal illness
Inpt	Inpatient
LH	Longevity Health, the Plan
CMS	Centers for Medicare and Medicaid Services
SNF	Skilled Nursing Facility
APP	Advanced Practice Provider, Nurse Practitioner, or Physician Assistant

Skilled Nursing Facility Residents Electing Hospice Coverage

Per the Medicare Benefit Policy Manual, Chapter 9, Coverage of Hospice Services Under Hospital Insurance:

A Medicare beneficiary who resides in a SNF may elect the hospice benefit if:

- Residential care is paid for by the beneficiary or
- The beneficiary is eligible for Medicaid and the SNF is being reimbursed for the beneficiary's care by Medicaid and
- The hospice and the SNF have a written agreement under which the hospice takes full responsibility for the professional management of the individual's hospice care and the facility agrees to continue providing room and board to the beneficiary.

Note: A beneficiary could be in the SNF under the SNF benefit for a condition unrelated to the terminal condition and receiving hospice services for the terminal condition.

Longevity Health Members

A Longevity Health member may elect the hospice benefit. After electing hospice services, Medicare will pay the hospice for their services and pays for the services of the Longevity Health attending physician, who may be a nurse practitioner, for services not related to the enrollee's terminal illness through fee for service.

Once the Longevity Health member elects hospice services, all their Medicare benefits revert to fee for service, though the member remains eligible for additional benefits provided by their Longevity Health plan such as vision or dental coverage.

Additionally, fee for service Medicare also covers all care unrelated to the terminal illness.

Should the member choose to revoke hospice services or be discharged from hospice, fee for service Medicare will cover the member through the end of the month that the revocation or discharge takes place. At the beginning of the following month, coverage will revert to Longevity Health.

Hospice Benefit Coverage

To be covered, hospice services must meet all the following:

1. The services must be reasonable and necessary for the palliation and management of terminal illness as well as related conditions.
2. The individual must elect hospice care.
3. The plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice.
4. The plan of care must be established before hospice care is provided.
5. The services provided must be consistent with the plan of care.
6. A certification that the individual is terminally ill must be completed.

Short-Term Inpatient Care

Short-term inpatient care may be provided in a participating hospital, hospice inpatient unit, or a participating SNF that additionally meets the special hospice standards regarding patient and staffing areas. Medicare payment will not be made for inpatient hospice services provided at a VA facility to Medicare beneficiaries eligible to receive Veteran's health services.

General inpatient care may only be provided in a Medicare participating hospital, SNF, or hospice inpatient facility. General inpatient care is allowed when the member's medical condition warrants a short-term inpatient stay for pain management or for acute or chronic symptom management that cannot be provided in alternate settings. Other examples include the need for medication adjustment, observation, or other stabilizing treatment such as psycho-social monitoring.

General inpatient care under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospital benefit.

Longevity Health Collaboration

Longevity Health Advanced Practice Providers should partner with the hospice for any members receiving hospice services and should regularly collaborate regarding the member's care needs.

While the member is receiving hospice services, the Longevity Health APP is responsible for the following Longevity Health Model of Care Requirements:

- Initial and Annual HRA
- Interdisciplinary Care Team Meetings (refer to Hospice POC and ICT meetings)
- Individualized Plan of Care (refer to Hospice POC and ICT meetings)
- Follow Up Encounters at least once every 30 days

The APP should focus on relationship building with the hospice team to ensure the member receives all care and services needed to support their health conditions, including evaluation of acute conditions unrelated to the terminal illness.

Additionally, should a member be sent to the hospital to receive hospitalization level of care services, the Longevity Health APP should determine if hospice intends to discharge the member. Should the member revoke their hospice benefit or be discharged, the Longevity Health APP is then responsible for all aspects of Longevity Health's Model of Care.

Note: Regardless of the time of the month that the hospice discharge or revocation occurs, the assigned Longevity Health APP should resume the primary provider role following all components of the Longevity Health Model of Care. The Longevity Health Advanced Practice Provider will still pick up gaps in any primary care services and coordination with hospice as well as Model of Care Required Visits.

Member Supplemental Benefits

Should a Longevity Health member elect to utilize hospice services, they remain eligible for all supplemental benefits available under their Plan. For specific benefit coverage, please refer to the Summary of Benefits for the state the member is enrolled under a Longevity Health Plan in.



Change Log

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NEW		11/29/2022	Courtney Gonzales	NEW

Appendices



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