blue california
Promise Health Plan

Policy Title: Hospice Care		POLICY #: 10.2.7 Line of business: Medi-Cal	
Department Name: Utilization Management	**Original Date** 11/97	**Effective Date** 5/19	**Revision Date** 12/18
Department Head:		**Date: 3/21**	
Medical Services/P&T Committee: (If Applicable)		**Date: 3/21**	

PURPOSE

To outline the Hospice care benefit and to establish mechanisms for Blue Shield of California Promise Health Plan ("Blue Shield Promise") to arrange for the provision of these services. To establish mechanisms to authorize, monitor, and report the utilization of hospice services.

To outline a process that ensures timely access for Blue Shield Promise members to obtain hospice services preferably within 24 hours of the request.

POLICY

Blue Shield Promise shall cover and ensure the provision of hospice care services so that members and their families are fully informed of the availability of hospice care as a covered service and the methods by which they may elect to receive these services. For individuals who have elected hospice care, Blue Shield Promise will arrange for continuity of medical care, including maintaining established patient-provider relationships, to the greatest extent possible.

Blue Shield Promise shall cover the cost of all hospice care provided and shall also remain responsible for all medical care not related to the terminal condition. Hospice care services may be assessed by members in a timely manner, within twenty-four (24) hours of request. Blue Shield Promise Members are made aware of the hospice benefit through the Member Handbook and when identified as potential recipients of hospice services through case management and the Blue Shield Promise provider network such as Primary Care Physician (PCP) or treating physician(s).

Blue Shield Promise will not require prior authorization for routine home care, continuous home care and respite care or hospice physician services. Only general inpatient care will be subject to prior authorization.

PROCEDURE

The member or the member's representative must file an election statement with the hospice provider. This election must include:

- Identification of the hospice;

- An acknowledgement that he/she has full understanding that the hospice care given as it relates to the individual's terminal illness will be palliative rather than curative in nature
- Certain Medi-Cal benefits are waived by the election
- The effective date of the election
- Signature of the individual or representative

Elections are made for up to two (2) periods of ninety (90) days each and an unlimited number of subsequent periods of sixty (60) days each during the individual's lifetime and only, with respect to each such period, if the individual makes an election to receive hospice services that are provided by, or pursuant to arrangements made by, a particular hospice program, rather receive certain other benefits. A hospice shall not discontinue or diminish care provided to a Medi-Cal beneficiary based on expiration of the beneficiary's final election period.

An election period shall be considered to continue through the initial election period and through subsequent election periods as long as the hospice provider agrees to renew the election and as long as the individual:

- Remains in the care of the hospice, and;
- Does not revoke the election.

An election may be revoked or modified by the member/member's representative at any time. To revoke the election of hospice care, the individual or representative must file a statement with the hospice that includes the following information:

- A signed statement that the individual or representative revokes the election for Medi-Cal coverage for the remainder of the election period.
- The effective date, which may not be earlier than the date the revocation is made.

An individual may at any time after revocation execute a new election for any remaining entitled election period. An individual or representative may change the designation of a hospice provider once each election period. Such a change shall not be considered a revocation of hospice benefit.

An individual who elects hospice care shall waive the right to payment on his/her behalf for all Medi-Cal services related to the terminal condition for which hospice care was elected except for:

- Services provided by the designated hospice
- Services provided by another hospice through arrangement made by the designated hospice
- Services provided by the individual's attending physician if that physician is not employed by the designated hospice or receiving compensation from hospice for those services.

Election of hospice services does not mean Medi-Cal recipients are prohibited from receiving other services that are unrelated to the primary diagnosis such as physician examinations, drugs, or other medical care. All necessary medical care would be covered in the usual manner subject to the applicable Medi-Cal restrictions and controls.

A plan of care shall be established by the hospice for each individual before services are provided. The care of the individual must be in accordance with the plan. The plan of care shall:

- Be established by the attending physician, the medical director or physician designee and interdisciplinary group prior to providing care.
- Be reviewed and updated, at intervals specified in the plan, by the attending physician, the medical director or physician designee and interdisciplinary group. These reviews must be documents.

- Include an assessment of the individual's needs and identification of the services including the management of discomfort and symptom relief. It must state in detail the scope and frequency of services needed to meet the patient's and family's needs.

The following services, when reasonable and necessary for the palliation or management of a terminal illness and related conditions are covered when provided by qualified personnel:

1. Nursing Services
    a. Continuous nursing services may be provided on a twenty-four (24) hour basis only during periods of crisis and only as necessary to maintain the terminally ill member at home.
2. Physician Services
    a. Include general supervisory services of the hospice medical director and participation in the establishment of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the hospice interdisciplinary team. Physician services not included in the description shall be billed to the Plan separately.
    b. Medical social services under the direction of a physician.
    c. Counseling services to provide care and to help the individual and those caring for him/her to adjust to the individual's approaching death and to cope with feelings of grief and loss.
    d. Short-term inpatient care for pain control or chronic symptom management, which cannot be managed in the home setting.
    e. Drugs and biological when used primarily for the relief of pain and symptom control related to the individual's terminal illness.
    f. Medical supplies and appliances
    g. Drugs and biological
    h. Home Health Aide services and homemaker services
    i. Physical therapy, occupational therapy and speech-language pathology
    j. Respite Care
    k. Any other palliative item or service for which payment may otherwise be made under the Medi-Cal program that is included in the hospice plan of care.
3. Reimbursement for covered services, with the exception of physician services, shall be made at one of the four (4) levels specified below:
    a. Routine Home Care is covered for each day the recipient is at home- it is not continuous home care.
    b. Continuous home care is covered and consists of consists of continuous, predominately skilled nursing care provided on an hourly basis to achieve palliation or management of the patient's pain or symptoms. Home health aide or homemaker services may be included but must be predominantly nursing in nature.
    c. Respite care is covered only when provided in an inpatient facility on a short-term basis to provide relief for family members or others caring for the individual. Each episode is limited to no more than 5 days.
    d. General Inpatient Care is covered only when the patient requires and receives general inpatient care in an inpatient facility for pain control or acute/chronic symptom management that cannot be managed in other settings.
4. Of the Four (4) levels of (Title 22 CCR 51349), only general inpatient care is subject to prior authorization. Documents to be submitted for prior auth include:
    a. Written prescription by attending physician
    b. Patient's hospice election form
    c. Certification of terminal illness by the physician

d. Hospice general inpatient information sheet

Services that are not covered and for which separate payment(s) will not be made when an individual is under the care of a hospice include:

- Hospital
- Nursing Facility (level A&B)
- Home Health Agency
- Medical Supplies and appliances
- Drugs and Biologicals
- Durable Medical Equipment
- Medical Transportation

Admission to a nursing facility of a Member who has elected hospice services described in Title 22, CCR, Section 51349, does not affect the member's eligibility for enrollment. Hospice services are not long term care services regardless of the Member's expected or actual length of stay in a nursing facility and therefore, the member shall not be disenrolled to Fee-for-Service Medi-Cal.

Members who move their legal residence out of the service area will be required to disenroll from Blue Shield Promise Health Plan.

Hospice Care Services for Children Serviced by California Children's Services (CCS) for Terminal Conditions

Blue Shield Promise will contact CCS with questions regarding palliative/hospice services for eligible children and will work with CCS to facilitate continuity of medical care, including maintaining established patient-provider relationships, to the greatest extent possible. Blue Shield Promise will assure transition to hospice care for children with terminal diseases who require close consultation and coordination between Blue Shield Promise local CCS program and/or other caregivers to facilitate the transfer, if member/family elects such service. Blue Shield Promise will assure hospice counseling service (if and when applicable) for grief, bereavement, and spiritual during this situation.

In addition to hospice care services a waiver program is available to children and families who may benefit from receiving palliative care services earlier in their course of a child's illness. Blue Shield Promise will assist families with this information as necessary. The information is outlined in CCS Numbered Letter (NL): 04-0207.

Oversight

Upon request, hospice providers are required to make available to Blue Shield Promise Health Plan complete and accurate medical and fiscal records which are signed and dated by appropriate staff and to permit access to all facilities and records.

Blue Shield Promise Participating Provider Groups (PPG's) may be delegated responsibility for authorizing hospice care services. Blue Shield Promise PPG's must concurrently oversee hospice care given to their members for both quality and utilization purposes.

Reimbursement of Hospice Services

Hospice rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(c)(ii) of the Social Security Act which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision.
http://www.dhcs.ca.gov/services/medi-cal/Documents/LTCRU/2016-17HospiceRates.pdf

DEFINITIONS:

Hospice Care is a multidisciplinary approach to care that is designed to meet the unique needs of terminally ill individuals and their families. Hospice care is used to alleviate pain and suffering and treat symptoms rather than cure illness. Items and services are directed toward the physical, psychosocial, and spiritual needs of the patient/family. Medical and nursing services are designed to maximize the patient's comfort and independence.

Terminally ill as defined in Title CCR 51180.2 means that an individual's medical prognosis as certified by a physician, results in a life expectancy of 6 months or less. Health and Safety Code Section 1746 expands the definition to include a medical condition resulting in a prognosis of life of one year or less, if the disease follows its natural course.

Certification of terminal illness in compliance with 42 Federal Code of Regulations (CFR) 418.22(b) requires the physician certification contain the qualifying clause in relation to the described definition of terminally ill, "if the terminal illness runs its normal course."

Palliative care as defined in Health and Safety Code 1339.31(b) means interventions that focus primarily on reduction or abatement of pain and other disease-related symptoms, rather than interventions aimed at investigation and/or interventions for the purpose of cure or prolongation of life.

Period of Crisis as defined in 42 CFR 418.204 means a period in which the member requires continuous care for as much as 24 hours to achieve palliation or management of acute medical symptoms. Medicare Manual, Section 230.2 and CMS transmittal A-03-016 states that the care provided requires continuous care for as much as twenty-four (24) hours commencing at midnight and terminating on the following midnight.

Member election of hospice care services must meet the requirements of Title 22, CCR Section 51349(d) and include all requirements as stipulated in the Code on an appropriate hospice form.

REFERENCES

Title 22 California Code of Regulations Section 51349
Health and Safety Code, Section 1368.2
Social Security Act, Section 1861(dd) (42 Unites States code 1395x)
APL 13-014