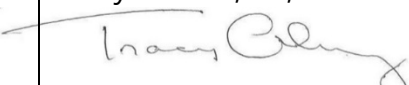
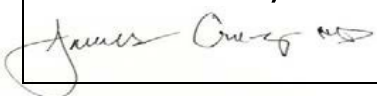




Promise Health Plan

Policy Title: Hospice Care		POLICY #: 10.2.4	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 11/97	Effective Date 11/22	Revision Date 12/18, 10/22, 2/23
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 			Date of Approval: 2/17/2023
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date of Committee Review: 2/9/2023

A. PURPOSE

To define the policy and procedure and guidance on how Blue Shield of California Promise Health Plan's (BSCPHP) will ensure compliance with the hospice benefit coverage, notification and validation requirements.

B. DEFINITIONS

1. "Certification of terminal illness" is written certification of terminal illness for each hospice benefit in compliance with 42 Federal Code of Regulations (CFR) 418.22(b). It 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."
2. "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.
3. "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.
4. "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.
5. "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.

6. "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.

C. POLICY

- I. 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.
- II. In accordance with APL 13-014, a hospice must obtain written certification of terminal illness for each hospice benefit period. "Terminally ill," as defined in 42 CFR section 418.3, means that an individual has a medical prognosis that their life expectancy is six months or less if the illness runs its normal course. Services shall be limited to Members who directly or through their Authorized Representative voluntarily elect to receive hospice care in lieu of other care as specified. However, for Members less than 21 years of age, a voluntary election of hospice care shall not constitute a waiver of any rights of that Member to be provided with, or to have payment made for, Covered Services that are related to the treatment of that Member's condition for which a diagnosis of terminal illness has been made.
- III. Blue Shield Promise will not require prior authorization for routine outpatient, home care, continuous home care and respite care or hospice physician services. Only general inpatient care will be subject to prior authorization.

D. PROCEDURE

- I. The member or the member's representative must file an election statement with the hospice provider. This election must include:
 - a. Identification of the hospice;
 - b. 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
 - c. Certain Medi-Cal benefits are waived by the election
 - d. The effective date of the election
 - e. Signature of the individual or representative

- II. 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.

- III. 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:
 - a. Remains in the care of the hospice, and;
 - b. Does not revoke the election.

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

- V. 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.

- VI. 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 will be covered in the usual manner subject to the applicable Medi-Cal restrictions and controls.
- VII. 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:
- a. Be established by the attending physician, the medical director or physician designee and interdisciplinary group prior to providing care.
 - b. 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.
 - c. 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.
- VIII. 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:
- a. Nursing Services
 - i. 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.
 - b. Physician Services
 - i. 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.
 - ii. Medical social services under the direction of a physician.
 - iii. 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.
 - iv. Short-term inpatient care for pain control or chronic symptom management, which cannot be managed in the home setting.
 - v. Drugs and biological when used primarily for the relief of pain and symptom control related to the individual's terminal illness.
 - vi. Medical supplies and appliances
 - vii. Drugs and biological
 - viii. Home Health Aide services and homemaker services
 - ix. Physical therapy, occupational therapy and speech-language pathology

- x. Respite Care
 - xi. 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.
- c. Only general inpatient care is subject to prior authorization.
- i. Determination will be provided within 24 hours from receipt of the information reasonably necessary and requested to make the determination.
 - 1. Stay is evaluated for medical necessity as it relates to the member's terminal illness. 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
- IX. Services that are not covered when an individual is under the care of a hospice include:
- a. Hospital
 - b. Nursing Facility (level A&B)
 - c. Home Health Agency
 - d. Medical Supplies and appliances
 - e. Drugs and Biologicals
 - f. Durable Medical Equipment
 - g. Medical Transportation
- X. 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. Hospice Company is to submit TAR and services will be initially approved for 6 months.
- XI. Members who move their legal residence out of the service area will be required to disenroll from Blue Shield Promise Health Plan.

XII. Hospice Care Services for Children Serviced by California Children’s Services (CCS) for Terminal Conditions

- a. 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.
- b. 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. Please refer to CCS Policy 10.2.11.

XIII. Oversight

- a. 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.
- b. 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.

E. MONITORING: N/A

F. REPORTING: N/A

G. REFERENCES & ATTACHMENTS:

1. APL 13-014
2. CCS Numbered Letter (NL): 04-0207
3. DHCS Contract Section 2.3.2 Hospice Services
4. Federal Code of Regulations 42 Section 418.22(b)
5. Health and Safety Code 1339.31(b)
6. Health and Safety Code, Section 1368.2
7. Social Security Act, Section 1814(i)(1)(c)(ii) and 1861(dd) (42 Unites States code 1395x)
8. Title 22 California Code of Regulations Section 51349

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	