

# Hospice 101 Class 1



Home Health Foundation

The Leaders in Home Health and Hospice Care

# Hospice 101 - Class 1

- ▶ Hospice Philosophy
- ▶ Medicare Regulations & the Hospice Benefit
- ▶ Terminal Diagnosis - Local Coverage Determinations (LCDs)
- ▶ Hospice Levels of Care (LOC)
- ▶ Providing Hospice Services in a SNF

# Hospice Philosophy



# Hospice Philosophy

- ▶ Hospice is a philosophy of care for patients whose illness is no longer responding to curative treatment
- ▶ Hospice treats the individual and family as a unit
- ▶ Hospice encourages the patient and family be involved with the decision-making process and development of the plan of care

# Hospice Philosophy

- ▶ Hospice can be provided in:
  - ▶ Patient's home
  - ▶ Family member's home
  - ▶ Nursing home
  - ▶ Hospital
  - ▶ Assisted Living Facility
  - ▶ Hospice Facility

# Hospice Philosophy

- ▶ Hospice believes that death is an integral part of the life cycle
- ▶ End of life care should focus on
  - ▶ Pain relief
  - ▶ Comfort
  - ▶ Enhanced quality of life

# Hospice Philosophy

- ▶ Hospice utilizes a holistic interdisciplinary approach to end of life that offers to the patient and caregiver:
  - ▶ Physical care
  - ▶ Social care
  - ▶ Spiritual care
  - ▶ Emotional care
- ▶ The interdisciplinary team is the “Heart of Hospice”

# Medicare Regulations

- ▶ Conditions of Participation (CoPs)
  - ▶ Originally written in 1983
  - ▶ Revised in 2008
  - ▶ Many additions/revisions since 2008 (also called “Change Requests”)
  - ▶ These are **MANDATORY** to maintain Medicare certification to be allowed to bill Medicare for services provided to patients with Medicare or Medicaid (other insurers also)



# State Hospice Licensing Regulations

- ▶ Massachusetts = Department of Public Health (DPH)
- ▶ Maine = Department of Human Services
- ▶ Surveyors
  - ▶ Federal and State
  - ▶ Routine surveys or complaint surveys
  - ▶ Evaluates compliance with regulation and provision of quality hospice care
- ▶ If there are differences between the Federal and State regulations, the hospice must follow the most stringent regulation

# Hospice Eligibility

- ▶ A patient is eligible for hospice care:
  - ▶ Have Medicare Part A
  - ▶ There are 2 physicians that determine the patient has six months or less to live if the terminal illness runs its normal course
- ▶ Patients are re-assessed for eligibility at regular intervals
- ▶ There is no time limit on the amount of time a patient can then spend under hospice care

# Benefit Periods

- ▶ The first and second benefit periods are 90 days each
- ▶ Then there are unlimited 60 day periods if the care is continuous
- ▶ The periods are considered continuous if the beneficiary does not revoke or is not discharged

# Length of Stay (LOS)

- ▶ Total number of days that a hospice patient receives care under the hospice benefit
- ▶ LOS can be influenced by a number of factors:
- ▶ LOS affects reimbursement
- ▶ Statistics:
  - ▶ Approximately 27% of hospice patients receive care for just 7 days or less
  - ▶ 48.8% of hospice patients die or are discharged with 14 days of admission to hospice
  - ▶ Only 13% of hospice patients remain under hospice care for longer than 180 days

# Payment

- ▶ Medicare pays hospice a flat rate of approximately \$185/day that covers all aspects of the patients care related to the terminal illness
  - ▶ Care delivered by the interdisciplinary team
  - ▶ Medications
  - ▶ Medical equipment
  - ▶ Supplies
- ▶ Medicare Administrative Contractors (MACs) oversee and pay for the services and determine payment
  - ▶ Our MAC is National Government Services (NGS)

# Levels of Care

- ▶ Routine Home Care - 96.5%
- ▶ General Inpatient Care (GIP) - 4.8%
- ▶ Continuous Care - 0.8%
- ▶ Inpatient Respite Care - 0.3%

# Focused Medical Review/ADR

- ▶ Medicare reviews medical records and documentation through the “Additional Documentation Review” (ADR)
- ▶ Medicare reviewers read the documentation retroactively and then decide whether the patient was eligible and the care was necessary
- ▶ If denied, Medicare will take back the payments received by hospice
- ▶ There are appeal processes

# Certificate of Terminal Illness (CTI)

- ▶ The individual is certified as having a terminal illness with a medical prognosis of 6 months or less if the illness runs its normal course
- ▶ The certification/recertification is a critical piece of documentation necessary to ensure Medicare payment for the hospice services you provide



# Timeframe for Certification/Recertification

- ▶ Hospice must obtain verbal or written certification of the terminal illness no later than 2 calendar days (by the end of the 3<sup>rd</sup> day) after the start of each benefit period
- ▶ The CTI must be signed and dated prior to billing Medicare or the claim may be denied
- ▶ The CTI is based on the medical judgement of the hospice medical director and the patient's attending physician (if she/he has one)

# Timeframe for Certification/Recertification

- ▶ Must include at brief narrative by the certifying physician explaining the clinical findings that support the patient's life expectancy of six months or less
- ▶ Narratives associated with the 3<sup>rd</sup> benefit period and subsequent benefit periods must have documented face to face encounter as well

# Notice of Election (NOE)

- ▶ The individual or his/her authorized representative signs a statement indicating that he/she elects the hospice benefit and waives all other rights to Medicare payment for services related to the treatment of the terminal illness and related conditions

# Notice of Election (NOE) Must Include

- ▶ Identification of the hospice providing care
- ▶ Acknowledgement that the patient has been given a full understanding of hospice care
- ▶ Acknowledgement that the patient understands that certain Medicare services are waived by the election
- ▶ The effective date of the election can be a later date, but may not be retroactive
- ▶ Identification of attending physician

# Notice of Election (NOE) Must Include

- ▶ Signature of the individual or representative
- ▶ A verbal election is not allowed
- ▶ The NOE must be filed with Medicare with 5 days or the hospice will never reimbursement for those days
- ▶ Any NOE that is missing any of the necessary items is considered incomplete and may result in the claim being denied

# Coverage of Hospice Services

The Medicare hospice benefit includes the following hospice services for the palliation and management of the terminal illness and related conditions:

Attending physician

Medical director

Nursing services

Medical social services

Chaplain

Hospice aide

Volunteers

Bereavement services

Expressive Therapy

Contracted Services

# Medicare WILL NOT Pay For

- ▶ Hospice care not arranged by a hospice other than the hospice designated by the individual
- ▶ Care in:
  - ▶ Emergency room
  - ▶ Hospital
  - ▶ Other inpatient facility
  - ▶ Outpatient services
  - ▶ Ambulance transportation (unless arranged by the hospice or is unrelated to the terminal illness) - patient may be responsible if going outside the plan of care

# How Payment Rates are Set

- ▶ Medicare pays hospice a daily rate for each day a patient is enrolled in the hospice benefit
- ▶ Daily payments are made regardless of the amount of services furnished on a given day
- ▶ Payments are intended to cover the costs the agency incurs in furnishing services
- ▶ Payments are based on the level of care
  - ▶ Routine home care
  - ▶ Continuous home care
  - ▶ Inpatient respite care
  - ▶ General inpatient care (GIP)



# Criteria for Hospice Care

- ▶ Patients have a terminal prognosis of six months or less if the disease runs its normal course
- ▶ Patients who wish to focus on managing pain and other symptoms rather than curing or reversing the illness
- ▶ Patients who are in agreement with the hospice philosophy

# Criteria for Hospice Care

- ▶ Referral for hospice services
- ▶ Referral may come from anyone:
  - ▶ Physician
  - ▶ Caregiver
  - ▶ Family member
  - ▶ Neighbor
  - ▶ Friend
  - ▶ Patient

# Criteria for Hospice Care

- ▶ Physician orders are not needed to provide the patient/caregiver with information about hospice services
- ▶ An order will be needed to admit