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|  <p>KMTSJ, Inc.</p> | DEPARTMENT: | Utilization Management |
| | SUBJECT: | Hospice Services |
| | PRODUCT LINE: | All |
| | POLICY NUMBER: | 035 |
| | ORIGINAL POLICY EFFECTIVE DATE: | 12/04/2009 |
| | LAST REVISED DATE: | 11/10/2022 |
| | LAST REVIEWED DATE: | 08/10/2023 |

SCOPE:

Group Health Cooperative of Eau Claire (the Cooperative) believes that Hospice & Palliative care services provide invaluable medical, psychological, and spiritual support to members who dealing with a serious illness or who are nearing the end of their lives.

The goal of Hospice care is to help people who are dying have peace, comfort, and dignity. The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible. Hospice programs also provide services to support a member’s family up to one year after the member’s death. Hospice care is provided once curative treatment has ended.

Palliative care is specialized medical care for members with serious illnesses. It focuses on supporting and providing members with relief from the symptoms, pain, and stress of a serious illness. Helps support family members and informal supports for the member during their end of life. The goal is to improve quality of life for both the patient and the family. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

Case management, utilization, and quality improvement staff identify members who are eligible for palliative and hospice services and educate and discuss the benefits of palliative and hospice care. Staff will help coordinate services with palliative and hospice services and consults. Case management works with the hospice team once members are enrolled in palliative or hospice services to ensure members needs are met and to support the member’s family and informal supports in the member’s care.


POLICY:

Hospice: The Cooperative covers Hospice services to any member whose life expectancy is six months or less. Hospice is provided by an inter-disciplinary team, and it includes, but is not limited to, medical supplies and services, durable medical equipment (DME) rental, medications, and home visits. Services covered by Hospice are related to the terminal illness. Coverage may be continued beyond a 6-month period and must be authorized by the Health Plan.

POLICY SPECIFICS: Prior authorization required: No

Medicaid:

- Hospice Care includes hospice diagnosis-related medications, DME and home health care services.
- Emergency treatment or hospital admissions related to a non-hospice related diagnosis (ie: hip fracture, laceration requiring sutures, etc.) are not included in the hospice per diem charges and may be billed separately.
- Physician visits may be billed separately.
- Members 20 years of age or younger may elect hospice and continue to be eligible for active disease treatment, as long as the services are not duplicated.

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- Members 21 or older may have palliative care only (ie: not active treatment for the disease) while they are on hospice.
- Hospice Care is reimbursed at one of four levels: Routine, Continuous, Inpatient Respite or General Inpatient Care:
 - **Routine Care** is a per diem rate for less than 8 hours of care daily
 - **Continuous Care** has an hourly rate for 8-24 hours of care daily (at least ½ of the minimum 8 hours of care must be provided by a RN or LPN)
 - **Inpatient Respite Care** is short-term inpatient care provided to the member only when necessary to relieve the family members or others caring for the member at home. A respite stay must not exceed 5 consecutive days per instance. Stays longer than 5 days must be medically necessary for pain control and symptom management and must be billed as general inpatient care.
 - **General Inpatient Care** is short-term inpatient care necessary for pain control and symptom management.

Medicare Advantage:


- Hospice services are covered by Original Medicare not the health plan.

State of Wisconsin:

- Hospice care is covered if the Member’s life expectancy is 6 months or less, and the care is palliative in nature. Hospice care includes, but is not limited to: medical supplies and services, counseling, bereavement counseling for 1 year after the Member’s death, durable medical equipment rental, and home visits. Coverage may be continued beyond a 6-month period if authorized by the health plan.
- Hospice Services and SNF Services will not be reimbursed at the same time. Member will be responsible for paying room and board charges to the nursing home.
- Hospice diagnosis-related medications will be provided by the Hospice agency and are included in member’s per diem charge and includes palliative chemotherapy.
- Non hospice diagnosis-related medications will be provided by Navitus.
- Palliative radiation is rare, but is covered by the Hospice provider.
- Inpatient charges are payable for up to a total lifetime maximum of 30 days of confinement in a Health Plan-approved or Medicare-certified Hospice Care facility.
- Covers a one-time in-home palliative consult after the member receives a terminal diagnosis regardless of whether his or her life expectancy is six months or less.

Commercial:

- Hospice care is covered if the Member’s life expectancy is 6 months or less, and the care is palliative in nature.
- Emergency treatment or hospital admissions related to a non-hospice related diagnosis (ie: hip fracture, laceration requiring sutures, etc.) are not included in the hospice per diem charges and may be billed separately.

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- Hospice Services and skilled nursing facility (SNF) Services will not be reimbursed at the same time. Member will be responsible for paying room and board charges to the nursing home.
- Hospice diagnosis-related medications will be provided by the Hospice agency and are included in member's per diem charge-this includes palliative chemotherapy.
- Non hospice diagnosis-related medications will be provided by the PBM.
- Palliative radiation is rare, but is covered by the Hospice provider.

APPROVED: *Michele Bauer MD.* DATE: 08/10/2023

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

REVISION HISTORY:

| Rev. Date | Revised By/Title | Summary of Revision |
|------------|------------------------------|---|
| 03/11/2013 | Carol E. Ebel, RN HM Mgr | This is a continuation of the archived P & P. |
| 02/15/2014 | Lynne Komanec, RN HM Manager | Reviewed with no changes |
| 01/23/2015 | Betsy Kelly, RN | Formatting changes; added palliative care and non-hospice related services and updated SOW benefit per 2015 Reference Guide |
| 01/14/2016 | Betsy Kelly, RN | Reviewed without changes. |
| 07/14/2017 | Michele Bauer, MD, CMO | Archived policy. |
| 09/25/2017 | Michele Bauer, MD, CMO | Reviewed with no changes. |
| 02/18/2019 | Michele Bauer, MD, CMO | Update criteria. No longer requires PA |
| 04/28/2020 | Michele Bauer, MD, CMO | Reviewed. No changes. |
| 11/10/2020 | Michele Bauer, MD, CMO | Added coordination of hospice services with CM |
| 11/21/2021 | Michele Bauer, MD, CMO | Reviewed. No changes. |
| 11/10/2022 | Michele Bauer, MD, CMO | Added Medicare Advantage coverage criteria. |
| 08/10/2023 | Michele Bauer, MD, CMO | Reviewed. No changes. |