POLICY AND PROCEDURE

POLICY NAME: Clinical Criteria for Hospice Services	**POLICY ID:** FL.UM.39
BUSINESS UNIT: Sunshine Health Plan	**FUNCTIONAL AREA:** Utilization Management
EFFECTIVE DATE: 07/01/2017	**PRODUCT(S):** Managed Medical Assistance (MMA) and Child Welfare (CW)
REVIEWED/REVISED DATE: 11/15, 06/17, 02/19, 6/21, 6/22, 06/23	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:
To establish a standardized process in which to consider a request for a Hospice covered service. The purpose of the hospice program is to provide palliative health care services to terminally ill members when they no longer choose to pursue curative medical treatment.

PURPOSE:
The following document outlines the requirements for Policy/Procedure construction, style, and formatting. The content in this document includes requirements from the Archer Policy Manual and a few notes specific for the Program Compliance Support (PCS) team to ensure consistency.

SCOPE:
This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:
Hospice: Hospice services are forms of palliative medical care and services designed to meet the physical, social, psychological, emotional, and spiritual needs of terminally ill members and their families. Hospice care is an approach that focuses on palliative care rather than curative care. An individual is considered terminally ill if he/she has a medical diagnosis with a life expectancy of six (6) months or less if the disease runs its normal course.

Levels of Care – There are four (4) distinct levels of care available:

1. **Routine Hospice Home Care:**
   Routine hospice home care is care provided in the member's home and is related to the terminal diagnosis and plan of care written for the member. Routine hospice home care is provided to maintain a member at home who does not require continuous home care as described below. Routine hospice home care may include up to 8 hours of skilled nursing care in a 24-hour period. This care may be provided in a private residence, hospice residential care facility, nursing facility, or an adult care home.
2. **Continuous Hospice Home Care:**
   Continuous hospice home care is provided to maintain a member at home, including a nursing facility, during a brief medical crisis. A brief medical crisis is a period during which the member requires continuous care which is primarily nursing care to achieve palliation or management of acute medical symptoms. Direct nursing care must be provided by either a registered nurse or a licensed practical nurse for more than half of the time considered to be continuous home care. Homemaker and home health aide services may be provided to supplement the nursing care. Continuous care must provide a minimum of 8 hours of direct nursing care services in a 24-hour period, which begins and ends at midnight; the nursing care need not be continuous.

   Continuous hospice home care is not intended to be respite care or an alternative to paid caregivers or placement in another setting. Continuous hospice home care may include any of the covered hospice services.
3. **Inpatient Respite Hospice Care:**
   Respite care is short-term inpatient care provided to the member for the purpose of relieving the member's primary caregiver. A primary caregiver is an individual, designated by the member, who is responsible for the 24-hour care and support of the member in his or her home. A primary caregiver is not required to elect hospice if it has been determined by the hospice team that the member is safe at home alone at the time of the election.

   Inpatient respite care may be provided only on an occasional basis. Respite care when the member's place of residence is a nursing facility, an intermediate care facility for the developmentally disabled, or an assisted living facility is not covered. Hospice care for inpatient respite care can be covered for up to a maximum of five (5) days per admission, including the day of admission, but not counting the day of discharge is covered. If inpatient respite care exceeds five (5) consecutive days, the sixth and subsequent days can be covered at the routine home care rate.
4. **General Inpatient, Short Term (non-respite) Hospice Care:**

General inpatient care occurs when the member is admitted by the hospice to an inpatient hospice unit or hospital for the purpose of providing pain control or management of acute or chronic symptoms that cannot be provided in other setting. The general inpatient care must be related to the terminal diagnosis or an associated condition. The goal is to stabilize the member and return him/her to the home environment. If the hospital admission is related to the terminal diagnosis or a related condition, the hospice is responsible for the payment of the hospital claim.

Hospice coverage for Long Term Care members residing in a nursing facility

Hospice care is provided in a nursing facility that is considered the primary residence of the member. Physician visits to a hospice member who is residing in a nursing facility are reimbursed as a home visit. There is no coverage for drugs related to the terminal illness dispensed to a member who also has Medicare coverage when the hospice care is reimbursed by Medicare.

Routine or continuous home care hospice can be covered, if medically necessary. For members who also have Medicare coverage, Sunshine Health is responsible for the hospice room and board charges, while Medicare covers the routine or continuous home care services. Sunshine Health will not pay room and board charges for the day of discharge from hospice, however will cover the hospice charges, if medically necessary. Sunshine Health is not responsible for the room and board hospice services when Medicare is paying for the skilled nursing facility services. All hospice services on the member's date of death will be reimbursed, including room and board.

Sunshine Health will cover reserving a bed in a nursing home, for a maximum of eight (8) days for each hospital stay considered medically necessary, for hospice members who are residing in a nursing home and are hospitalized or on therapeutic leave to a private home, boarding home, or an assisted living facility. In addition to the bed hold days for an inpatient stay, Sunshine Health covers up to 16 days per state fiscal year (July 1 through June 30) to reserve a resident's bed for therapeutic leave when the resident leaves the facility to go to a family-type setting. Settings for therapeutic leave include a private home, a boarding home, or an assisted living facility.

POLICY:

It is the policy of Sunshine Health to provide members access to the benefits that are covered under the product in which they are enrolled. For MMA and CW members this is determined by the Florida Agency for Health Care Administration (AHCA) contract with Sunshine Health and applicable Florida Medicaid Hospice Services Coverage Policy and related Policy Transmittals. A member is considered terminally ill if he/she has a medical diagnosis with a life expectancy of six (6) months or less if the disease runs its normal course.

AHCA has provided a Policy Transmittal to clarify that the Affordable Care Act removed the prohibition of curative care for children diagnosed with a terminal illness who continue to be supported by hospice programs. Children under the age of 21 who meet hospice criteria may receive hospice services while concurrently receiving all other Medicaid services, including curative treatment for their terminal diagnosis. This allows children with terminal illnesses and their families to receive a blended package of curative and palliative services. These services and supports may include pain management and family counseling provided by specially trained hospice staff. Sunshine Health will follow the guidelines of this Policy Transmittal for MMA and CW members under the age of 21.

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This policy is current at the time of approval. This clinical policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

PROCEDURE:

REFERENCES:

Agency for Health Care Administration (AHCA) Florida Medicaid Hospice Services Coverage Policy, updated June 2016
FL.UM.02.01 - Medical Necessity Review and Continuity of Care
FL.UM.02.00 - Use of Clinical Criteria
FL.UM.05.00 - Timeliness of UM Decisions and Notifications

American Cancer Society Hospice care Copyright 2015 © American Cancer Society, Inc. Accessed 06/02/2017 at: http://www.cancer.org/treatment/findingandpayingfortreatment/choosingyourtreatmentteam/hospicecare/index?sitearea=ETO
Christakis NA and Escarce JJ. Survival of Medicare patients after enrollment in hospice programs. N Eng J Med 1996; 335:172-8.
Compilation of Patient Protection and Affordable Care Act. 2010, section 2302. Accessed at: http://www.hhs.gov/healthcare/rights/law/index.html
Institute of Medicine (US) Committee on Care at the End of Life; Field MJ, Cassel CK, editors. Washington (DC): National Academies Press (US); 1997.
Lynn J, Harrell FE, and Cohn F et al. Defining the ‘‘terminally ill:’’ insights from SUPPORT. Duquesne Law Rev 1996; 35:311-36.
Medicare Benefit Policy Manual, Chapter 9-Coverage of Hospice Services Under Hospital Insurance, (Rev. 209, 5/8/15). http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf
Medicare Claims Processing Manual, Chapter 11-Processing Hospice Claims, (Rev. 3577, 08/05/16). http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c11.pdf
National Hospice and Palliative Care Organization, Facts and Figures: Hospice Care in America, 2011 Edition
Oxford Textbook of Palliative Medicine, Oxford University Press. 1993; 109.
Reisberg, B. Functional assessment staging (FAST). Psychopharmacology Bulletin, 1988; 24:653-659.
Stuart B, Alexander C, Arenella C et al. Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases, 2nd ed. Hospice J 1995;11:47-63.
Thibault GE. Prognosis and clinical predictive models for critically ill patients. In Field MJ and Cassell CK, Eds. Approaching Death: Improving Care at the End of Life. Washington DC: National Academy Press, 1997, pp. 358-62

ATTACHMENTS:
Appendix A: Palliative Performance Scale (PPS)
Appendix B: Karnofsky Performance Status Scale (KPS) Definitions Rating (%) Criteria

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Adopted from Centene Corporate	12/15
Annual Review	Added additional rev codes for PA, update references	06/17
Revision	Authorization for admissions that occur outside of business hours, including weekends and holidays, must be requested the following business day.	06/17
System Upload	Archer Upload- Content not reviewed or revised	02/19
Annual Review	Updated policy to fix various typos, grammatical errors and policy names and reference numbers. Policy did not change.	04/20
Annual Review	Updated to current policy (cc.comp.22) template with grammar edits and extensive reformatting, and realigned language.	06/21
Annual Review	No changes needed	06/22
New Policy Document	Adopted from Centene Corporate	12/15
Annual Review	Added additional rev codes for PA, update references	06/17
Revision	Authorization for admissions that occur outside of business hours, including weekends and holidays,	06/17

	must be requested the following business day.	
Annual Review	Transferred to new template Updated Policy ID Added policy name to footer	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance_____

Senior Dir. Compliance_____