### PURPOSE

To establish the scope of services and requirements for patients eligible under the Medicare hospice benefit program.

### Policy

Ohio Living will provide services as required for Medicare hospice benefit certification and applicable state licensing laws and regulations.

### *summary of medicare hospice benefit*

Hospice care, which emphasizes comfort and palliative management of pain and other physical symptoms for patients who no longer have a realistic hope for a cure. Hospice specializes in a coordinated team approach that includes addressing psychosocial and spiritual needs of the individual patient and his/her family, however family is defined. Costs of providing some hospice services have been reimbursed by Medicare, Medicaid, and private insurance. However, the creation of the Medicare hospice benefit has made reimbursement possible for a broader range of the special services hospice provides, to permit terminally-ill persons to die in the comfortable surroundings of their own homes.

The Medicare Hospice benefit is available to patients who:

1. Are eligible for Medicare Part A
2. Are terminally ill and have a life expectancy of six (6) months or less confirmed by the attending physician and the hospice Medical Director
3. Meet criteria related to their terminal diagnosis
4. Are willing to sign an election statement, or have a designated representative to sign, that identifies services to be provided by hospice— services that are palliative not curative
5. Agree to give up traditional Medicare benefits after signing on to the hospice benefit, related to the terminal diagnosis
6. Have an available relative or friend willing and able to care for the patient (this may be waived under certain circumstances)
7. Are residents of counties that Ohio Living provides hospice services.

The Medicare hospice benefit is a total package of care for all medical needs associated with the patient's terminal illness. The patient must also acknowledge an understanding that hospice is a program of care that emphasizes comfort, not cure.

The Medicare hospice benefit is elected for two (2) periods of 90 days and unlimited subsequent 60-day periods, the patient is certified as being terminally ill with a prognosis of six (6) months or less if the disease runs its normal course at the beginning of each benefit period. The patient may transfer to a different hospice provider one time within a benefit period without losing benefit days. The patient may also revoke the benefit to pursue aggressive care options not offered under the hospice Medicare benefit, such as curative treatments. The patient must revoke the benefit in writing, thereby forfeiting hospice coverage for the remaining days of any election period, and may re-elect the hospice Medicare benefit, for any subsequent period.

The primary emphasis of the Medicare hospice benefit is on care in the patient's home, using family/caregiver as primary care clinician working with the hospice team to supply the patient's needs. The Medicare hospice benefit can be provided in a skilled nursing facility as the patient's place of residence if the hospice provider has an agreement with the skilled nursing facility. The hospice organization must also make available inpatient services when needed to bring acute pain and symptoms under control or to provide respite for exhausted family/caregiver or other appropriate family/caregiver situations. General inpatient services are limited to short stays and have a goal of stabilizing the patient’s pain or other symptoms which allow the patient to return home. No more than 20% of total patient days in the hospice program should be inpatient days.

Hospice programs participating in the Medicare hospice benefit will be reimbursed for each patient day in the program, according to the level of care: routine home care, continuous care in times of crisis, inpatient respite care, and general inpatient care. Out of these daily rates, the hospice program must provide all the hospice services required by the patient, with a few exceptions. The patient's attending physician may bill Medicare Part B for the services he/she provides. A hospice may not discontinue or diminish care due to a beneficiary’s inability to pay for that care.

A patient in the hospice program may remain under the care of his/her attending physician. Care is provided under an individualized written plan of care established by the attending physician and the hospice interdisciplinary group of family/caregiver, which includes the Hospice Medical Director, registered nurses, social workers, hospice aides, spiritual counselors, and volunteers.

The following services may also be provided by hospice personnel or through contract arrangements with other organizations: physical, occupational, and speech therapy; hospice aide; medical supplies including drugs and biologicals; and short-term inpatient care and respite care. The continuous care level of care can only be provided by contract private duty staff if the hospice provider shows extreme difficulty staffing the continuous care hours with core hospice staff. In addition, hospice provides a variety of volunteer services and programs designed to support grieving persons through the period of bereavement.