

2.2 Medicare Hospice Benefit

Key Points

1. Hospice care, now available in most communities in the United States, offers palliative medical care and serves patients and families as a unit with emotional, social, and spiritual support.
2. Patients certified as terminally ill with a life expectancy of less than six months may elect to receive hospice care.
3. A multidisciplinary team collaborates with patient and family to provide hospice care.
4. Hospice services include medical equipment and supplies, medication for pain and symptom control, chemotherapy and radiation (if for palliation), grief counseling, and bereavement support.
5. Hospice benefits cover hospital services for short-term symptom control and temporary respite care to relieve family caregivers. They do not cover curative treatments or extensive evaluations inconsistent with the hospice approach.

Medicare continues to cover treatment for conditions other than the terminal illness.
6. Patients, initially certified for two 90-day periods, may be re-certified for an unlimited number of 60-day periods if the condition is still terminal with life expectancy within six months.
7. Discharge from hospice occurs if prognosis improves or if patient wishes to seek curative treatment. Patient may be readmitted if becomes eligible due to declining health.

Medicare Hospice Benefit



History of Hospice Benefit

- 1983—Federal Government adds hospice benefit to Medicare Part A
National benefit for Medicare-eligible patients
Developed by Center for Medicare and Medicaid Services (CMS) and Congress
Following successful demonstration project
- Home hospice programs now available in most communities in USA

Support for Hospice Services

- Other sources
Medicaid
VA
Private insurance
Charity care by the hospice itself
- Accessibility
All patients treated the same regardless of Medicare coverage

What Is Hospice Care? Palliative Care

- Medical support
- Emotional support
- Social support
- Spiritual support

Whom Does Hospice Serve?

- People with terminal illness
- Family unit of patient

Settings of Hospice Services

- Home
- Nursing home
- Hospice facility
- Hospital

Medicare Hospice Eligibility Process

- Patient eligibility
Medicare Part A (Hospital Insurance)
- Medical certification
Terminal illness— < six months life expectancy
Hospice medical director and patient's physician
- Patient election
Patient elects hospice care over routine Medicare
- Program eligibility
Medicare-approved hospice program

Prognostication Criteria

- Prognostication is often difficult
 - Illness-specific criteria to support prognosis of less than six months
- Certification requirement
- “Six-months rule” often discourages referral and shortens hospice time for eligible patients who could benefit from earlier referral
 - No penalty for patient or physician if survival exceeds six months

Multidisciplinary Hospice Team

- Patient and family
- RNs, LPNs, Home health aides (nursing care)
- Social work
- Chaplain (pastoral care)
- Physician
- Trained volunteers
- Physical/Occupational/Speech therapists, nutritionist

Types of Services Covered by Hospice

- Medical equipment and supplies
- Medication for pain and symptom control
- Professional services of multidisciplinary team
- Clinical services

Hospice Clinical Services

- Treatment that is palliative in nature (e.g., palliative chemotherapy and radiation)
- Counseling and bereavement services for family for up to one year after death

Hospital Services Covered by Hospice

- Symptom control
Short-term inpatient care if symptoms not controlled at home
- Respite care
Provides temporary relief to family or primary caregiver
Up to five days

Types of Services Not Covered by Hospice

- Treatment to cure a terminal illness
- Extensive evaluations not consistent with hospice approach
Focus is comfort, support, and symptom management

Medicare Coverage Other Conditions

- Medicare continues to cover care and treatment for conditions other than the terminal illness
Example: 66-year-old man with CRF on dialysis develops metastatic lung cancer
- Medicare hospice benefit covers admission to hospice for lung cancer
- Medicare A continues to cover dialysis

Co-Payments

- Medicare A and B
80% of charges/ 20% co-payment
- Medicare hospice
Medicare per diem reimbursement to hospice
No co-pay for hospice
May be a 5% co-pay for inpatient respite care
- Medications
Patients responsible for medications not related to diagnosis
May be a \$5 co-pay for some prescriptions

Time Limit

- Certification
Patient initially certified for two 90-day periods
Certified thereafter for an unlimited number of 60-day periods
- Re-certification
Medical director and physician review status
Certify that prognosis is still terminal
Certify that it is probable that the patient will die within the next six months

Hospice Discharge

- Patient becomes ineligible
Remission
Significant improvement
No penalty for discharge
Patient may be readmitted if becomes eligible due to declining health
- Patient elects discharge
Some patients choose to be discharged to seek "curative" care not provided by hospice

Medicare Hospice Benefit A Palliative Response

Hospice care is the ideal palliative response for many terminally ill patients and their families.

Refer early for maximum benefit.

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Selected Readings

Overview of Hospice Care

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McCarthy, E. P., R. B. Burns, R. B. Davis, and R. S. Phillips. "Barriers to Hospice Care among Older Patients Dying with Lung and Colorectal Cancer." *Journal of Clinical Oncology* 21 (2003): 728–735.

Family Caregiver Burden

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