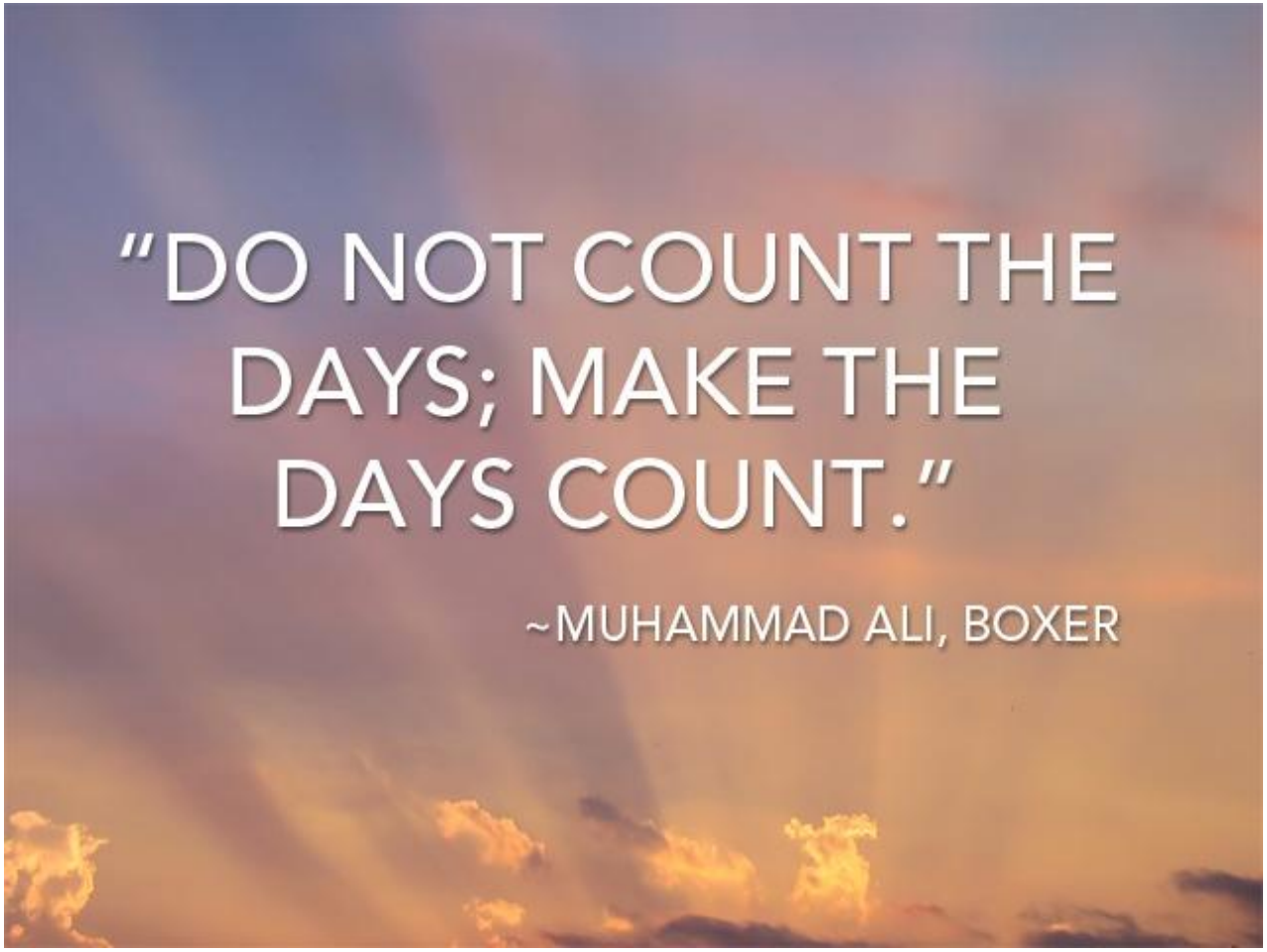
SUNCOAST HOSPICE

empath health

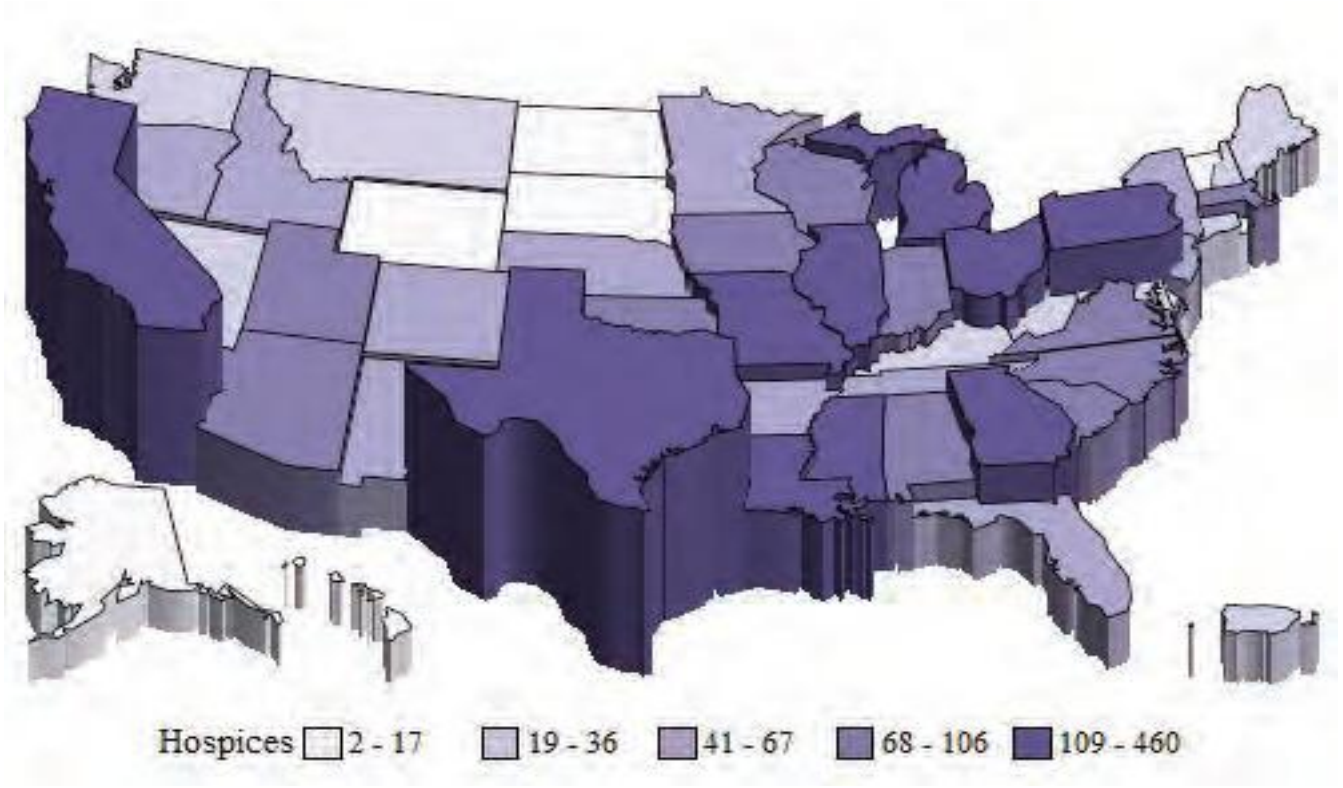
Hospice, PACE and Payment

Hospice Care Defined

- A form of palliative care designed to provide medical, spiritual and psychological care to individuals facing a life limiting illness.
- Focuses on caring, not curing.
- Includes support for the family
- Services provided by physicians, nurses, home health aides, social workers, spiritual care and volunteers


"DO NOT COUNT THE DAYS; MAKE THE DAYS COUNT."
~MUHAMMAD ALI, BOXER

Medicare Certified Hospices



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Electing the Hospice Benefit

- Medicare and Medicaid recipients must Sign an Election; no verbal consents allowed
- Medicare Notice of Election entered into Common Working File within 5 days of admission
- Late NOE's forfeit payment of services until filed with Medicare

Discharged hospice patient in Medicare DDE

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IMMUNO/TRANSPLANT DATA  COV. IND.:        TRANS. IND.:     DISCH. DATE: 000000
                                                                        000000
                                                                        000000

HOSPICE DATE    PERIOD 001 OWNER CHANGE 001 PERIOD 000 OWNER CHANGE 000
START DATE1     061516     000000           000000      000000
TERM DATE1      070316                      000000
PROV1           101508

INTER 1         11004
DOEBA DATE      061516                      000000
DOLBA DATE      070316                      000000
DAYS USED       019                         000
START DATE2     000000     000000           000000      000000
PROV2

INTER2
REVOCATION IND 1

 PF1=INQ SCREEN    PF3/CLEAR=END    PF7=PREV    PF8=NEXT
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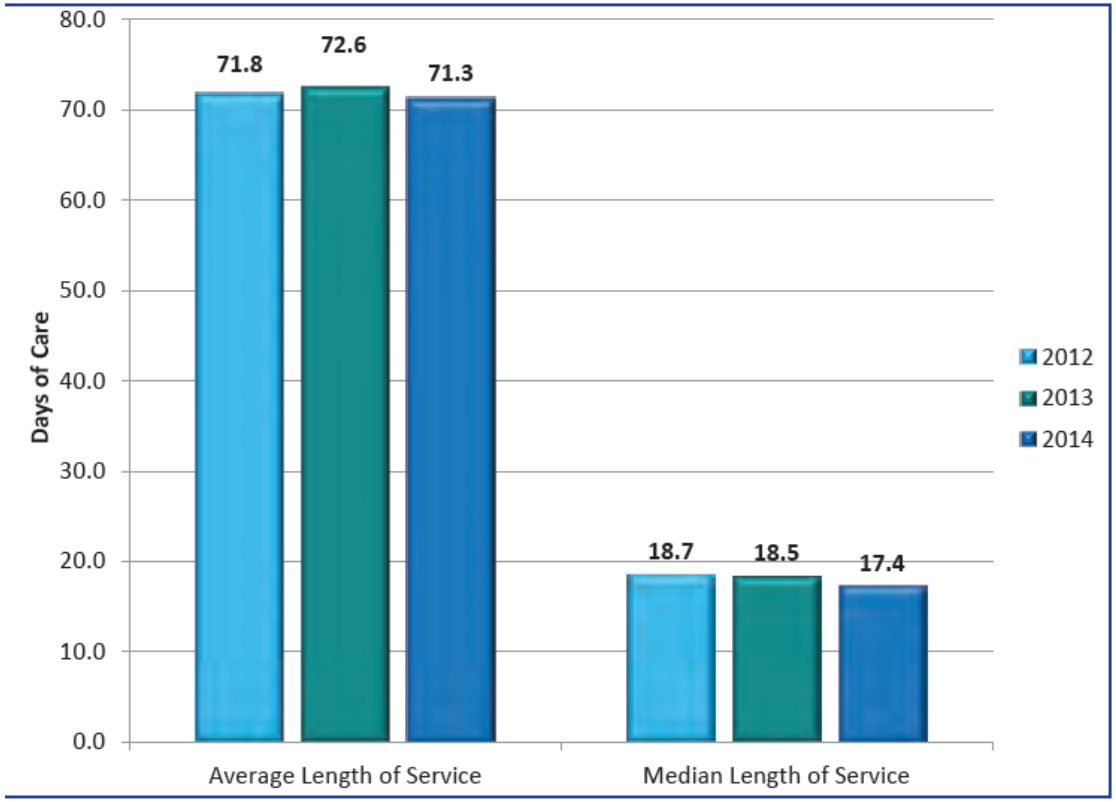

Figure 4. Length of Service by Year [1]

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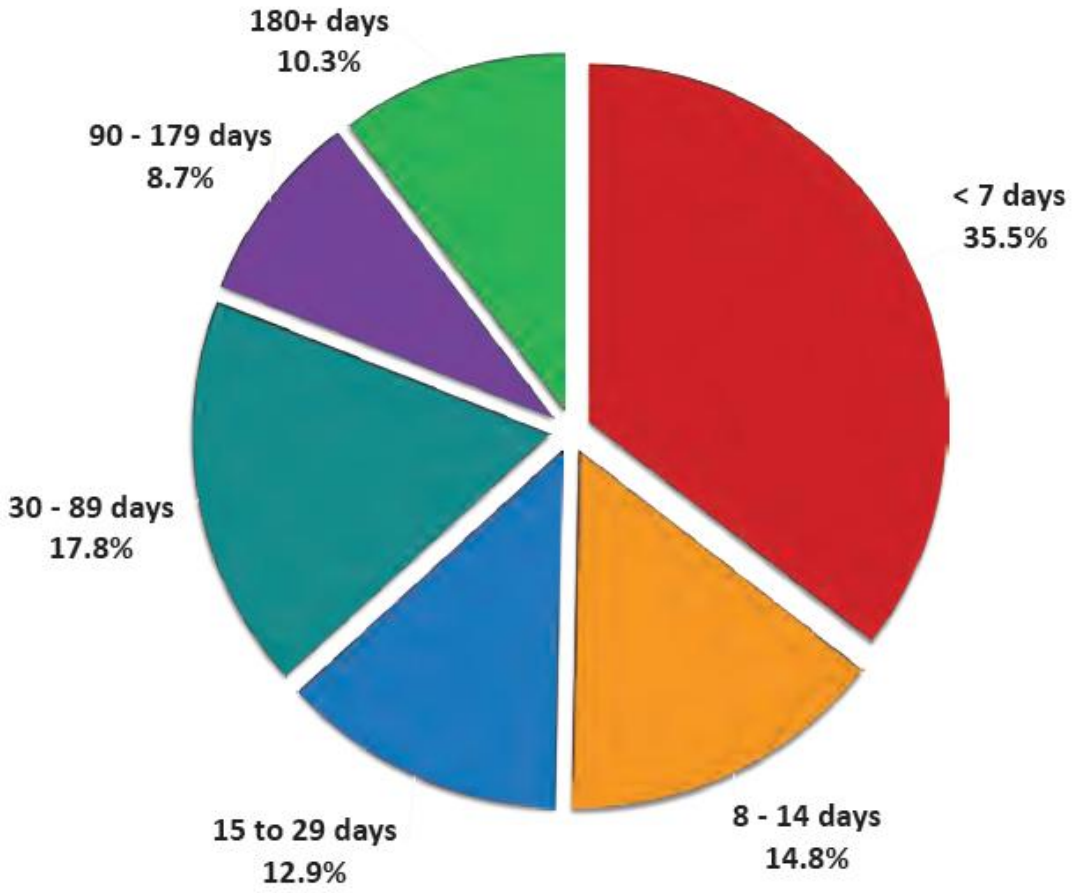

Figure 5. Proportion of Patients by Length of Service in 2014 [1]

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Hospice Reimbursement FY 2017

- Levels of Care
  - Routine (1st 60 days) $186.82
  - Routine (day 61+) $146.89
  - Continuous Care per hour $ 39.40
  - General Inpatient $720.54
  - Respite $167.62
  - Service Intensity Add on
    - Nursing & social worker visits in last 7 days of life paid up to 4 hours per day at CC rate
  - Physician services fee schedule
  - Room & Board – 95% of average nursing home rate

Diagnosis vs Prognosis…Related vs Unrelated

- FY 2014 data showed 79% of hospices billed only 1 diagnosis
- Clarification set forth by CMS in October 2015 to "report all diagnoses for terminal illness and related conditions, including those that affect the care and clinical management of the beneficiary"
- Medical director must document all unrelated medications including verification for reporting to Medicare D

	Year: FY 2015			
1	331.0	Alzheimer's disease	196,705	13%
2	428.0	Congestive heart failure, unspecified	115,111	8%
3	162.9	Lung Cancer	88,404	6%
4	496	COPD	80,655	6%
5	331.2	Senile degeneration of brain	46,843	3%
6	332.0	Parkinson's Disease	34,957	2%
7	429.9	Heart disease, unspecified	31,906	2%
8	436	CVA/Stroke	29,172	2%
9	437.0	Cerebral atherosclerosis	26,887	2%
10	174.9	Breast Cancer	23,969	2%
11	153.9	Colon Cancer	23,844	2%
12	185	Prostate Cancer	23,293	2%

CMS-|1652-F

So…Is your service billed to hospice?

Is this service directly related to the Principal hospice diagnosis?

Is this service diagnosis caused or exacerbated by Principal terminal diagnosis?

Are there additional diagnoses or symptoms that contribute to terminal prognosis?

Are there additional diagnoses, conditions or symptoms caused or exacerbated by treatment of related conditions?

Is the treatment/procedure/test in the hospice plan of care?

YES!

Hospice is your payer

No?

- Service is deemed unrelated and physician/facility will bill Medicare/Medicaid or other payer directly

- Unrelated hospital stay billed with Condition code 07

- Physicians use modifier GW on 1500 form

- Service not in the hospice plan of care, *even if related*, cannot be billed to Medicare/Medicaid but must be patient responsibility only

Ask hospice provider for statement of coverage in writing

Hospice and Managed Care Advantage Plans

§ 417.585 Special rules: Hospice care.

(a) No payment is made to an HMO or CMP on behalf of a Medicare enrollee who has elected hospice care under § 418.24 of this chapter except for the portion of the payment applicable to the additional benefits described in § 417.592. This no-payment rule is effective from the first day of the month following the month of election to receive hospice care, until the first day of the month following the month in which the enrollee resumes normal Medicare coverage.

(b) During the time the election is in effect, the HMO or CMP may bill CMS on a fee-for-service basis (subject to the usual Medicare rules of payment) but only for the following covered Medicare services:

(1) Services of the enrollee's attending physician if the physician is an employee or contractor of the HMO or CMP and is not employed by or under contract to the enrollee's hospice.

(2) Services not related to the treatment of the terminal condition for which the enrollee elected hospice care or a condition related to the terminal condition.

(3) Services furnished after the revocation or expiration of the enrollee's hospice election until the full monthly capitation payments begin again.

[50 FR 1346, Jan. 10, 1985, as amended at 58 FR 38082, July 15, 1993; 60 FR 46232, Sept. 6, 1995]

Examples of Medicare Advantage bills

1) Mr. Moore has Humana Medicare Advantage plan. He enters a hospital for a broken hip on March 3. After a 4 day stay he goes to Pals Nursing Home on March 8 for skilled care until March 20th. On March 21st Mr. Moore is admitted to Hospice for prostate cancer. On March 27th Mr. Moore sees Dr. Drumm for pink eye. Happy NH bills Humana for his skilled care from March 8 - 20th. Dr. Drumm's service was after his hospice admission but unrelated to the hospice prognosis so he will bill Medicare.

Examples #2

1) Mr. Mark has Coventry Medicare Advantage plan. He is admitted to Hospice while at home on April 4th for lung cancer. On April 12th Mr. Mark decides to revoke his hospice benefit. Hospice bills for April 4th thru April 12th.

On April 18th Mr. Mark slips and breaks his leg. He is admitted to the hospital and is discharged on April 22nd to Happy Nursing Home for skilled care. His skill ends on May 3rd. Happy NH will bill Medicare for his skilled care from April 22nd thru April 30th. Happy NH will bill Coventry for skilled services on May 1st thru May 3rd.

PACE

Program for All Inclusive Care of the Elderly

Who is eligible?

Individuals who are age 55 or older, certified by their state to need nursing home care and able to live safely in the community at the time of enrollment

PACE Responsibilities

- PACE is regulated under Medicare Advantage rules (therefore is similar to the recipient's HMO
- PACE physician becomes recipient's Primary Care physician
- PACE covers all recipient's health needs including medical, dental, eye care, psychological, nursing home, hospice etc.

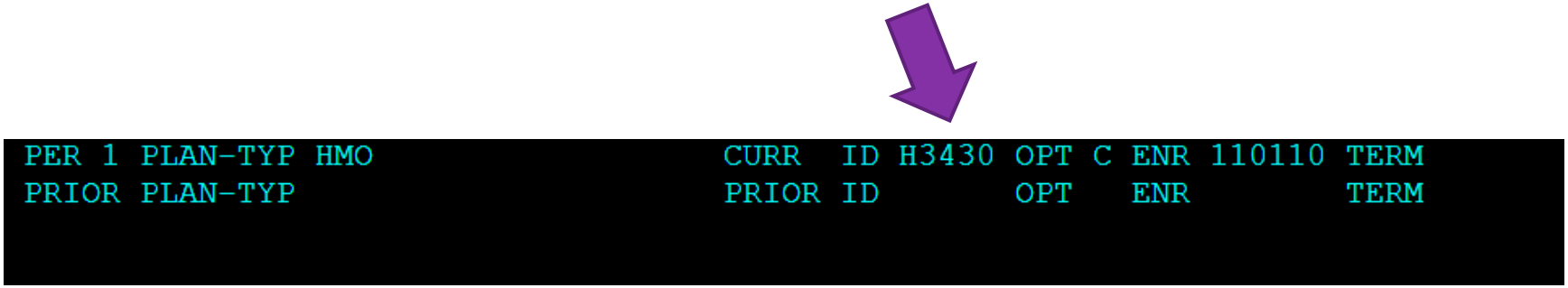
- Adult day care and transportation services
- Pre-authorization required for all outside services ie. Labs, consulting physicians with exception of emergency services
- Non-authorized services cannot be billed to Medicare/Medicaid or the recipient

PACE Reimbursement

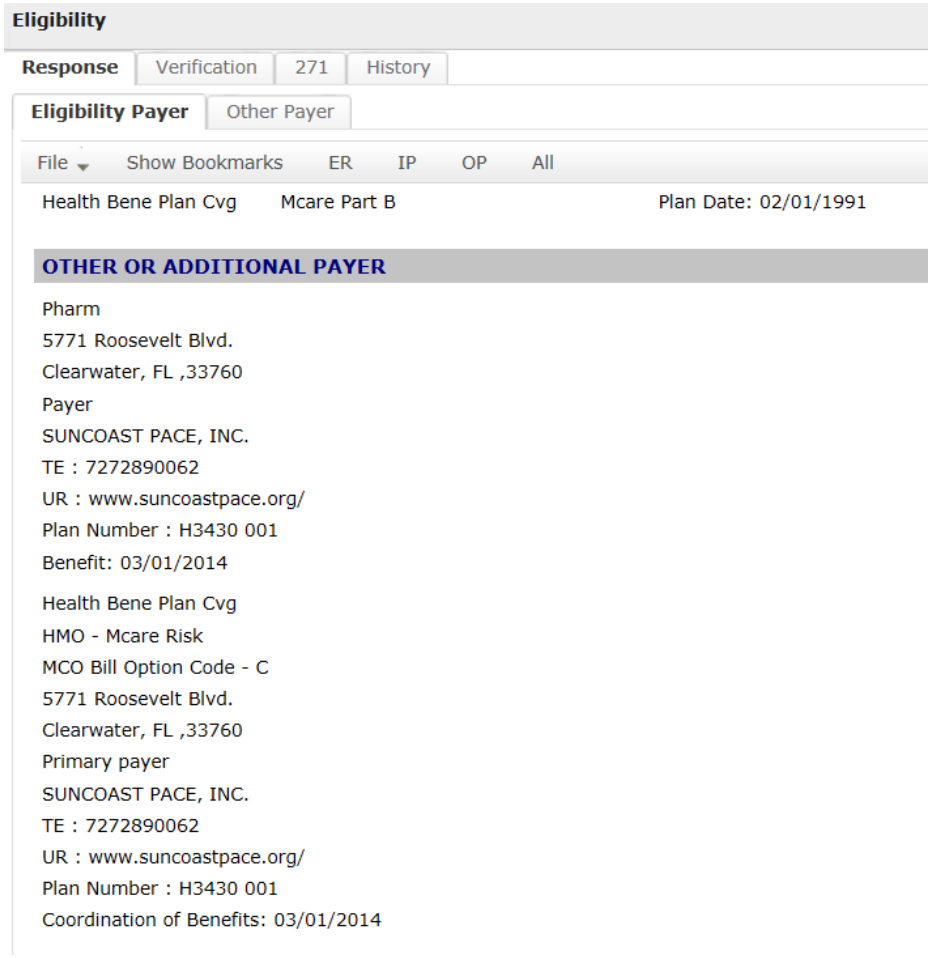
- Medicare – Risk based capitation program
- Medicare D – Bid system which represents an estimation of the drug costs
- Medicaid – Capitation (same amount for each recipient)

Identifying PACE Participants

PACE is considered a Medicare Advantage Plan and Medicaid HMO



Medicare Online EServices



Eligibility

Response | Verification | 271 | History

Eligibility Payer | Other Payer

File | Show Bookmarks | ER | IP | OP | All

Health Bene Plan Cvg Mcare Part B Plan Date: 02/01/1991

OTHER OR ADDITIONAL PAYER

Pharm
5771 Roosevelt Blvd.
Clearwater, FL ,33760
Payer
SUNCOAST PACE, INC.
TE : 7272890062
UR : www.suncoastpace.org/
Plan Number : H3430 001
Benefit: 03/01/2014

Health Bene Plan Cvg
HMO - Mcare Risk
MCO Bill Option Code - C
5771 Roosevelt Blvd.
Clearwater, FL ,33760
Primary payer
SUNCOAST PACE, INC.
TE : 7272890062
UR : www.suncoastpace.org/
Plan Number : H3430 001
Coordination of Benefits: 03/01/2014

QUESTIONS?

Thank you!!

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