

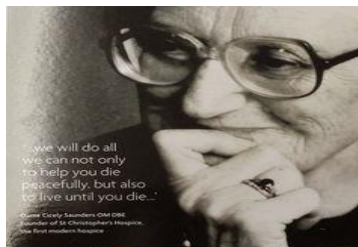
# The Archives of Hospice: A Governmental Timeline of the Birth and Life of the Medicaid Hospice Benefit

Long Term Services and Support



# The Archives of Hospice

- The term “hospice” (from the same linguistic root as “hospitality”) can be traced back to medieval times when it referred to a place of shelter and rest for weary or ill travelers on a long journey. The name was first applied to specialized care for dying patients by Dr. Dame Cicely Saunders, who began her work with the terminally ill in 1948 and eventually went on to create the first modern hospice—St. Christopher’s Hospice—in a residential suburb of London.





# The Archives of Hospice

- **1984:** JCAHO initiates hospice accreditation.
- **1986:** The Medicare Hospice Benefit is made permanent by Congress and hospices are given a 10% increase in reimbursement rates. States are given the option of including hospice in their Medicaid programs. Hospice care is now available to terminally ill nursing home residents.





# The Archives of Hospice

- **1996:** Bills are introduced in the U.S. House of Representatives and the U.S. Senate to make technical changes and improvements to the Medicare Hospice Benefit. The hospice industry provides full support for both bills.
- **1996:** Major grant-makers pour money into funding for research, program initiatives, public forums, and conferences to transform the culture of dying and improve care at the end of life.
- **1997:** ORT is extended and expanded to target all 50 states and additional types of health care providers.





# The Archives of Hospice

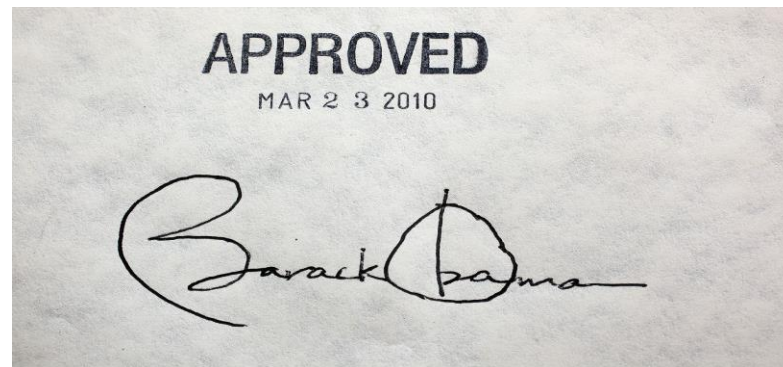
- **2007:** Findings of a major study out of Duke University published in *the Journal of Pain and Symptom Management* shows that hospice services save money for Medicare and bring quality care to patients and families.
- **2007:** The National Quality Forum releases *A National Framework for Palliative and Hospice Care Quality Measurement and Reporting*.
- **2007:** The Alliance for Care at the End of Life, a 501(c)4 organization is created to provide the hospice community with a more comprehensive, strategic voice on Capitol Hill.





# The Archives of Hospice

- **2010:** A provision in The Patient Protection and Affordable Care Act will require state Medicaid programs to allow children with a life-limiting illness to receive both hospice care and curative treatment.





# The Archives of Hospice

- **2011:** *The Concurrent Care for Children: Implementation Toolkit* is released by the National Hospice and Palliative Care Organization (NHPCO) and the District of Columbia Pediatric Palliative Care Collaboration.
- **2011:** The bicameral Wyden-Roberts HELP Hospice Act is introduced in Congress. *The Concurrent Care for Children: Implementation Toolkit* is released by NHPCO and the DC Pediatric Palliative Care Collaboration.







# Today's Nevada Medicaid Hospice Benefit





# Today's Hospice Benefit

Due to federal regulation changes and Medicare guidelines related to the hospice benefit since the last revision, it was deemed necessary to revise chapter 3200, Hospice, of the Medicaid Service Manual (MSM).



# Today's Hospice Benefit

Here are the major changes to the chapter:

- A new requirement from Nevada Medicaid for a pre-admission face-to-face visit with a qualified medical professional. This visit must occur no sooner than fifteen days before anticipated admission to hospice services.



# Today's Hospice Benefit

- Pediatric hospice recipients are allowed palliative and curative services concurrently under the Affordable Care Act.
- When an adult recipient reaches one year of hospice services, the recipient must have an Independent Physician Review completed.



# Today 's Hospice Benefit

- Four new forms:
  - FA- 91: Nevada Medicaid Hospice Program Action Form.
  - FA- 92: Nevada Medicaid Hospice Program Election Notice for Adults.
  - FA- 93: Nevada Medicaid Hospice Program Election Notice for Pediatrics
  - FA- 94: Nevada Medicaid Hospice Program Certification of Terminal Illness



# Today's Hospice Benefit

- A new section was added to address the qualifying criteria for the hospice program incorporating the Medicare guidelines as well as the Local Coverage Determination (LCD) for Determining Terminal Status.



# Today's Hospice Benefit

Prior Authorization (PA) for **medical necessity** will be required on all recipients electing hospice benefits. This is not a PA for services, nor does it apply to our dual-eligible recipients.



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Questions?



# Resources

- NHPCO
- Amitabha Hospice Services
- CMS.gov
- Medicare.gov
- Medicaid.gov
- Hospice Action Network
- National Association for Home Care & Hospice