

HOSPICE 101



**What words do you associate
with the word Hospice?**

The Hospice Basics

THE MEDICARE BENEFIT



ELIGIBLE FOR MEDICARE PART A

While most often, Medicare is the primary payor for hospice, many commercial insurances and Medicaid also cover Hospice Care.



HAS A TERMINAL DIAGNOSIS

Not all dx are considered terminal. Medicare determines appropriate primary terminal dx usage



PROGNOSIS OF 6 MONTHS OR LESS...

given the disease process runs its normal course or natural trajectory



THE PATIENT ELECTS THE MEDICARE HOSPICE BENEFIT

This waives other Medicare payments for services related to the terminal dx. Medicare continues to cover benefits that are unrelated to terminal dx

HOSPICE TERMINOLOGY

HOSPICE BENEFIT

Medicare payment for hospice services

Ak.a. “The Benefit”

BENEFIT PERIOD

Period 1 = 90 days

Period 2 = 90 days

Period 3 += 60 days (unlimited number of 60 day periods)

TERMINAL DX

Physician certified terminal disease with a prognosis of six months or less if the illness runs its normal course

REVOCATION

Patient or POA determines that they no longer wish to receive hospice care; they “revoke” hospice and go back to regular Medicare coverage. There is no penalty for this.





Hospice Payment Coverage

- All supplies related to the terminal diagnosis included on the Plan of Care
 - Including personal comfort items such as adult diapers, chux, etc.
 - Ordered from a contracted supplier
- All specific equipment related to terminal diagnosis included on the Plan of Care
 - Including hospital bed, bed-side commode, wheelchair, etc.
 - Ordered from a contracted DME company
- Medications which are used primarily for the relief of pain and symptom control related to the individual's terminal illness



Medical Director



Therapy (PT/OT/ST)



Dietary



Bereavement
counseling



Medical Social Work



Nursing



Aide



Spiritual Counseling



Ancillary Services

WE PROVIDE ADDITIONAL SERVICES TO OUR PATIENTS THAT EXTEND BEYOND CMS REQUIREMENTS



Pet Therapy



Massage Therapy



Art Therapy



Music Therapy

4 LEVELS OF HOSPICE CARE



ROUTINE CARE

Most common level of care
provided at baseline

Provided in the patient's
residence (this can include
ALF or SNF)



RESPITE CARE

Short-term inpatient care that
can only be provided in a
Medicare-certified building
(typically a SNF)

Provided to relieve family
members/caregivers and is
reimbursed for up to 5
consecutive days



GENERAL INPATIENT

Provided in a participating
hospital, hospice inpatient unit
or SNF

Provided for pain control or
chronic symptom management
which cannot feasibly be
provided in other settings



CONTINUOUS CARE

Care needed to achieve
palliation or management of
acute medical symptoms
during a period of crisis

Minimum of 8 hours in a 24
hour period (Primarily
nursing, but may include aide
hours)



HOSPICE

Must have a terminal diagnosis

Prognosis of 6 months or less

Billed under Medicare Part A (covered 100%)

Multidisciplinary (RN, MSW, MT, HHA, etc)



PALLIATIVE CARE

Must have advanced chronic illness
requiring symptoms management

No prognosis required

Billed under Medicare Part B (copay)


Nurse Practitioner

HOSPICE PHILOSOPHY

Hospice is designed for patients who require comfort measures to enhance their quality of life and is directed at treating the symptoms and person as a whole rather than treating the disease

The Hospice Philosophy is one of focus on quality of life and symptom management. Patients who choose hospice are typically expressing a desire to discontinue aggressive treatment due to the impact it has on their quality of life or the futile nature of the treatment.



A healthcare worker in blue scrubs is holding the hand of an elderly woman lying in a hospital bed. The woman is looking up at the healthcare worker with a slight smile. The background shows a window with sheer curtains and a framed abstract painting on the wall.

Hospice doesn't have to be a scary word

What are some common objections
you hear as it relates to utilizing
hospice care?

COMMON OBJECTIONS

"I don't want to give up"

Hospice is simply a treatment option. As disease processes progress, we begin to weigh the "risk vs benefit" of medications or other treatments and assess how those treatments will impact longevity and quality life.

Simply put, Hospice is not giving up on life. In fact, hospice is the act of choosing a treatment option that focuses on quality of life and symptoms management.



COMMON OBJECTIONS

"I'm not ready"

No one is ever ready. That is not an expectation.

However, would you be surprised to know that credible peer reviewed and published studies have been done that prove, on average, those who choose hospice at end of life live longer than those who do not.



COMMON OBJECTIONS

"I don't want to GO to hospice. I want to stay home"

Hospice is not a place.

We provided services anywhere the patient calls home.



Common myths:

1. Hospice is for only patients that have cancer
2. You have to have a DNR to be on hospice
3. Hospice companies are all the same
4. You stop taking all of your medications when you start hospice
5. Hospice withholds nutrition / hydration
6. Hospice gives patients morphine until they die



QUESTIONS

