MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 14-56

Distribution: Hospice, Medicaid Health Plans, MIChild Health Plans, MIChild Manual Holders, Local Health Departments, MIChild Administrative Contractor (MAXIMUS), Department of Human Services Central Office, Tribal Health Centers, Federally Qualified Health Centers, Physicians (MDs, DOs)

Issued: December 1, 2014

Subject: Concurrent Hospice and Curative Care for Children

Effective: January 1, 2015

Programs Affected: Medicaid, MIChild, Children's Special Health Care Services (CSHCS)

The Michigan Medicaid program, including Medicaid Health Plans (MHP) and MIChild, as well as CSHCS, covers hospice care for children less than 21 years of age concurrently with curative treatment of the child's terminal illness when the child qualifies for hospice as described in the Medicaid Provider Manual. This provision became effective upon enactment of Section 2302 of the Affordable Care Act (ACA) on March 23, 2010. Medicaid and MIChild coverage was announced in Medicaid Bulletin MSA 11-01, issued January 1, 2011. Coverage was revised to include CSHCS in Bulletin MSA 11-11, issued March 1, 2011.

The purpose of this bulletin is to ensure medically necessary, appropriate and cost-effective utilization of both hospice and curative care when provided concurrently to a Medicaid beneficiary less than 21 years of age.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
Section 2302 of the ACA requires states to comply with the EPSDT requirement to provide any medically necessary 1905(a) service to a child from birth to age 21, even after election of the hospice benefit by or on behalf of a child. The Medicaid program expects that a child receiving hospice will continue to receive appropriate EPSDT services to the extent these services are medically necessary.

Palliative Care
Palliative care under hospice is defined as an active, patient and family-centered, interdisciplinary approach to pain and symptom management of the terminal illness. Palliative care is always a part of hospice and included in the hospice per diem reimbursement. The term "palliative care" cannot be separately billed or reimbursed by Medicaid.

Curative Care
Under concurrent curative care policy, curative care is defined as medically necessary care that serves to eliminate the signs and symptoms of a disease with the goal of a cure or long-term disease-free state.

Pediatric Subspecialist
A pediatric subspecialist must direct the curative care related to the beneficiary's terminal diagnosis. For the purposes of this policy, a pediatric subspecialist is a physician who is board certified, or board eligible for subspecialty certification in a pediatric subspecialty, including, but not limited to, neurology, cardiology, pulmonology, endocrinology, or oncology. In most cases, a general pediatrician will not be considered a pediatric subspecialist relative to this policy, but a general pediatrician may assume the role of pediatric subspecialist and direct the child's curative care if they have acted as the primary provider and treated the child's terminal condition prior to the election of hospice. Note: Beneficiaries with CSHCS-only coverage, meaning no Medicaid coverage

and receiving hospice related to the CSHCS qualifying condition, must have a pediatric subspecialist for that condition manage the concurrent curative treatment of the terminal condition.

Coordination of Care
The hospice provider and pediatric subspecialist must work together to ensure a collaborative approach to the care of the beneficiary. The hospice Plan of Care (POC) must demonstrate coordination of care between the hospice and the pediatric subspecialist. It is the responsibility of each provider working collaboratively to determine whether a service is curative or palliative (hospice). The hospice record must contain a signed statement or attestation from the pediatric subspecialist explaining the course of treatment and acknowledging the physician is aware the beneficiary is receiving hospice services concurrently with curative treatment. The attestation must be dated and present in both the hospice and pediatric subspecialist records within 30 days after the beneficiary is admitted into hospice. The signature, printed name, and National Provider Identifier (NPI) number of the physician ordering and coordinating the concurrent curative treatment must be documented on the attestation. For a beneficiary enrolled in an MHP, the hospice provider and pediatric subspecialist must also work with the MHP to ensure that the MHP authorization and documentation requirements are met.

Billing and Reimbursement
Hospice services and curative treatment are billed and reimbursed separately under this policy. Prior to billing, it is important that providers differentiate between services that are palliative, and therefore included in hospice reimbursement, and those that are curative and separately reimbursable under Medicaid. The Michigan Department of Community Health (MDCH) recognizes the challenge this poses for providers, and each child's circumstances will need to be taken into consideration when making this distinction. The table below provides examples of treatment and related service categories, but is not all-inclusive or intended to represent fixed parameters for decision making. Caution should be taken to avoid billing both the hospice and Medicaid for the same service as this represents double billing and may constitute fraud.

Medical Record Review and Post-Payment Audit
Hospice services and concurrent curative treatment are subject to medical record review and post-payment audit. If services are determined to be fraudulent, inappropriate, duplicative, over-utilized or not medically necessary, the related monies will be recovered. If post-payment review or audit reveals that the beneficiary was not eligible for hospice services, or services were inappropriately billed as "curative," recoupment of monies paid to the hospice provider will be sought.

Examples of Treatment and Service Categories

Treatment	Hospice Service	Concurrent Curative Service	Both Hospice and Concurrent Curative Services	Comments
Pain/Symptom Management				
Narcotics, Analgesics	X			
Antiemetics	X			
Nutrition				
Tube Feeding			X	Hospice = Continuation of previous tube feedings. Concurrent = Tube placement; initiating feedings.
Intravenous (IV) Fluids		X		Concurrent = Surgical central line placement

Treatment	Hospice Service	Concurrent Curative Service	Both Hospice and Concurrent Curative Services	Comments
Total Parenteral Nutrition (TPN)		X		
Respiratory Support				
Oxygen	X			
Bilevel Positive Airway Pressure (BiPAP)			X	Hospice = < 72 hr Concurrent = Acute event not related to terminal illness
Continuous Positive Airway Pressure (CPAP)			X	
Ventilator		X		
Respiratory Vests			X	
Cough Assist Device(s)			X	
Pharmacy				
Antibiotics	X			Antibiotic administration through available access
Chemotherapy		X		
Intravenous immunoglobulin		X		
Blood Products		X		
Supports				
Spiritual Support	X			
Psychological/Social Support	X			
Bereavement Support	X			
Radiation		X		
Durable Medical Equipment (DME)				
Specialized Seating		X		
Wheelchairs	X			

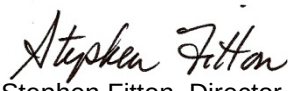
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



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