

# Heart of Hope Asian America Hospice Care

## 希望之心安寧醫護關懷中心

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### Hospice Care through Medicare, Medi-Cal, and Private Insurance

Hospice care is a fully covered benefit under Medicare Part A and the Medi-Cal program in California. Most insurance companies also provide coverage for hospice care subject to individual policy deductibles, coinsurance, and out-of-pocket limitations.

When a patient is considering hospice care, the insurance coverage of the patient will be reviewed and discussed with family members to be sure they understand the financial benefits provided to the patient by their current insurance carrier. If there are any questions, they will be resolved prior to the start of care.

For an individual eligible and enrolled in Medicare or Medi-Cal, there is no out-of-pocket cost to select the hospice benefit. The hospice benefit includes full payment for all staff services, supplies, medical equipment, and medications, provided they are directly related to the hospice primary diagnosis.

To qualify for hospice care, two physicians, generally the patient's attending physician and the hospice physician, evaluate the patient to determine if the individual has a life-limiting illness with a life expectancy of six months or less if the disease process follows a normal course.

Because it is impossible to know the progression of a disease with accuracy, patients may receive the hospice benefit for longer than six months provided they continue to meet the Medicare or insurance company eligibility criteria. After six months, patients are periodically assessed by hospice physicians for continued coverage.

When an individual elects the hospice benefit for a specific disease diagnosis, they are opting out of traditional Medicare coverage and opting into the special Medicare hospice benefit. By doing this, they agree to pursue comfort and

palliative measures only and not seek aggressive or curative therapy for that disease. Should other diseases develop, unrelated to the hospice diagnosis, those may be treated and covered under the traditional Medicare program.

When all requirements are met, the following services will be covered by your health plan:

Physician services

Nursing care

Home health aide

Medical social services

Bereavement counseling

Spiritual counseling

Dietary counseling

Volunteer services

Physical therapy, occupational therapy, speech therapy

Medical equipment, services, and supplies

Medications for pain and comfort related to the terminal illness

Short-term inpatient care for pain and symptom control

Diagnostic studies

Short-term continuous care for focused symptom relief

Respite for up to 5 days to provide relief for caregivers

## Medi-Cal Hospice Care

Hospice care is a medical multidisciplinary care designed to meet the unique needs of terminally ill individuals.

Hospice care is used to alleviate pain and suffering, and treat symptoms rather than to cure the illness. Items and services are directed toward the physical, psychological, social, and spiritual needs of the patient/family unit. Medical and nursing services are designed to maximize the patient's comfort, alertness, and independence so that the patient can reside in the home as long as possible.

### *Eligible Recipients*

Any Medi-Cal eligible recipient certified by a physician as having a life expectancy of six months or less may elect to receive hospice care in lieu of normal Medi-Cal coverage for services related to the terminal condition. Election of hospice care occurs when the patient (or representative) voluntarily files an election statement with the Hospice provider. This statement acknowledges that the patient understands that the hospice care relating to the illness is intended to alleviate pain and suffering rather than to cure, and that certain Medi-Cal benefits are waived by this election.

### *Recipients Younger Than Age 21*

In accordance with section 2302 of the Patient Protection and Affordable Care Act, any Medi-Cal eligible recipient younger than 21 years of age and certified by a physician as having a life expectancy of six months or less may elect to concurrently receive hospice care in addition to curative treatment of the hospice related diagnosis.

Non-hospice providers will be able to bill Medi-Cal for medically necessary, curative treatments that are provided within their scope of practice and that are considered a benefit under the Medi-Cal program. All services are subject to current utilization review mechanisms.

### *Periods of Care*

Hospice is a covered optional benefit under Medi-Cal with the following periods of care:

- Two 90-day periods, beginning on the date of hospice election
- Followed by unlimited 60-day periods

A period of care starts the day the patient receives hospice care and ends when the 90-day or 60-day period ends.

### *Patient Certification/Recertification Required*

The attending physician (if one exists) and the medical director or physician member of the hospice interdisciplinary team must have certified in writing at the beginning of the first 90-day period that the patient was terminally ill. For all subsequent recertification periods, only a hospice physician may certify that the patient is terminally ill.

Only a physician (patient physician or the hospice medical director) can certify that the patient is terminally ill with six months to live.

At the start of the first 90-day period of care, the Hospice provider must maintain an initial certification that the patient is terminally ill in the patient's medical record. At the start of each subsequent period of care, the Hospice provider must maintain a recertification that the patient is terminally ill in the patient's medical record.

### *Respite Care*

Respite care occurs when the patient receives care in an approved inpatient facility on a short-term basis to provide relief for family members or others caring for the individual. Each episode is limited to no more than five days.

# Medi-Cal

Medi-Cal is the Medicaid in California

Health care coverage to low income individual and families

Family with Children

Children

Pregnant Women

Adults (Elderly, Blind, or Disabled)

Nursing Home Care (Long Term Care)

Medicare Savings Program (MSP)

Confidential Youth Medical Services (Minor Consent)

## Covered California - Affordable Care Act (ObamaCare)

The Patient Protection and Affordable Care Act (ACA), also known as, Health Care Reform (HCR) was signed into law on March 23, 2010. ACA increased access to health insurance benefits by providing affordable coverage and financial assistance. The State of California enacted legislation to establish Covered California (Covered CA), the California Health Benefit Exchange. Covered CA is the place where Californians can get brand-name health insurance under ACA and utilize tax credits to reduce their monthly health premiums. Individuals can apply online, over the phone, by mail or in person and may be eligible for federal premium assistance on private insurance, Medi-Cal (MC) or consumer protection programs (such as Soft Pause).

The initial open enrollment for Covered CA began in October 2013, allowing applicants to receive their new health plan benefits as early as January 1, 2014.

### *Minimum Essential Coverage (MEC)*

Providers offering health insurance through Covered CA are required to provide certain services to meet the minimum essential coverage requirement. Similarly, a client is required to maintain health insurance with the following services to avoid a tax penalty.

- (1) Ambulatory services,
- (2) Emergency services,
- (3) Hospitalizations,
- (4) Maternity and newborn care,
- (5) Mental Health and substance use services,
- (6) Rehabilitative and habilitative services,
- (7) Laboratory services,
- (8) Preventive, wellness, and chronic disease management,
- (9) Pediatric Services, and
- (10) Prescription drugs

# Medi-Cal - MAGI vs NON-MAGI

*What is MAGI?*

MAGI = Modified Adjusted Gross Income

Methodology for

- How income is counted
- How Household composition and family size are determined
- Income calculated based tax code
- Family HH size based on tax filing unit not who lives together

## MAGI Medi-Cal (aka Extended Medi-Cal)

- Tax filer with dependent
- Non-Tax filer (age 19-64, non-disable, non-elderly adults without dependent children)
- Income Up to 138% FPL
- No asset test



## NON-MAGI Medi-Cal

- Aged (65+) and disabled person
- Individuals with long-term care needs
- Person eligible by way of another program (SSI, CalWORKs, Foster Care)
- Asset test required
- Deprivation (linkage) required - A/P, U/P, Aged, Disabled, LTC
- Income affect Share of Cost

# Estate Recovery

Change effective January 1, 2017 due to Legislation SB 833

Deaths Occurring on or After 1/1/2017

Age 55 or older – The Department's claim includes payments made by the Medi-Cal program for nursing facility services, home and community based services and related hospital and prescription drug services.

Estate Recovery shall waive its claim when the estate subject to recovery is a homestead of modest value. This means a home whose fair market value is 50 percent or less of the average price of homes in the county where the homestead is located, as of date of the decedent's death.

# Medicare

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

*Medicare Part A (Hospital Insurance) helps cover:*

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

*Medicare Part B (Medical Insurance) helps cover:*

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

*Medicare Part C (Medicare Advantage):*

- Includes all benefits and services covered under Part A and Part B
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- May include extra benefits and services for an extra cost

*Medicare Part D (Medicare prescription drug coverage):*

- Helps cover the cost of prescription drugs
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- May help lower your prescription drug costs and help protect against higher costs in the future

## Medicare Automatic Enrollment

- Beneficiary of Social Security or Railroad Retirement Board
- ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) - at the month Social Security Disability benefits begin.

## Medicare Initial Enrollment Period

- *NO SS or RRB Benefits*
  - You can first sign up for Part A (if you have to buy it) and/or Part B during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
- *End-Stage Renal Disease (ESRD) and you want Medicare*
  - You need to sign up.

## Reference

*Medi-Cal on-line Handbook*

<http://www.sccgov.org/ssa/mc.html>

### *Attached Files :*

1. Medicare Hospice Benefits - CMS.pdf

*Official Government booklet about Medicare hospice benefits*

2. Hospice Care - Medi-Cal.pd

*Hospice care info from Med-Cal program*

3. Hospice-overviewbooklet.pdf

*An Overview of the Medicaid Hospice Benefit - CMS*

4. How Hospice Works - Medicare.pdf

*From the Official U.S. Government Site of Medicare*

5. Changes to Estate Recovery effective Jan 1 2017.PDF

*Update from DHCS*

6. Medi-Cal Recovery.pdf

*Booklet from CANHR*

7. Medi-Cal Chart Property 2016.pdf

*From Social Services Agency of Santa Clara County*

8. Medical Chart FPL 2016.pdf

*From Social Services Agency of Santa Clara County*