

Marketplace National Regional Benefit Interpretation Document

Benefit Name	HOSPICE SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses hospice and respite care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p style="padding-left: 40px;">California Health and Safety Code 1368.2 Hospice Care Coverage</p> <p style="padding-left: 40px;">1300.68.2 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS 28 CCR § 1300.68.2</p>

ILLINOIS:

[215 ILCS 5/356z.53](#): Pediatric palliative care

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-250\(6\)](#): Hospice coverage

[806 Ky. Admin. Regs. 17:490](#): Hospice benefit requirements

[Department of Insurance Advisory Opinion 2014-04](#): Hospice benefits in health plans

MICHIGAN:

[MCL500.3406c](#): Hospice Care

NEVADA:

[NRS 689A.030\(10\)](#)

[NRS 695C.176](#)

WASHINGTON:

[RCW 48.44.320](#): Home Health Care, Hospice Care, Optional Coverage Required-Standards, Limitations, Restrictions-Rules-Medicare Supplemental Contracts Excluded

[WAC 284-43-5642](#): Essential health benefit categories.

[WAC 284-46-500](#): Alternative Care-General Rules as to Minimum Standards

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES

CALIFORNIA:

Hospice Services: Molina covers home hospice services or a semi-private room in a hospice facility for Members who are terminally ill (a life expectancy of 12 months or less). Hospice care is a specialized form of interdisciplinary health care designed to provide palliative care and to alleviate the physical, emotional,

and spiritual discomforts of a Member experiencing the last phases of life due to a terminal illness. It also provides support to the primary caregiver and the Member's family.

Members can choose hospice care instead of the traditional services covered by this Agreement. A Member who chooses hospice care is choosing to receive palliative care for pain and other symptoms associated with the terminal illness, but not to receive care to try to cure the terminal illness. The decision to receive hospice care benefits may be changed at any time.

Molina covers the hospice services listed below when all of the following requirements are met:

- A participating provider has diagnosed the Member with a terminal illness and determines that the life expectancy is 12 months or less.
- The covered services are provided inside the Service Area.
- The services are provided by a licensed hospice agency that is a Participating Provider.
- The services are necessary for the palliation and management of a Member's terminal illness and related conditions.

If all of the above requirements are met, Molina covers the following hospice services, which are available on a 24-hour basis if necessary for the Member's hospice care:

- Interdisciplinary team care with development and maintenance of an appropriate plan of care.
- Skilled nursing services, certified home health aide services and homemaker services under the supervision of a qualified registered nurse.
- Counseling and bereavement services.
- Medical social services.
- Dietary counseling.
- Short-term inpatient care arrangements.
- Palliative drugs prescribed for pain control and symptom management of the terminal illness in accord with our drug formulary guidelines. The drugs must be provided by a network pharmacy or a Participating Provider facility.
- Durable medical equipment.
- Physical, occupational, and speech therapy for purposes of symptom control or to enable the Member to maintain activities of daily living.
- Respiratory therapy.

Periods of Crisis: Nursing care services are covered on a continuous basis for 24 hours a day during periods of crisis as necessary to maintain a Member at home. Hospitalization is covered when the interdisciplinary team makes the determination that inpatient skilled nursing care is required at a level that cannot be provided in the home. Either homemaker or home health aide services or both may be covered on a 24-hour continuous basis during periods of crisis, but the care provided during these periods must be predominantly nursing care. A period of crisis is a period in which the Member requires continuous care to achieve palliation or management of acute medical symptoms.

Respite Care: Respite care is short-term inpatient care provided to the Member only when necessary to relieve the family members or other persons caring for the Member. Molina covers respite care for up to 7 days per occurrence.

FLORIDA:

Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

IDAHO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Molina also covers respite care as an alternative to hospice care (for 7 days per occurrence)

ILLINOIS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. A family member or friend should be available to provide custodial type care between visits from Hospice care Providers is hospice care is being provided in the home.

The following services are covered:

- Coordinated Home Care;
- Medical supplies and dressings;
- Medication;
- Skilled and non-Skilled Nursing;
- Occupational and Physical Therapy;
- Pain management services;
- Physician visits;
- Social and spiritual services;

- Respite Care Service (7 days per occurrence)
- Community-based pediatric palliative care and hospice care (pediatric Member's while continuing to pursue curative treatment and disease-directed therapies for the qualifying illness)

KENTUCKY:

Hospice Services: Passport covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Covered services for hospice care will not be less than the hospice care benefits provided by Medicare.

MICHIGAN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services. Hospice care in a semi-private room in a hospice facility limited to 45 days per calendar year. Molina also covers respite care (up to 7 days per occurrence).

Short-term inpatient care in a licensed hospice facility is covered when skilled nursing services are required and cannot be provided in other settings.

Outpatient care is covered when intermittent skilled nursing services by a registered nurse or a licensed practical nurse are required or when medical social services under the direction of a physician are required. Outpatient hospice care is any care provided in a setting other than a licensed hospice facility. Hospice care provided while in a Hospital or skilled nursing facility is considered outpatient hospice care.

MISSISSIPPI:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care.

NEVADA:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina also covers respite care as a part of hospice services, limited to five inpatient days/outpatient visits per 90 days of home hospice care. Bereavement services are limited to five group therapy sessions.

NEW MEXICO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Services must be provided by an approved hospice program during a hospice benefit period and will not be covered to the extent that they duplicate other covered services available to you. Benefits that are approved by a hospice provider or other facility require approval by your practitioner/provider. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to seven days per occurrence.

The hospice benefit period is defined as follows:

- Beginning on the date your practitioner/provider certifies that you are terminally ill with a life expectancy of six months or less.
- Ending six months after it began, unless you require an extension of the hospice benefit period below, or upon your death.
- If a member requires an extension of the hospice benefit period, the hospice must provide a new treatment plan and the practitioner/provider must re-authorize the member's medical condition to the plan. The plan may not authorize more than one additional hospice benefit period.
- The individual seeking hospice care must be a covered member throughout his or her hospice benefit period.

Services: The following services are covered:

- Inpatient hospice care
- Practitioner/provider visits by certified hospice practitioner/providers
- Home health care services by approved home health care personnel
- Physical therapy
- Medical supplies
- Prescription drugs and medication for the pain and discomfort specifically related to the terminal illness
- Medical transportation
- Respite care (care that provides a relief for the care-giver) for a period not to exceed five continuous days for every 60 days of hospice care. No more than two respite care stays will be available during a hospice benefit period.
- Where there is not a certified hospice program available, regular home health care services benefits will apply.

OHIO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Covered Services will continue if the Member lives longer than six months. Members can choose

hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to 7 days per occurrence.

SOUTH CAROLINA:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Coverage includes palliative care. Molina also covers respite care up to seven days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

TEXAS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

UTAH:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 6 months for every 3 years. Molina also covers respite care up to fourteen days per lifetime.

WASHINGTON:

Hospice Services (Fourteen (14) day limit): Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care up to 14 days per lifetime, which can be delivered on an inpatient basis in a hospital or skilled nursing facility.

WISCONSIN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 6 months in a 3-year period. Molina also covers respite care for up to 7 days per occurrence.

RESPITE CARE

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Molina and Passport also cover respite care for up to 7 days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

NEVADA:

Molina also covers respite care as a part of hospice services, limited to five inpatient days/outpatient visits per 90 days.

The limits apply to respite services: combined maximum benefit of five (5) Inpatient days or five (5) Outpatient visits per member per ninety (90) days of Home Hospice Care and to bereavement services (maximum benefit of five (5) Group therapy sessions).

UTAH, WASHINGTON:

Molina covers respite care up to 14 days per lifetime.

LIMITATIONS FOR HOSPICE:

MICHIGAN: semi-private room in a hospice facility limited to 45 days per calendar year.

UTAH: semi-private room in a hospice facility limited to 6 months for every 3 years; covers respite care up to fourteen days per lifetime

WASHINGTON: covers respite care up to 14 days per lifetime

WISCONSIN: semi-private room in a hospice facility limited to 6 months in a 3 year period

ADDITIONAL:

NEW MEXICO: Benefits for Inpatient and in-home Hospice services are Covered if you are terminally ill.

UTAH: Requires Pre-authorization and Medical Case Management

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES

ALL STATES:

Services provided by volunteers and housekeeping services are NOT covered

E. DEFINITIONS

	See Glossary			
	F. POLICY HISTORY/REVISION INFORMATION			
	Date	Action/Description		
	4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language 		
	5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language 		
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC 			
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language 			
Codification	Marketplace Benefit Interpretation Policies Codification			
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	1/26/2021	3/31/2021	4/7/2021
	Revised (for 1/1/2022)	11/2/2021	3/18/2022	11/5/2021
	Revised (for 1/1/2023)	11/18/2022	3/28/2023	11/10/2022
	Revised (for 1/1/2024)	11/16/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/7/2024	-	10/31/2024