

Eli's Hospice Insider

Eligibility: Share These Hospice Facts With SNF Partners

SNFs must contract for requested hospice or transfer the patient.

Are your nursing home partners confused about who could benefit from a hospice referral? Share this Medicare program information to make sure eligible patients are accessing services that can help them.

A Medicare beneficiary with Part A who is certified by a physician as being terminally ill, with a prognosis of six months or less if the illness runs its normal course, may elect the Medicare hospice benefit.

If a resident requests hospice care, and a facility does not offer or contract for hospice or with the particular hospice requested, the facility must either (1) arrange with a Medicare certified hospice to provide care to the individual resident, or (2) help the resident and/or the resident's legal representative arrange for a transfer of the resident to a facility that provides the hospice care and/or services the resident desires.

Hospice is an optional state plan benefit in the Medicaid program. Under Medicaid, the individual must elect hospice care and a written physician certification that the individual is terminally ill must have been completed. The Medicaid statute does not define "terminally ill" so a physician is not limited to certifying that the individual is within 6 months of death; at the option of the State Medicaid Agency, a state may exceed the 6-month period.

Also, a hospice plan of care must be established before services are provided and the services must be consistent with the POC. The Medicaid hospice benefit is unlimited in length. If eligible for both Medicare and Medicaid, an individual must elect the hospice benefit simultaneously under both programs (and revoke simultaneously.)

Effective March 2010, section 2302 of the Affordable Care Act required that children who elect hospice must continue to receive curative care concurrently with the hospice care. Medicaid issued a State Medicaid Director Letter on Sept. 9, 2010 and a subsequent Informational Bulletin with a draft preprint on May 27, 2011.

Source: The Centers for Medicare & Medicaid Services.