HAVEN

When health becomes a challenge, we will be your haven.

Hospice 101: Medicare Eligibility Criteria

Prepared by Cindy Capen
MSN, RN, CHPN

Training and Staff Development

Objectives

By the end of this presentation, participants will be able to:

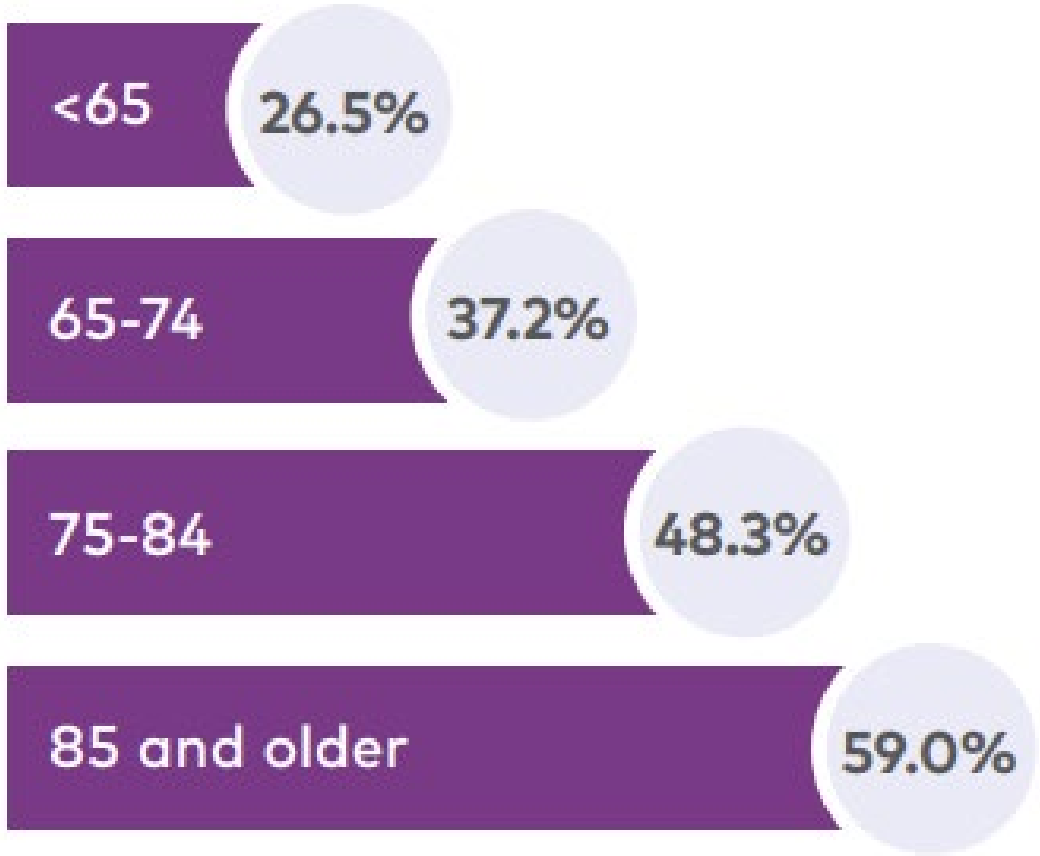
- Identify who determines the rules for hospice eligibility.
- Describe the criteria for the most common hospice diagnoses.
- Describe the components of an assessment for eligibility.
- Describe the Open Access model for hospice care.

Experience

- Has anyone here worked for a hospice?
- Do you know anyone personally who has received hospice care?
- What do you think of when you consider hospice?
- Would you refer someone to hospice?
  - If not, why not?
- When would you refer a patient to hospice?

Hospice is not just for old people

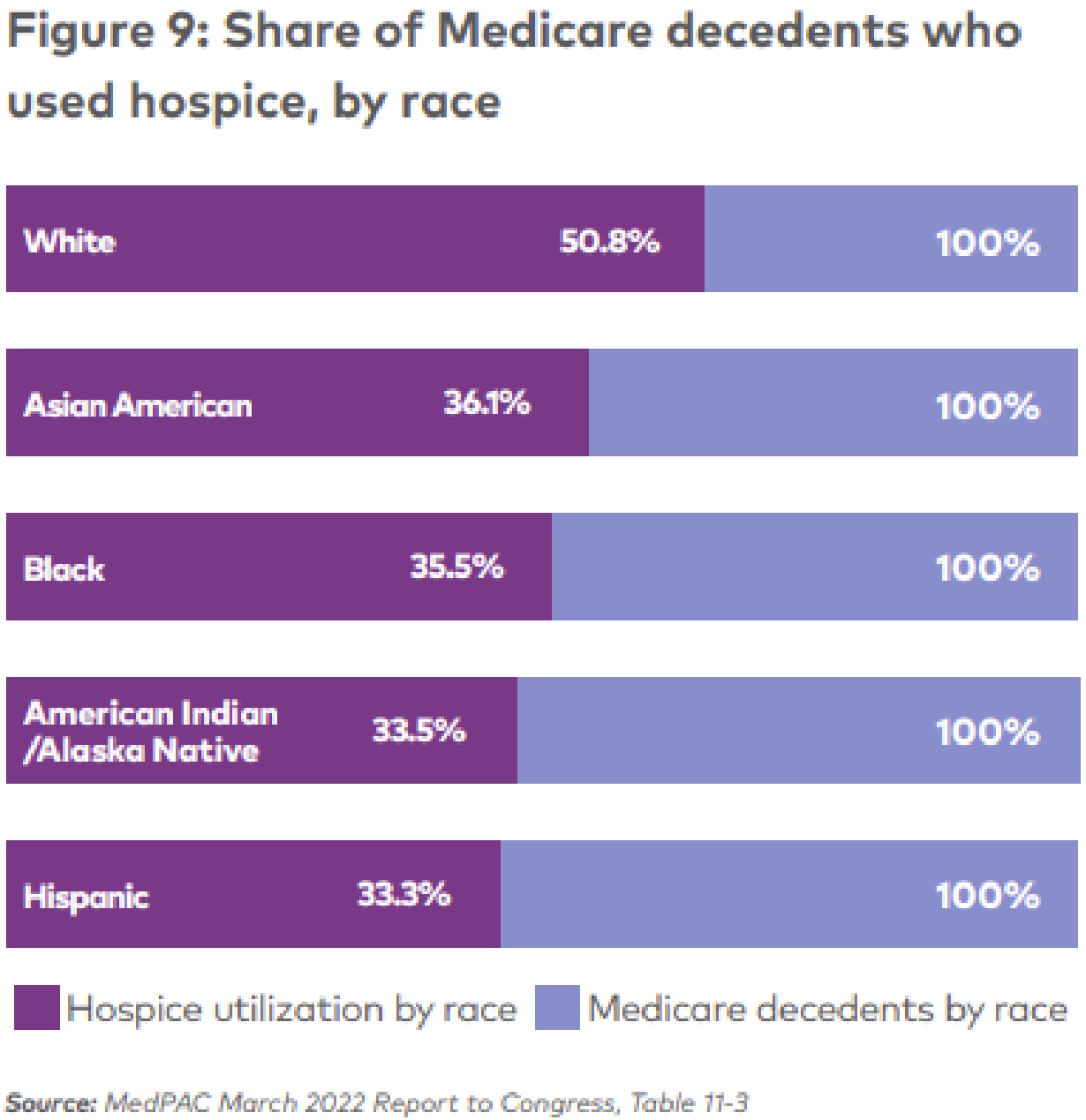
Figure 7: Share of Medicare decedents who used hospice, by age 2020 (percentage)



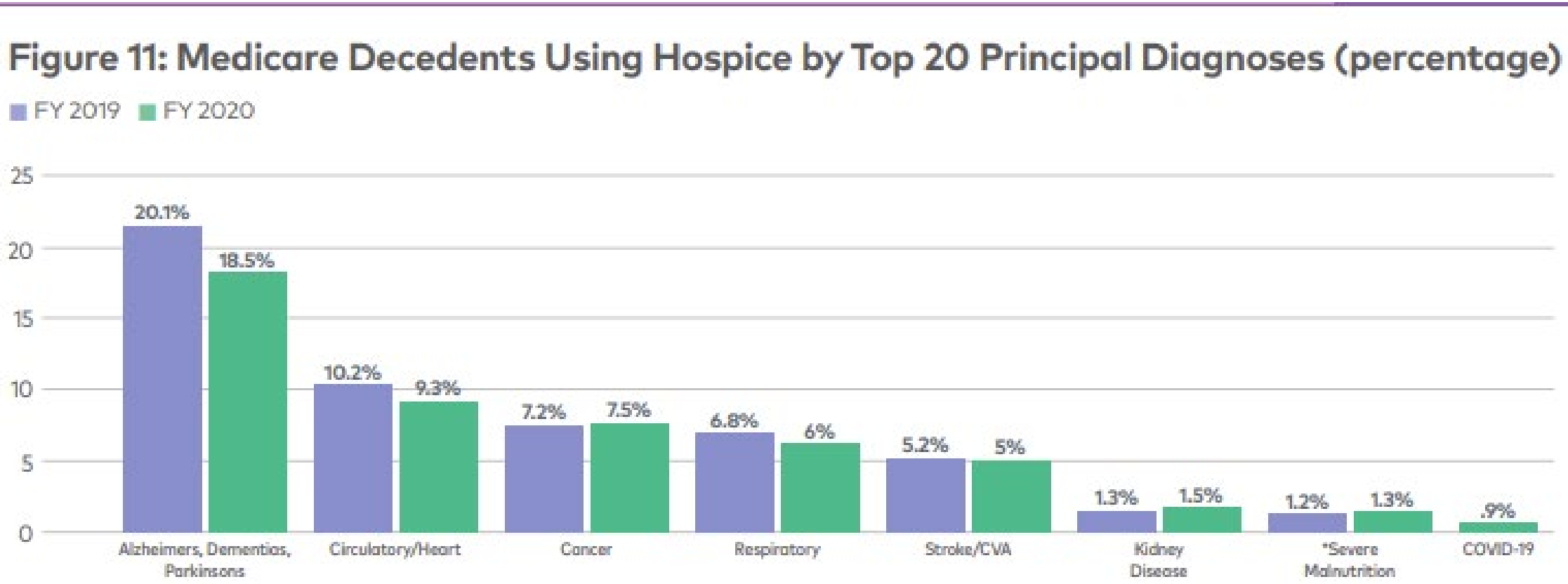
Source: *MedPAC March 2022 Report to Congress, Table 11-3*

Hospice is open to all

Why might some cultures not choose hospice?



What diagnoses are most often referred?



What are the eligibility criteria?

Who qualifies for hospice?

- ANYONE with a terminal illness when two physicians certify an expectation of 6 months or less to live
- Accept Palliative Care
- Most hospice patients are covered under Medicare part A
- Most insurance policies include hospice coverage
- Many Medicaid policies include hospice coverage
- Haven will bill on a sliding scale for patients with no health care coverage

Medicare Condition of participation: Interdisciplinary group, care planning, and coordination of services. § 418.56

Eligibility determination

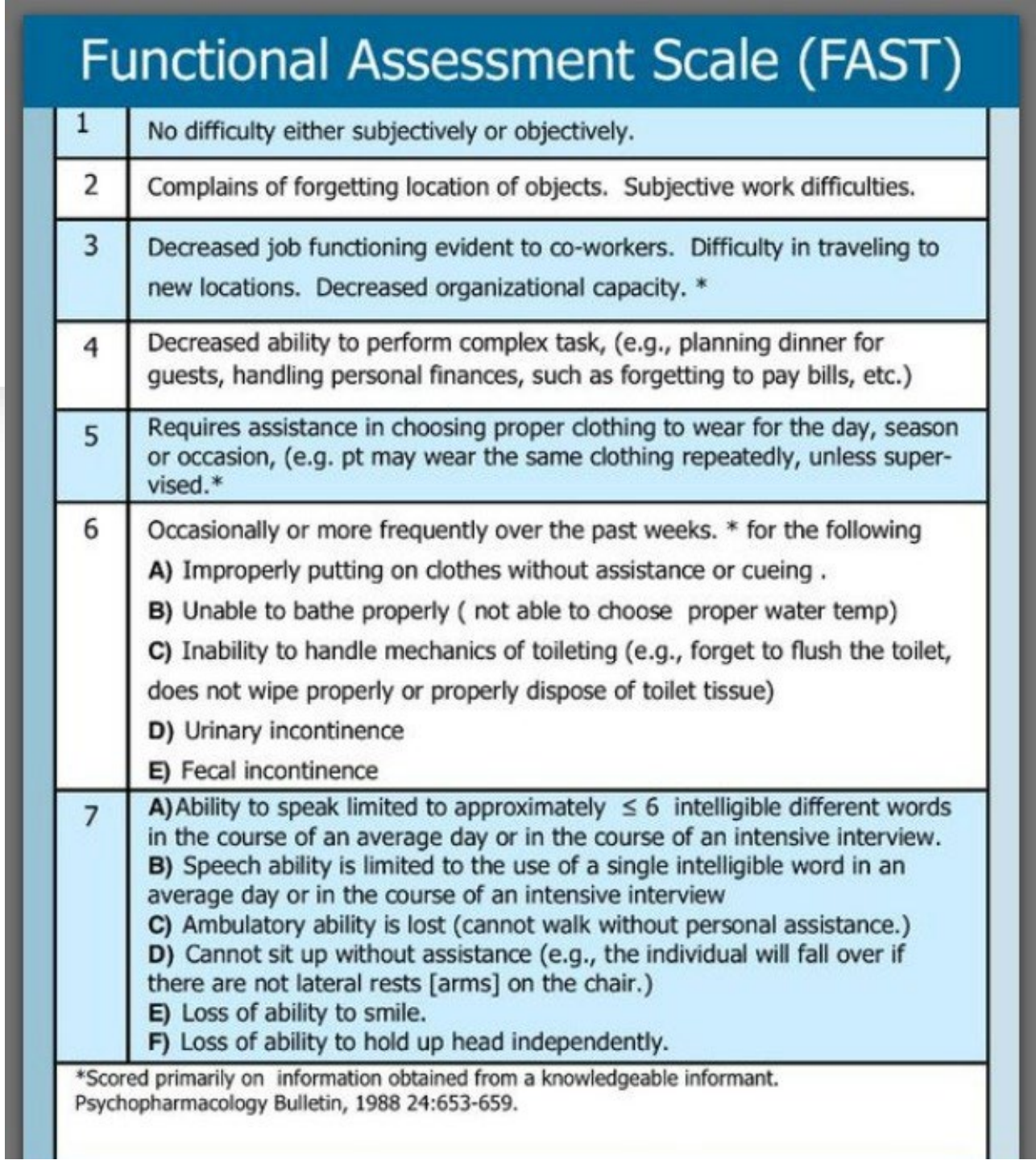
- Disease specific criteria based on
  - Details of disease progression
  - Functional assessments
  - Co-morbidities
  - Conditions that contribute to decline
  - Labs and other diagnostic tests
  - Decision not to pursue a cure

Medicare administrative contractors (MAC)

- Medicare contracts locally with companies that provide. guidelines and oversight for area hospices.
- They provide criteria for the most common admitting diagnoses.

FAST scores for Alzheimer's Assessment

- Medicare requires a FAST score of 7A-F for a hospice eligible determination.
- NOTE: Patients with Alzheimer's Disease with a higher score may be admitted for a different qualifying diagnosis.



Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following **A)** Improperly putting on clothes without assistance or cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) **D)** Urinary incontinence **E)** Fecal incontinence
7	**A)** Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. **B)** Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview **C)** Ambulatory ability is lost (cannot walk without personal assistance.) **D)** Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) **E)** Loss of ability to smile. **F)** Loss of ability to hold up head independently.

*Scored primarily on information obtained from a knowledgeable informant.
Psychopharmacology Bulletin, 1988 24:653-659.

A Circle Of Care
Victoria Hospice SOCIETY

Palliative Performance Scale (PPSv2)
version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Palliative Performance Scale

- PPS scores are an important part of determining eligibility for all diagnoses except cancer.
- PPS of 40% or lower is considered eligible.

Activities of Daily Living assessments provide evidence of declining independence

Activities of Daily Living	
ADL	**Description**
Bathing	The ability to clean oneself and perform grooming activities like shaving and brushing teeth.
Dressing	The ability to get dressed by oneself without struggling with buttons and zippers
Eating	The ability to feed oneself
Transferring	Being able to either walk or move oneself from a bed to a wheelchair and back again
Toileting	The ability to get on and off the toilet
Continence	The ability to control one's bladder and bowel functions

- https://www.elderlawanswers.com/activities-of-daily-living-measure-the-need-for-long-term-care-assistance-15395

Alzheimer's/Dementia

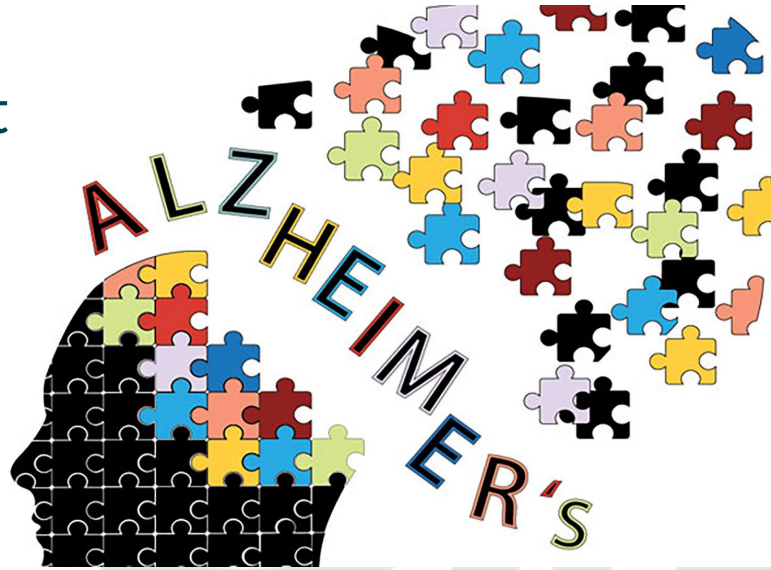
- FAST score stage 7A
- PLUS
- Co-morbid or secondary conditions contributing to decline (i.e. frequent falls, dysphagia, weight loss, COPD, Parkinson's, etc.).
- PPS = 40% or less.

FAST scoring – Functional Assessment Staging Test

- All patients with a primary diagnosis or co-morbidity diagnosis of **Alzheimers** disease must have a FAST score at admission and every nursing visit.
- Patients with a FAST of 6 or 7 must have the number and sub-stage (letter) included.
- To be eligible for hospice services with a primary diagnosis of **Alzheimers** Disease the score must be at least 7 and the sub-stage listed (ie 7A, 7C, etc.).
- FAST scores never improve, never have a range and don't skip!
- FAST score is ONLY used for patients with Alzheimers as a primary or a comorbid diagnosis.

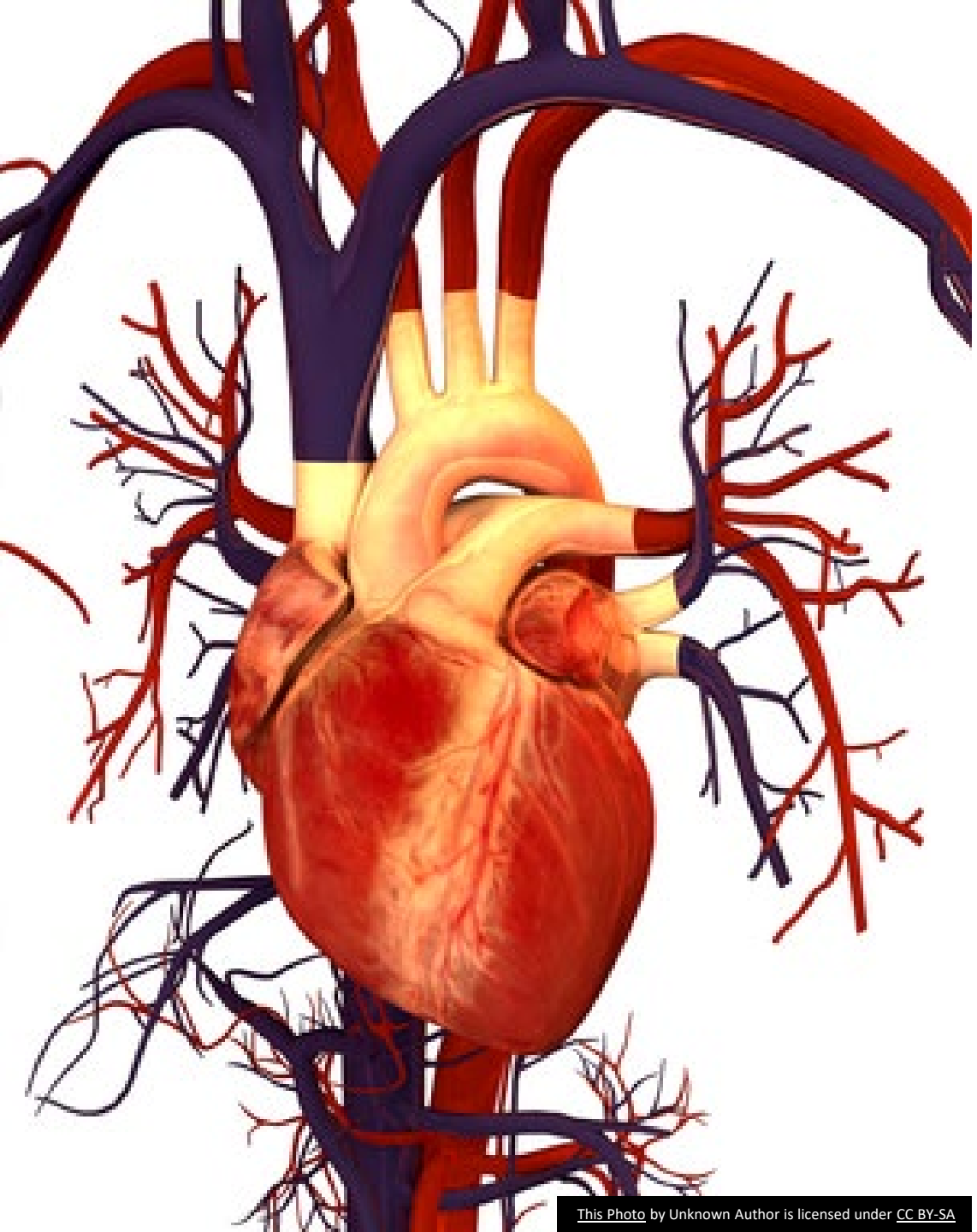
The Picture of Late Alzheimer's Disease

- Very severe cognitive decline. All verbal abilities are lost
- Frequently there is no speech at all - only grunting
- Incontinent of urine
- Require assistance toileting and feeding
- Lose basic psychomotor skills, e.g., ability to walk, sitting and head control
- The brain appears to no longer be able to tell the body what to do
- Generalized and cortical neurologic signs and symptoms are frequently present



Stages of Alzheimer's 2023 Alzheimer's Association.

- https://www.alz.org/alzheimers-dementia/stages



Palmetto LCD: Cardiopulmonary

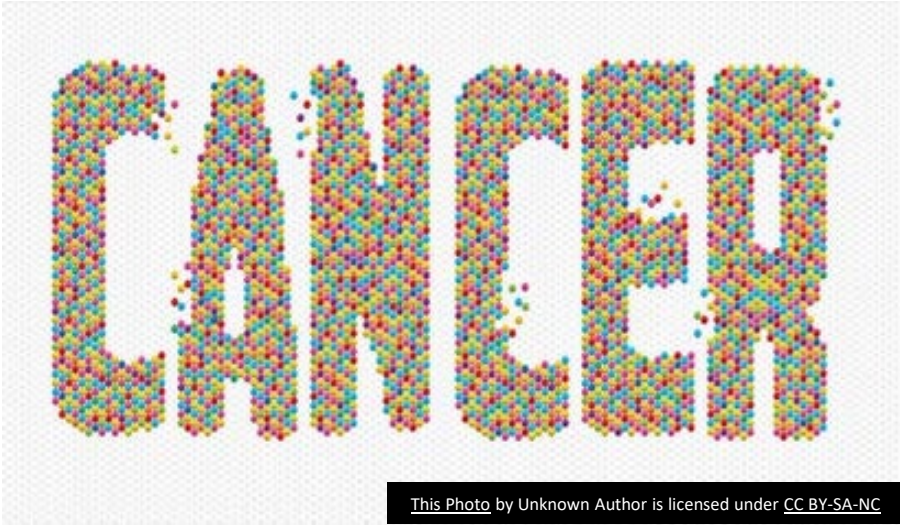
- Specific functional impairments, (dyspnea at rest, O2 dependent, maximum medications, ongoing symptoms such as chest pain, dyspnea or edema).
- Include co-morbidities and secondary conditions contributing to decline.
- PPS = 40% or less.

Palmetto LCD: HIV/AIDS

- Must have both CD4 count < 25 and persistent viral load >100,000
  - PLUS one of the following:
    - CNS lymphoma, wasting (loss of 33% lean body mass not responsive to treatment); Myobacterium avium complex; progressive multifocal leukoencephalopathy; systemic lymphoma; visceral Kaposi's sarcoma; renal failure (no dialysis); Cryptosporidium infection; Toxoplasmosis unresponsive to treatment
  - PPS 40% or less
  - Co-morbidities contributing to decline (i.e. hepatitis C)

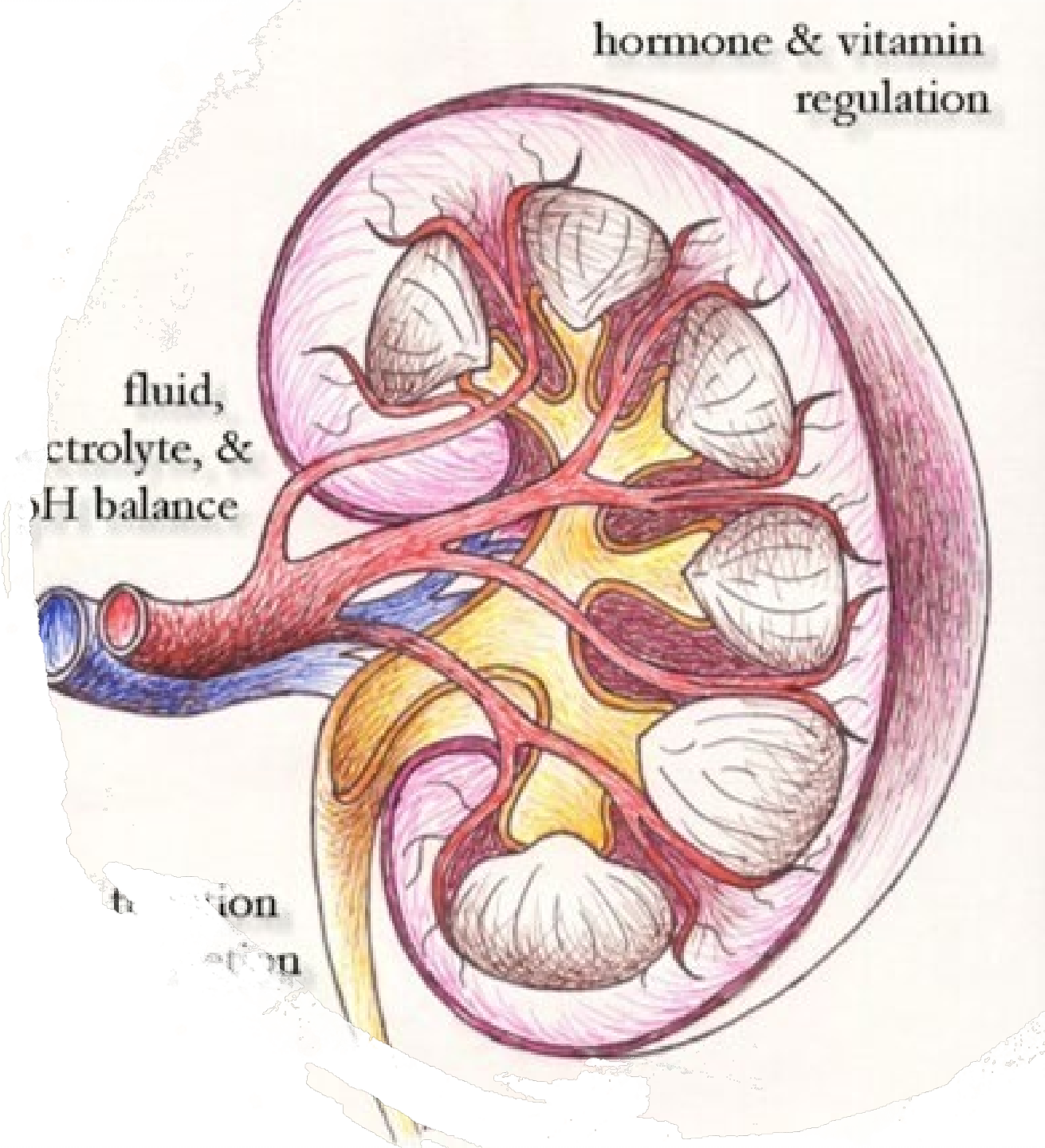
Haven LCD: Cancer

- Stage IV, metastatic, advanced, progressive disease; non-curable.
- May be receiving palliative RT or chemo.
- Chart must have documentation that includes evidence of progressive, non-curable disease (i.e. pathology reports, CT/PET scans, oncology notes, etc.)
- PPS may be above 40% as patients with metastatic disease decline rapidly.



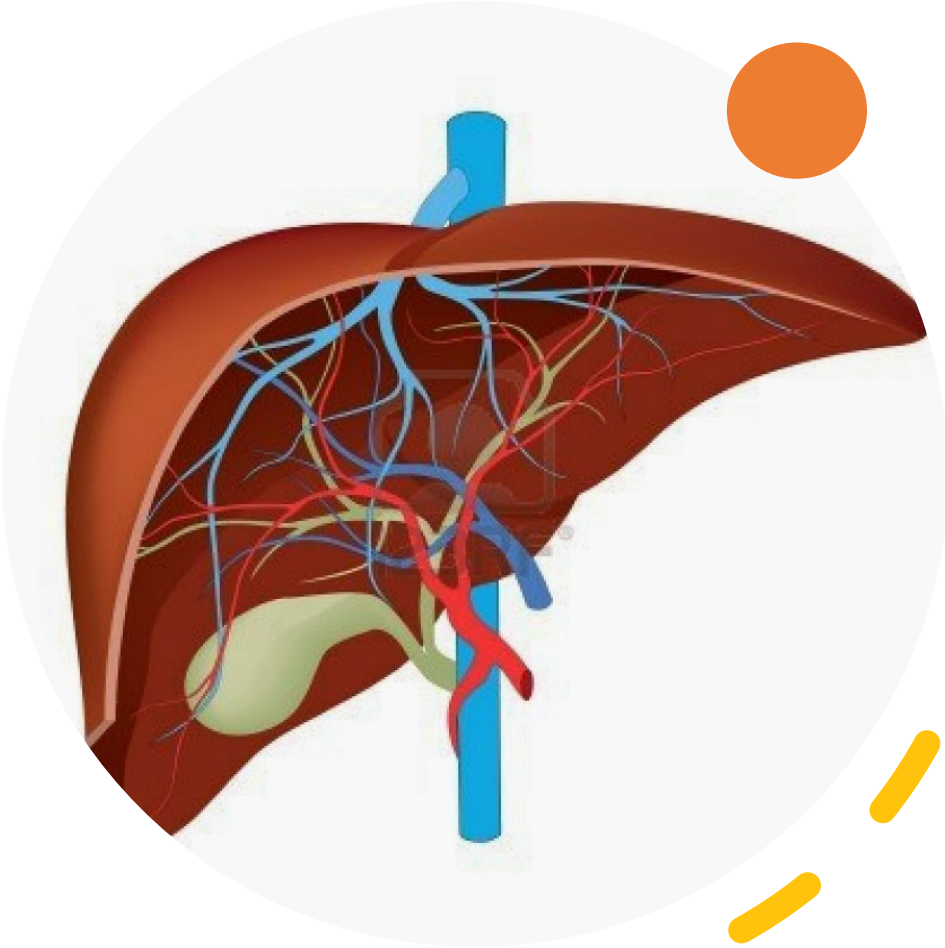
Palmetto LCD: Renal Disease

- Specific functional impairments, i.e.
  - Dyspnea
  - Edema
  - Weakness
  - Falls
  - Include any co-morbidities and secondary conditions contributing to decline, i.e. heart disease, refusing dialysis, electrolyte imbalance, etc. PPS = 40% or less.



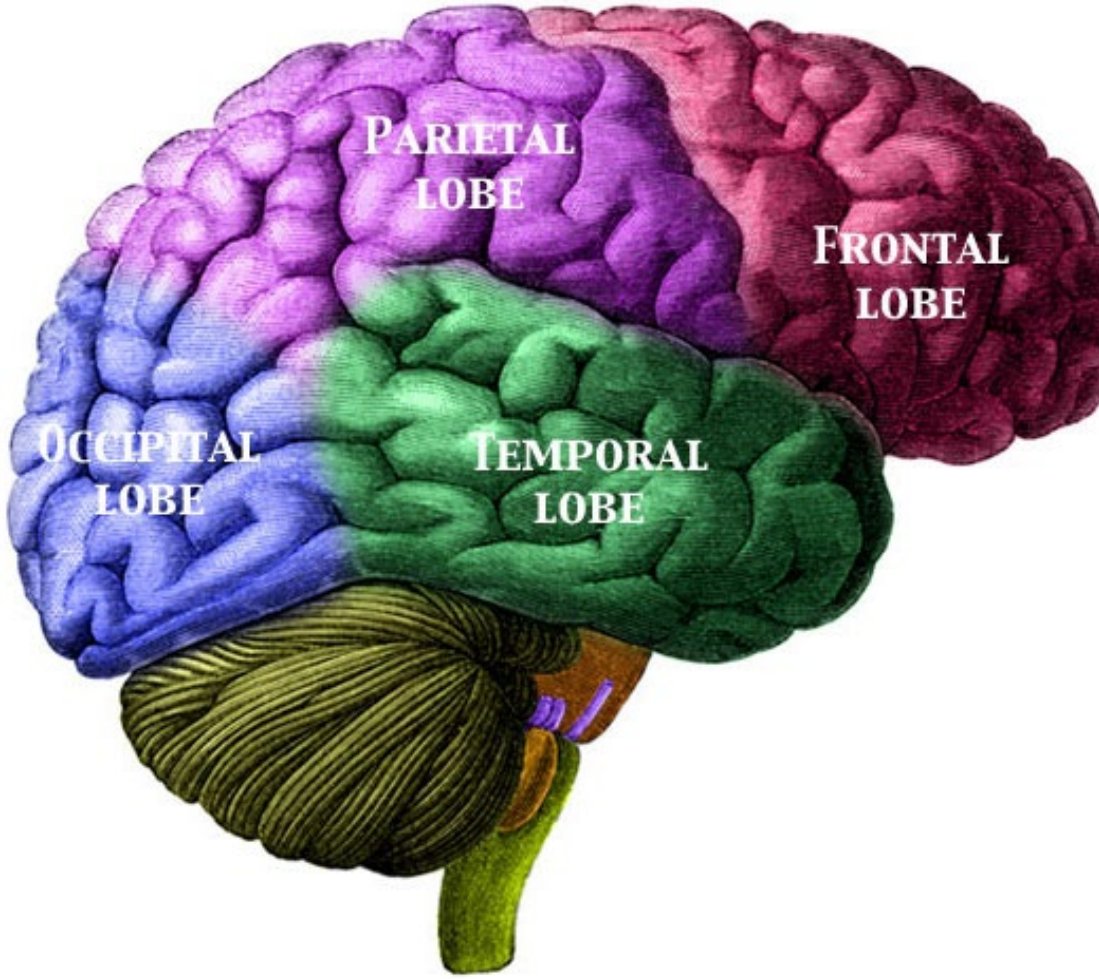
Palmetto LCD: Liver Disease

- Must have both 1 and 2
  - Prothrombin time > 5 seconds over control or INR > 1.5 AND serum albumin < 2.5
  - At least one of the following: refractory ascites: pt non-compliance; bacterial peritonitis; hepatorenal syndrome; hepatic encephalopathy; recurrent variceal bleeding
- Co-morbidities and secondary conditions: progressing malnutrition, muscle wasting, continued active alcoholism; hepatocellular carcinoma; Hep B; Hep C refractory to treatment



Palmetto LCD: Neurological Conditions

- Specific functional impairments, i.e.
  - Dysphagia
  - non-ambulatory
  - dependent in most ADLs
  - PPS = 40% or less
  - Include co-morbidities and secondary conditions contributing to decline, i.e. falls, recurrent UTIs, wounds, etc.

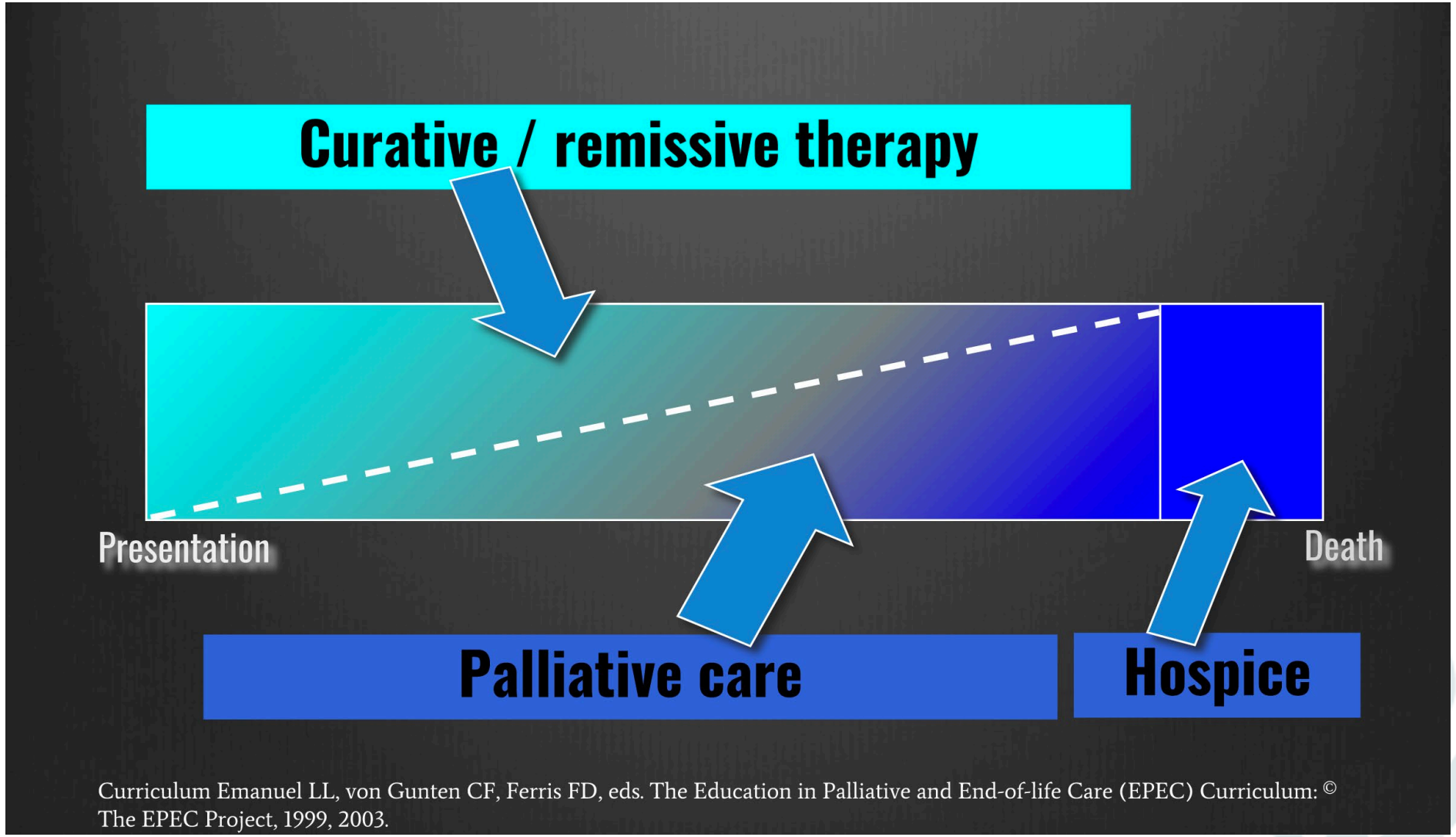


Supporting documentation/information needed for eligibility determination

- Referral diagnosis
- Medical records
- History from patient and family- change in weight, symptom history, activity tolerance and ability to manage self care
- Measurable data: weight/weight loss; diagnostic test results

Aggressive care does not disqualify

Aggressive versus Curative



Haven Uses the Open Access Model

- Eligibility is not determined by cost of care.
- If a patient is eligible for hospice – we will offer admission.
- Any treatment may be acceptable if it does not change hospice eligibility.

Open Access

Definition: All patients meeting eligibility are offered admission

Palliative Treatments can be in the Hospice Plan of Care

Chemotherapy	Pre-Transplant	Mental Health/Psychiatric Disease
Radiation Therapy	Bariatrics	Dialysis
Intravenous and Oral Antibiotics	Pediatrics	Total Parenteral Nutrition
Physical/Occup/Massage Therapy*	Ventilator/BiPAP	Intravenous Inotropes
Wound Care	Transfusion	Paracentesis/Thoracentesis

We must disclose in advance when a treatment is non-palliative and is not aligned with the treatment plan

When is it time to consider hospice care?

- Would you be surprised if the patient were still alive in 6 months?
- Is the patient showing a steady decline in health?
  - Frequent hospitalizations
  - Progressive weight loss
  - Increased weakness, fatigue, somnolence
  - Poor performance status
  - Declining cognitive status
  - Poor nutritional status
  - Pressure ulcers
  - Comorbidities
- Do they have a specific diagnosis contributing to the decline?
- Has the patient expressed a desire to stop treatment/hospitalizations?

https://www.americannursetoday.com/refer-patients-hospice-care/

Think your patient needs a hospice referral?

- Recommend a referral
- Hospice staff will visit to assess and provide information.
- If the patient is eligible and wants hospice care, hospice staff can admit and provide care.
- If the patient is not eligible or declines hospice, hospice staff can offer support thorough
  - Transitions – a free program that provides support and recommends resources to the patient.
  - Advance Care Planning – a program that supports planning for advanced illness issues.
  - Palliative Care Consult – a program that provides palliative care recommendations from Haven Medical Group providers.

Resources

- Electronic Code of Federal Regulations: Title 42- Chapter IV- Subchapter B- Part 418 – Subpart B 418.20 downloaded 9/13/2023

  https://www.ecfr.gov/current/title-42/part-418
- Accreditation Commission for Health Care (ACHC) Standards; Hospice Care Services. 4/4/2023 Section 2: Program/Service Operations: Standard HSP2-1A; 42CFR 418.20 Eligibility requirements.
- National Hospice and Palliative care Organization Compliance Guide. Medicare Hospice Certification and recertification compliance guide, April 2016.
- Stages of Alzheimer's 2023 Alzheimer's Association.
  - https://www.alz.org/alzheimers-dementia/stages