

30 - Hospice

(Rev. 61, 09-03-04)

A Medicare cost plan is not reimbursed through the §1876 cost Program for the provision of Hospice care. Medicare-covered Hospice care may only be furnished by a Medicare Certified Hospice. An enrollee may elect hospice care if they are entitled to Part A Medicare benefits and if a physician certifies the enrollee as terminally ill.

(42 CFR 417.423(2)(b)) Individuals who have already made a hospice election may not enroll in a *Medicare cost plan*. However an individual who makes a hospice election while enrolled in a *Medicare cost plan* may remain with the *Medicare cost plan* during the hospice election.

(42 CFR 417.414(b)(3)) Each *Medicare cost plan* must inform their Medicare enrollees about the availability of hospice care if:

- A hospice participating in Medicare is located within the Medicare cost plan's geographic area; or
- It is common practice to refer patients to hospices outside the geographic area.

(42 CFR 417.440(c)) An individual enrolled in a *Medicare cost plan* who elects to receive hospice care waives the right to receive from the *Medicare cost plan* any Medicare services that:

- Are equivalent to hospice care; or
- Are related to the terminal condition for which the enrollee elected hospice care or to a related condition.

However, since the *Medicare cost plan* continues to receive interim payments during the period of hospice election, they must also continue to provide and pay for all non-hospice related care that the Medicare member seeks from the *Medicare cost plan* provided that:

- His or her attending physician is an employee or contractor of the *Medicare cost plan*;
- His or her attending physician is not an employee of the Hospice; and
- His or her attending physician does not receive compensation from the hospice for these activities.

In the event an enrollee elects hospice care the relevant start and termination dates of coverage are discussed in the subpart of this cost chapter dealing with enrollment.