

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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## Concurrent hospice and curative care services for children

Section 2302 of the *Affordable Care Act (ACA)*, titled “Concurrent Care for Children,” requires hospice services to be provided to children without forgoing any other service to which the child is entitled under Medicaid for treatment of a terminal condition. This provision was effective with the March 23, 2010, enactment of the *Affordable Care Act*. Before the ACA’s enactment, curative treatment for terminal illnesses ceased when Medicaid members elected hospice benefits.

Effective immediately, in compliance with the ACA, the Indiana Health Coverage Programs (IHCP) covers hospice care for children, 20 years of age and under, concurrently with all medically necessary curative treatment for the terminal illness, for dates of service on or after March 23, 2010.

### Coverage

The ACA does not change the IHCP’s hospice care coverage; nor does it require hospice providers to change the treatment of the terminal condition. IHCP members who need hospice care must be eligible for program services, have a prognosis of six months or less to live, and elect hospice services.

When the IHCP member elects concurrent hospice and curative care benefits, the palliation and management of the termi-

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nal condition comes under the supervision of the IHCP hospice provider, and the curative care services are covered separately by the IHCP. The IHCP expects the hospice provider to actively interact with and coordinate services with providers rendering the curative care services.

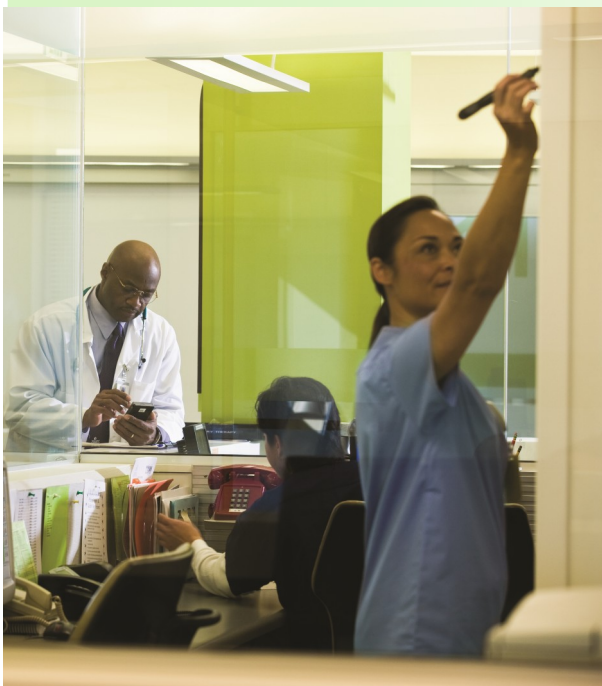
The election statement section of the [Medicaid Hospice Election form](#) on the Forms page of indianamedicaid.com has been updated to include the following language:

*“Under the Affordable Care Act, members 20 years of age and under may receive curative treatment services for the terminal illness concurrently with hospice services. I understand that upon turning 21, I will no longer be eligible to receive concurrent hospice care and curative treatment services for the terminal illness.”*

### Plan of care

When a member elects concurrent hospice and curative care services, the providers must develop a comprehensive, coordinated plan of care. The plan of care is subject to the requirements outlined in 405 IAC 5-34-7 and must be:

- Prepared and agreed upon by the hospice interdisciplinary team and the providers rendering the curative care. The plan of care must:
  - Provide an assessment of the member’s needs
  - Identify and delineate the hospice services and curative care services, including but not limited to:
    - ◆ The manner in which the services and assessments are coordinated
    - ◆ The scope and frequency of the services
    - ◆ The criteria for terminating curative care services
  - Be reasonable and necessary for the palliation or management of the terminal illness and related conditions



The plan of care must also be:

- Reviewed and updated (as identified in the plan of care), including:
  - Verification that the member’s needs are being met
  - Verification that Medicaid hospice benefits continue to be appropriate for the member
- Updated if the member’s condition improves or deteriorates, or if the level of care changes
- Included, along with the advanced directive, in the hospice and curative care providers’ medical charts

The [Medicaid Hospice Plan of Care for Curative Care - Members 20 Years and Younger form](#) on the Forms page of indianamedicaid.com has been developed to allow providers to

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include information related to the curative care services.

### **Prior authorization**

The prior authorization (PA) process for hospice services remains unchanged. Hospice providers are required to request PA for members at the beginning of each hospice benefit period. When a member elects concurrent hospice and curative care services, the hospice plan of care and the curative plan of care must be submitted to the IHCP PA vendor to ensure a comprehensive review. If the plan of care for the curative care services is developed after the hospice plan of care has been submitted, the hospice provider must submit the curative plan of care via a PA update to the IHCP PA vendor.

PA is required for curative care services only if the IHCP-covered service requires PA. The IHCP provider rendering the curative care services for the terminal condition is responsible for obtaining necessary PA.

The IHCP PA vendor is ADVANTAGE Health Solutions<sup>SM</sup>. Questions regarding the PA process should be referred to ADVANTAGE by calling 1-800-269-5720.

### **Billing and reimbursement**

The billing and reimbursement processes have not changed for IHCP hospice providers. Providers will continue to bill according to the [IHCP Hospice Provider Manual](#) and policy directives. The hospice provider must not, under any circumstance, delegate hospice core services to a healthcare professional or another hospice provider. A hospice provider must not permit another healthcare professional to provide hospice noncore services without a contract. The IHCP will reimburse curative care services separately from hospice services. Providers must bill using the appropriate diagnosis codes, procedure codes, and claim forms. For specific billing guidelines, please refer to [Chapter 8](#) of the *IHCP Provider Manual*.

#### **QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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