



Open Access Hospice/Concurrent Care

I. Policy

Hospice care and life-prolonging therapy have been mutually exclusive care regimens in most circumstances in the past. University Health Alliance (UHA) endorses an “open access” or Concurrent Care model of hospice care in which palliative care can be coordinated and undertaken while patients continue or initiate medical, surgical, radiologic, and other treatments (such as hemodialysis) for both life-limiting and other medical conditions. Palliative care, in this model, can involve cytotoxic and surgical therapies with interventions and counselling devoted to the development of rational goals of care and planning.

UHA will reimburse for hospice/concurrent care for terminally ill patients when it meets the criteria guidelines (subject to limitations and exclusions) indicated below. Nothing in this policy should be construed to suggest that Open Access Hospice/Concurrent Care is a substitute for routine services and coverage for chronic, albeit complex, diseases. Rather, it is for the FINAL stages of catastrophic disease processes.

II. Criteria/Guidelines

- A. Open access Hospice/Concurrent Care services are covered when the following criteria are met:
1. Services are prescribed in writing by the prescribing physician.
 2. Hospice services are provided by a Medicare-certified hospice agency under contract with UHA.
 3. The patient carries the diagnosis of a disease which is active, progressive, and irreversible (end-stage), and which will result in a greatly reduced life expectancy.
 4. Interdisciplinary hospice care management is ongoing and documented.
 5. Goals of care, advanced care planning and other end of life issues will be initiated and pursued rigorously from the outset of engagement.
 6. If “concurrent care” is discontinued for any reason, care management will assist with alternative benefits including care coordination with public programs.
 7. Concurrent care should be an adjunct to custodial services (such as home health, care home, private hire or long term care) and should not replace them.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. Interdisciplinary palliative and supportive care must be provided by a Medicare-certified Hospice agency under contract with UHA.

IV. Administrative Guidelines

- A. Prior authorization is not required except as noted:
 - 1. When UHA is the secondary insurer and the primary insurer does not have open access benefits, consideration for coverage will be reviewed on a case by case basis.
- B. Documentation supporting the rationale for concurrent care must be maintained in the patient's records and available for UHA to review upon request.
- C. A certification/attestation of a life expectancy of less than or equal to six months is NOT required.

V. Policy History

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