

Hospice and Managed Care

Best Case Practices for Working Together

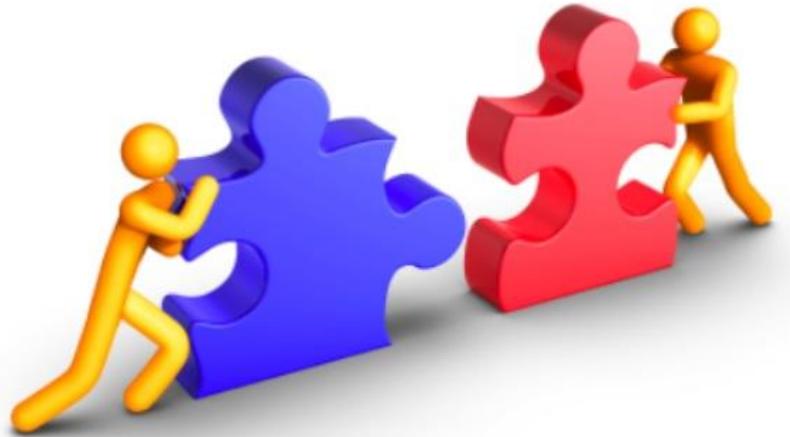
Opening a case together

- A truly coordinated effort can go a long way in assisting patients and their families with a safe, comfortable and peaceful death.



Change In Regulation

- Until a few years ago a patient had to disenroll from Managed Care to enter Hospice.
- Now patients can keep Managed Care services while on Hospice.



Three types of Managed Care

- MLTC- Must be Medicaid eligible.
- MAP – Must be dually eligible; Medicaid and Medicare.
- FIDA- Demonstration in NYS. Must be dually eligible;
Medicaid and Medicare.

Types of Hospice Care

- Home Hospice: Managed Care can also be in place.
- Hospice Bed in an SNF: Managed Care pays room and board.
- Hospice Residence: Managed Care pays room and board.
 - Exception is an IPU bed. Patient may disenroll from Managed Care.

Professionals Can Include

Hospice

- Nurse
- Social Worker
- HHA
- Hospice PCP
- Pastoral Care
- Bereavement Specialist
- Music Therapist
- Physical Therapist (not ongoing)
- Volunteers

Managed Care

- Nurse Case Manager
- Social Worker or Social Work Case Manager
- HHA, PCA or PA
- Physical Therapist (not ongoing)
- Occasional additional staff: Member Services Representative, Reassessment nurse, Utilization Management Team.

Other participants

- There may be other professionals supporting a patient as well.

Community PCP

Mental Health Professional

Advocate/ Geriatric Care Manager



Who Does What?

- Every effort should be made to streamline work and avoid duplication of activities. Managed Care and Hospice want to provide joint support not burden a patient and family.
- Having Managed Care involved at the onset of a case assists Hospice in assessment as well as making a more effective POC for patient and family.
- Managed Care's insights into the patient's environment and community support are beneficial to Hospice.

Who Does What? Let the Family Know.

- Establish early
 - Which PCP will be the lead.
 - Who to call for different needs.
 - Who will be visiting.
 - When to call Hospice/ not 911.

Managed Care Plans sometimes have specialized hospice/ palliative case managers that engage a patient or family prior to entering Hospice. This gradual discussion prepares a family on what to expect when Hospice visits for the first time.

Advance Directives

- Hospice and Managed Care should collaborate to obtain Advance Directives.
- Managed Care case managers often have a strong relationship with the patient. They can be included in the conversation regarding death planning, obtaining a DNR and Health Care Proxy.
- When a Hospice obtains advance directives they send copies to the Managed Care.
- When someone goes to the ER or is admitted to the hospital both Hospice and Managed Care then have forms to send to hospital staff.

Successful Collaboration

- MLTC member had limited family support and was living alone in a small apartment. The member had end stage COPD and was depressed. The doctor made a referral to Hospice who assessed member to be declining rapidly. He would soon need more care in the home or would have to be placed in a residence. The patient was a poor advocate with little community support. He wanted to stay home if possible. Hospice brought this information back to the MLTC case worker. Hospice placed the member on respite for a few days while the MLTC approved live in home care and found a vendor to supply HHA's. The member was able to stay safe and comfortable in the community where he wanted to die.

Collaboration

- Hospice has eyes on the patient. Hospice nurses and social workers tend to lead the care plan and share developments with the Managed Care.
- Hospice sends reports to Managed Care.
- Hospice conducts a psychosocial assessment when opening the case. Ideally this is shared with the Managed Care.
- Hospice may assist in creating a DNR and Health Care Proxy. These should be shared with the Managed Care.
- Managed Care has regular contact with the home care vendor, member and family as well. Managed Care should share all updates with Hospice.
- Hospice and Managed Care collaborate on home care (split billing).

Services

Managed Care

- Home Care: PCA, HHA, PA
- Case Management
- Medicaid covered DME's/
incontinence supplies
- Social Work
- Transportation
- Room & Board for SNF or Hospice
Residence
- PCP if on a dually eligible plan

Hospice

- Home Care: HHA only
- Nursing
- Medicare covered DME's
- Social Work
- PCP as needed
- Inpatient care
- Pastoral Care
- Music Therapy
- Bereavement Services

Good Collaboration

GuildNet collaborates with two Hospices who call GuildNet whenever they hear about a possible new enrollee who is on our MLTC.

These cases are streamlined to the GuildNet Palliative Care Case Management Team.

GuildNet provides history to these Hospices.

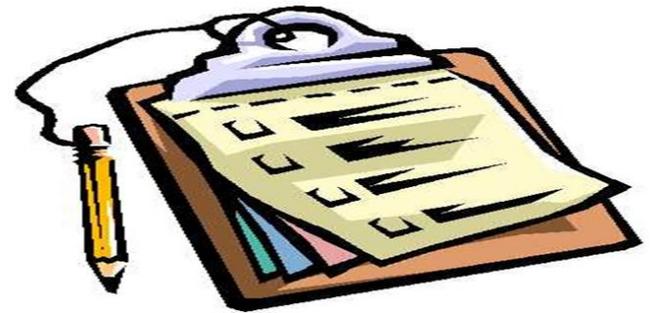
Split billing is done right away.

These Hospices share psychosocial assessments and advance directives with GuildNet.

Assessment: Hospice

All encompassing but focuses on:

- a. The current disease and progression of disease.
- b. Patient's comfort and symptom management.
- c. Patient and Family coping/ stress management.
- d. How will the patient be safe and comfortable in the home.
- e. Patient's dying plan.



Assessment: Managed Care

- Managed Care assess at intake and every six months using the Universal Assessment System (UAS).
 - a. Focus on functional ability.
 - b. Focus on safety: fall risk, medication management.
 - c. Focus on cognition- who can direct care.



Shared services, Medicaid and Medicare

Medicaid and Medicare cover different DME's. Hospice may order and authorize a hospital bed and wound supplies. Managed Care could cover the bedside commode and incontinence supplies.

Dually Eligible Managed Care Cases (MAP, FIDA) cover Medicare however Hospice services are carved out.

- Hospital stays may be covered by Hospice or Managed Care depending on the diagnosis that led to the hospitalization.

Split Billing

Managed Care and Hospice typically “split bill” home care services.

- a. Managed Care and Hospice contract with the same home care vendor. Both parties pay for a portion of the home care.
- b. Managed Care and Hospice do not share a contract with one vendor. Two vendors are placed for different days or hours in the week.
- c. A Patient is attached to the current home care vendor that only contracts with one entity. The other party (Hospice or Managed Care) do a one time contract to split bill.

Split Billing

Hospice places HHA level of Care. Managed Care can place HHA, PCA or PA service.

1. Evaluate if all hours need to be HHA. If not the Managed Care may opt to provide PCA hours while Hospice sends an HHA to provide more skilled care.
2. If the case requires all hours should be HHA level. Hospice oversees all HHA service (both Managed Care and Hospice billed hours).
3. CDPAS services cannot be split billed. Hospice can send an HHA separately for a different portion of the week.

Case scenario 1

A patient has been on Managed Care for two years receiving home care from vendor X. She is attached to her PCA's and does not want to give them up. The member now would benefit from Hospice. The PCA's have been certified to provide HHA level of care.

- The Managed Care case manager should contact the home care vendor to see what Hospices they contract with. The patient can be referred to a Hospice who contracts with this same vendor.
- When the patient enters Hospice they can keep the same aides who will now be billed at the HHA level.
- The Hospice nurse will oversee all HHA hours.

Case scenario 2

A patient on managed care has CDPAS PA's. She has home care 4 days a week. She choose CDPAS as she is more comfortable with her family friend caring for her. She lives with her daughter who assists with all skilled needs. She is now ready for Hospice Care and may benefit from more home care soon.

- The patient enters Hospice who assess her and find she would benefit from a 5th day of home care. Hospice sends their HHA for that day. Member has CDPAS the rest of the week.

Engaging the Family

- Engaging the patient and family at the initial hospice visit can be made easier when having managed care involved as the patient and family are used to having care in the home.



Creative Ways to Partner

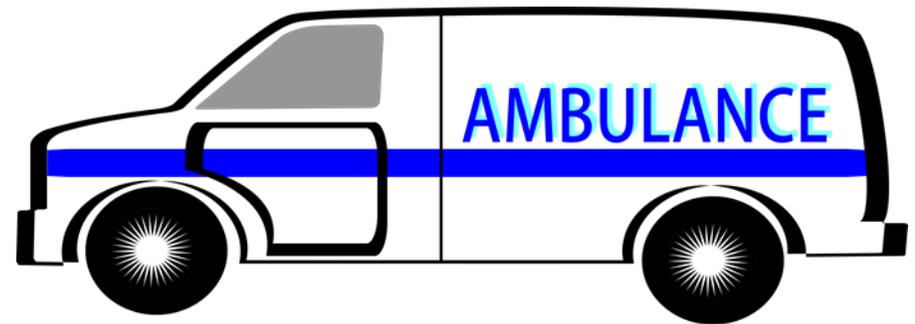
1. Live in Case: 6 days provided by Managed Care, 1 day by Hospice.
2. Case with wounds needs medication management : Hospice sends an RN 3 times a week to dress wound, HHA is taught to clean area and family visits nightly to give medication.
3. Mutual case: both spouses are on Managed Care with Live in PCA. The wife is now on Hospice. Hospice provides an additional HHA for the wife when her husband has to leave the home for medical appointments with their shared PCA.

Hospitalizations

- Hospice intake discusses calling Hospice first instead of 911.
- Managed Care may have a PERS in place. The Managed Care can provide Hospice as a call number if the PERS is pressed.
- Both the Hospice and Managed Care Nurses and Social Workers go over who to call and how to prevent hospitalizations and ER visits.
- The HHA and family should know to give EMS the DNR if they are called.
- The patient may be comfortable with end of life process but the family is not. Ongoing support and education to patient and family by both Hospice and Managed Care is essential for keeping Patients out of the hospital.

Symptom management

- If a patient is comfortable and symptom free it is less likely that 911 will be dispatched.
- Caregivers can be educated to call Hospice or their Managed Care Case Manager right away when pain or discomfort start.
- Managed Care and Hospice can provide DME's to make the patient more comfortable in the home.



Hospital Discharge

- Patients are sometimes admitted to the hospital even with our best efforts.
- If the admission is related to the Hospice diagnosis the Hospice case will remain open. Otherwise Hospice typically closes their case until the member is discharged.



Hospital Discharge

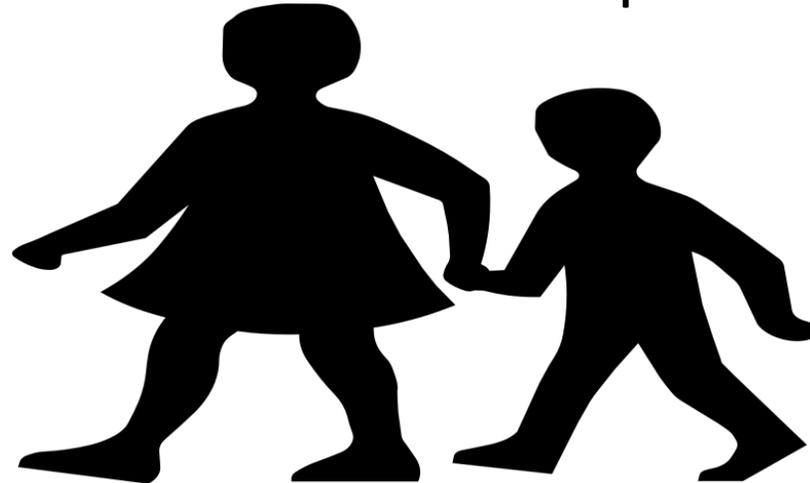
- The Managed Care case worker takes the lead in hospital discharges.
 - a. Case manager coordinates with Hospice to ensure the case will re-open once back in the community.
 - b. Case Manager ensures no CHHA referrals are made if the patient will be returning to Hospice.
 - c. Case Manager works with the Hospital discharge team to ensure advance directives are on file at the hospital.
 - d. Case Manager works with the Hospital to ensure a safe discharge to home, SNF or hospice residence.

Helping a Family Cope

- Patients may be on Managed Care for many years before they enter Hospice. The Managed Care case manager can be a part of the patients support group to be enlisted by Hospice to help a patient through the stages of death.
- Managed Care often knows unique family dynamics that can impact coping and the plan of care. Details should be shared with the Hospice social worker.
- Managed Care typically sends out contracted social workers when social issues arise. Hospice social worker can now assist with psychosocial issues.

Bereavement

- When a patient on Managed care dies their case is closed. All services are end dated and the case manager will no longer be involved past that month.
- Hospice can continue to provide Bereavement support and link a family to community resources after the patient has died.



Hospice and Managed Care working Together

This is a privileged time to work in this industry as patients can finally have the services they need through both Managed Care and Hospice. We can make the experience even better by figuring out as professionals how to maximize patient care by increasing communication between our two systems.

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