

Marketplace National Regional Benefit Interpretation Document

Benefit Name	HOSPICE SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses hospice and respite care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p>California Health and Safety Code 1368.2 Hospice Care Coverage</p>

1300.68.2 BARCLAYS OFFICIAL [CALIFORNIA CODE OF REGULATIONS 28 CCR § 1300.68.2](#)

ILLINOIS:

Sec. 356z.53: Pediatric palliative care

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-250\(6\)](#): Hospice coverage

[806 Ky. Admin. Regs. 17:490](#): Hospice benefit requirements

[Department of Insurance Advisory Opinion 2014-04](#): Hospice benefits in health plans

MICHIGAN:

[MCL500.3406c](#): Hospice Care

NEVADA:

[NRS 689A.030\(10\)](#)

[NRS 695C.176](#)

WASHINGTON:

[RCW 48.44.320](#): Home Health Care, Hospice Care, Optional Coverage Required-Standards, Limitations, Restrictions-Rules-Medicare Supplemental Contracts Excluded

[WAC 284-43-5642](#): Essential health benefit categories.

[WAC 284-46-500](#): Alternative Care-General Rules as to Minimum Standards

B. STATE MARKET PLAN ENHANCEMENTS
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None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES

CALIFORNIA, FLORIDA:

Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

IDAHO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Molina also covers respite care as an alternative to hospice care (for 7 days per occurrence)

ILLINOIS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

The following services are covered:

- Coordinated Home Care;
- Medical supplies and dressings;
- Medication;
- Skilled and non-Skilled Nursing;
- Occupational and Physical Therapy;
- Pain management services;
- Physician visits;
- Social and spiritual services;
- Respite Care Service (7 days per occurrence)
- Community-based pediatric palliative care and hospice care (pediatric member's while continuing to pursue curative treatment and disease-directed therapies for the qualifying illness)

KENTUCKY:

Hospice Services: Passport covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Covered services for hospice care will not be less than the hospice care benefits provided by Medicare.

MICHIGAN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services. Hospice care in a semi-private room in a hospice facility limited to 45 days per calendar year. Molina also covers respite care (up to 7 days per occurrence).

MISSISSIPPI:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care.

NEVADA:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 45 days per calendar year. Molina also covers respite care as a part of hospice services, limited to five inpatient days/outpatient visits per 90 days of home hospice care.

NEW MEXICO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Services must be provided by an approved hospice program during a hospice benefit period and will not be covered to the extent that they duplicate other covered services available to you. Benefits that are approved by a hospice provider or other facility require approval by your practitioner/provider. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to seven days per occurrence.

The hospice benefit period is defined as follows:

- Beginning on the date your practitioner/provider certifies that you are terminally ill with a life expectancy of six months or less.
- Ending six months after it began, unless you require an extension of the hospice benefit period below, or upon your death.
- If a member requires an extension of the hospice benefit period, the hospice must provide a new treatment plan and the practitioner/provider must re-authorize the member's medical condition to the plan. The plan may not authorize more than one additional hospice benefit period.
- The individual seeking hospice care must be a covered member throughout his or her hospice benefit period.

Services: The following services are covered:

- Inpatient hospice care

- Practitioner/provider visits by certified hospice practitioner/providers
- Home health care services by approved home health care personnel
- Physical therapy
- Medical supplies
- Prescription drugs and medication for the pain and discomfort specifically related to the terminal illness
- Medical transportation
- Respite care (care that provides a relief for the care-giver) for a period not to exceed five continuous days for every 60 days of hospice care. No more than two respite care stays will be available during a hospice benefit period.
- Where there is not a certified hospice program available, regular home health care services benefits will apply.

OHIO:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 6 months or less). Covered Services will continue if the Member lives longer than six months. Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care for up to 7 days per occurrence.

SOUTH CAROLINA:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Coverage includes palliative care. Molina also covers respite care up to seven days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

TEXAS:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

UTAH:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility.

limited to 6 months for every 3 years. Molina also covers respite care up to fourteen days per lifetime.

WASHINGTON:

Hospice Services (Fourteen (14) day limit): Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility. Molina also covers respite care up to 14 days per lifetime, which can be delivered on an inpatient basis in a hospital or skilled nursing facility.

WISCONSIN:

Hospice Services: Molina covers hospice services for Members who are terminally ill (a life expectancy of 12 months or less). Members can choose hospice care instead of the traditional services covered by this Plan. Molina covers home hospice services and a semi-private room in a hospice facility limited to 6 months in a 3-year period. Molina also covers respite care for up to 7 days per occurrence.

RESPITE CARE

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Molina and Passport also cover respite care for up to 7 days per occurrence. Respite is short-term inpatient care provided in order to give relief to a person normally providing care.

NEVADA:

Molina also covers respite care as a part of hospice services, limited to five inpatient days/outpatient visits per 90 days. The limits apply to respite services: combined maximum benefit of five (5) Inpatient days or five (5) Outpatient visits per member per ninety (90) days of Home Hospice Care and to bereavement services (maximum benefit of five (5) Group therapy sessions).

UTAH, WASHINGTON:

Molina covers respite care up to 14 days per lifetime

LIMITATIONS FOR HOSPICE:

MICHIGAN: semi-private room in a hospice facility limited to 45 days per calendar year.

NEVADA: semi-private room in a hospice facility limited to 45 days per calendar year.

UTAH: semi-private room in a hospice facility limited to 6 months for every 3 years; covers respite care up to fourteen days per lifetime

WASHINGTON: covers respite care up to 14 days per lifetime

WISCONSIN: semi-private room in a hospice facility limited to 6 months in a 3 year period

ADDITIONAL:

NEW MEXICO: Benefits for Inpatient and in-home Hospice services are Covered if you are terminally ill.

UTAH: Requires Pre-authorization and Medical Case Management

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOSPICE SERVICES

ALL STATES:

Services provided by volunteers and housekeeping services are NOT covered

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

Approval	PA Lookup Tool			
	Departments	Product	CIM	Clinical Management
	Date	1/26/2021	3/31/2021	4/7/2021
	Revised (for 1/1/2022)	11/2/2021	3/18/2022	11/5/2021
	Revised (for 1/1/2023)	11/18/2022	3/28/2023	11/10/2022
	Revised (for 1/1/2024)	11/16/2023		12/8/2023