

Hospice care Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus Blue PPOSM Medicare Plus Blue Group PPOSM Both

Hospice

Hospice programs provide medical, psychological, social and spiritual services to terminally ill patients and their families. Hospice care emphasizes pain control and emotional support and typically refrains from taking extraordinary measures to prolong life.

Original Medicare

Hospice care is a benefit under the hospital insurance program. Medicare beneficiaries entitled to hospital insurance under Part A, who have terminal illnesses and a life expectancy of six months or less, have the option of electing hospice benefits in lieu of standard Medicare coverage for treatment and management of their terminal condition.

An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is six months or less if the illness runs its normal course. An individual (or his authorized representative) must file an election statement with a particular hospice to receive care. Only care provided by a Medicare certified hospice is covered under the hospice benefit provision.

Medicare covers two levels of inpatient care: respite for the patient's caregivers, and general inpatient care which is for pain control and symptom management. Inpatient respite care may be furnished to provide respite for the individual's family or other persons caring for the individual at home.

Medicare Plus Blue

Medicare Plus Blue plans provide at least the same level of benefit coverage as Original Medicare (Parts A/B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for the member's coinsurance is offered as an enhanced hospice care benefit for select individual and Medicare Plus Blue Group PPO members. Since payment for hospice claims is provided by Medicare fee-for-service contractors, reimbursement is provided to the member.

Federal regulations require that Medicare fee-for-service contractors (Medicare Administrative Contractors, Carriers, Fiscal Intermediaries, Regional Home Health Intermediaries, DMERC, etc.) maintain payment responsibility for individual and Medicare Plus Blue Group PPO members who elect hospice care.

No payment is made to BCBSM on behalf of a Medicare Plus Blue member who has elected hospice care.

Payment guidelines for providers are stated in the CMS Medicare Managed Care Manual, Chapter 8 § 70.3.1 - CMS' Payments to Hospice Programs.

- Medicare hospices should bill the Regional Home Health Intermediaries for individual and Medicare Plus Blue Group PPO members who have coverage through managed care just as they do for beneficiaries with fee-for-service coverage.

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- Original Medicare, rather than BCBSM Medicare Plus Blue, will also process claims for services provided by physicians, providers and suppliers for other Medicare covered services furnished to Medicare Plus Blue PPO members who have elected hospice. "Other services" refer to non-hospice Part A and B services that are not related to the terminal illness.

Enhanced benefit

For hospice services that are covered under Original Medicare, the member has the following coinsurance responsibilities.

Drugs and biologicals

- A member is liable for a coinsurance payment for each palliative drug and biological prescription furnished by the hospice while the individual is not an inpatient.
- The amount of coinsurance for each prescription approximates five percent of the cost of the drug or biological to the hospice determined in accordance with the drug copayment schedule established by the hospice, except that the amount of coinsurance for each prescription may not exceed \$5.00.

Respite care

- The member's coinsurance for each respite care day is equal to five percent of the payment made by CMS for a respite care day.
- The amount of the individual's coinsurance liability for respite care during a hospice coinsurance period may not exceed the inpatient hospital deductible applicable for the year in which the hospice coinsurance period began.

For detailed information about Medicare Plus Blue member's benefits and cost-share, providers may verify member benefits via web-DENIS or call CAREN at 1-866-309-1719.

Member reimbursement

The member must submit the following information to Medicare Plus Blue for reimbursement:

1. Medicare Summary Notice from Original Medicare or receipts that verifies the five percent coinsurance amount.
2. Send all supporting information to:

Blue Cross Blue Shield
Mail Code X510
600 E. Lafayette
Detroit, MI 48226-2998