



Hospice Value-Based Insurance Design Model Palliative Care Guidelines and Information

Palliative care bridges gaps for members with Advanced Illness that are not appropriate for Hospice, or may be eligible but not emotionally ready, requiring more hands-on support than traditional Care Management can provide.

Members are proactively identified by a direct physician referral, by referral after Humana's internal case reviews or by a claims-based algorithm.

A requirement of the Hospice VBID Demonstration Model is to ensure that all members on a participating plan, and within the selected model geographies, have access to a Palliative Care provider. For the 2023 plan year, Humana has partnered with select palliative care providers to serve model-participating members.

Model of Care

- Multidisciplinary team providing in-home and virtual support (MD, NP, RN, social worker and chaplain)
- Plan of care and treatment based upon member preferences
- Allows for curative treatment
- Managed relief from symptoms, pain and stress
- Collaboration with member's physician/provider team
- Guidance through complex treatment choices
- Emotional and spiritual support
- 24/7 physician and/or nurse practitioner availability
- Voluntary Consultation as appropriate
- Advance Care Planning

Care Coordination

Palliative care offers specialized in-home care to members facing a serious illness. Palliative Care coordinates closely with a member's existing primary care physician (PCP) and specialists. Members can continue to see their PCP and specialists while on service and receiving treatment. The member's designated PCP receives a palliative care summary after every palliative care visit.

Top Clinical Interventions

Advance Care Planning

- Facilitate conversations surrounding complex treatment choices and completion of advance care planning documentation to enable future health decisions

Hospice Orders

- Write orders for members to enter hospice
- Coordinate hospice orders with primary care physician (PCP) and/or specialists
- Communicate the supplemental benefits available with the election of an in-network hospice provider
- Facilitates hospice transition per the member's wishes

Medication and Non-medication Orders

- Write prescriptions for medications to treat acute symptoms and exacerbations in order to avoid unnecessary ER visits and/or hospitalizations
 - Most frequent prescriptions for Humana-covered members
Steroids, opiates, antibiotics, diuretic, anti-nausea, inhalers for COPD, oxygen
 - Most frequent non-medication orders
Mobile X-ray, durable medical equipment, skilled home health
- Coordinate medication orders with primary care physician (PCP) and/or specialists

Expected Outcomes

- Significantly reduce the risk of hospitalization
- Achieve greater member and caregiver satisfaction
- Facilitate Advance Care Planning discussions
- Identify member's goals of care and end of life wishes
- Increase quality hospice transitions
- Increase Hospice length of stay

Physician Referral to Palliative Care (by PCP or Humana Medical Director)

Palliative Care services are provided at no extra cost to eligible Humana-covered patients with advanced illnesses. Hospice Providers, PCPs, and Humana medical directors may refer members, including revocations and NTUCs.

*For VBID plan members in **Georgia, Ohio, Colorado and Virginia:***

- Physician sends referral and member's demographic information to **Aspire** via email at referrals@aspirehealthcare.com, by phoning 1-844-232-0500, or by faxing to 1-888-972-4927.

*For VBID plan members in **Colorado**:*

- Physician sends referral and member's demographic information to **Care Synergy** via email at humanapalintake@caresynergynetwork.org, by phoning 1-303-336-1267 or by faxing 1-303-398-2377

*For VBID plan members in **Florida**:*

- Physician sends referral and member's demographic information to **Harbor Palliative Care Services** via email at PalliativeCareConsult@trustbridge.com, by phoning 1-866-640-6804 or by faxing 1-561-863-2806

*For VBID plan members in **Wisconsin**:*

- [For all VBID PBPs in the following counties only: Brown, Calumet, Door, Fond Du Lac, Green Lake, Kewaunee, Manitowoc, Marathon, Marinette, Marquette, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago]
Physician sends referral and member's demographic information to **Unity Support Care Management** via email at referrals@unityhospice.org, or by phoning 1-920-338-1111.
- [For VBID PBPs in all other counties] Physician sends referral and member's demographic information to **Aspire** via email at referrals@aspirehealthcare.com, by phoning 1-844-232-0500, or by faxing to 1-888-972-4927.

*For VBID plan members in **Kentucky**:*

- (For PBP H5216-019-000 in the following Kentucky counties only: Anderson, Bourbon, Clark, Fayette, Franklin, Jessamine, Madison, Scott, Woodford)
Physician sends referral and member's demographic information to **Bluegrass Palliative Care** via email at deptofmedicine@bgcarenav.org, by phoning 1-859-278-4869, or by faxing to 1-859-278-7690
- (For all VBID PBPs in the following counties only: Indiana--Clark, Floyd, Harrison; Kentucky, Bullitt, Hardin, Henry, Jefferson, LaRue, Meade, Nelson, Oldham, Shelby, Spencer,)
Physician sends referral and member's demographic information to **Pallitus Health Partners** via email at referrals@pallitus.org, or by phoning 1-502-719-8910.
- (For all other VBID PBPs and Counties) Physician sends referral and member's demographic information to **Aspire** via email at referrals@aspirehealthcare.com, by phoning 1-844-232-0500, or by faxing to 1-888-972-4927.

Information required for referral:

- Member's name and date of birth
- Member's Humana ID number
- Member's address and phone number
- PCP's name
- Diagnosis
- Referring physician's name and phone number

Frequently Asked Questions

Who is offered palliative care?

Members within a VBID plan who are proactively identified by a claims-based algorithm or referred directly by a provider who have advanced illness and are deemed to need additional support. Common diagnoses examples (include but not limited to): Advanced Cancer, Advanced CHF (class III-IV), Advanced COPD (stage III-IV), Advanced Dementia, Geriatric Frailty.

If member is not ready for Hospice care, can they enroll with Palliative care upstream?

A referral can be made to the Palliative Care provider in your market pending a clinic review for appropriateness. Palliative Care can help the member understand their clinical trajectory and illness as they consider electing hospice.

Which palliative providers are serving VBID plans in my area?

To contact palliative care providers directly, please see contact information above.

How will Hospice agency hear from Palliative provider?

If a member receiving palliative care is ready to transition to hospice, the palliative nurse practitioner or physician should reach out to the local hospice provider elected by the member to initiate the transition. The palliative provider or PCP should then write the official order for hospice. The palliative team must communicate to the hospice provider if the member is a VBID participant.

Will hospice agencies know if palliative care was provided to the VBID member prior to transitioning to hospice?

Any member transitioning to hospice from palliative care will be identified as a VBID member by the palliative provider. If the PCP is the ordering physician, VBID identification will need to be validated by the hospice provider. Hospice agencies will have access to Humana's customer service team 24/7 and the Availity.com portal to validate the member's plan information.

Will palliative care educate on Transitional Concurrent Care?

Palliative care facilitates advance care planning discussions at every visit. As part of education on the hospice benefit, the palliative provider will inform the member of supplemental benefits available through election of an in-network hospice provider, including transitional concurrent care, as well as ensuring the member is aware of out-of-network providers.

What member information or medical records can hospice expect if palliative care was provided to the member prior to entering hospice?

Documentation is dependent upon the ordering provider. If a hospice order is coming from the palliative provider, documentation should include hospice qualifying condition, any open gaps in care, current care plan and recent physician summary. Regardless of whether the palliative provider writes the hospice order, or the PCP/specialist prefers to do it, the interdisciplinary palliative team is involved in the transition to ensure it is seamless for the member/family. This often includes a joint visit with the hospice admission RN to support continuity of care.

If a member has elected an in-network hospice network provider with the intent to receive transitional concurrent care, the palliative provider should include specifics around current care

plan goals and advance care planning discussions to the hospice provider as part of the transition.

All VBID plan members transitioning to hospice from palliative care include VBID identification as required documentation.

How will palliative providers be educated on Humana’s In- and Out-Of-Network Providers?

Palliative providers will receive a list of hospice providers participating in Humana’s network by region and should educate members on the options available when electing an in-network or out-of-network provider.

Where should palliative providers refer members with additional questions specific to Hospice VBID benefit?

Humana Customer Service support will be accessible for a member, or his or her representative, to reach out to for a consultation independent of the coordinated support within a palliative care or other serious illness care management program 24/7 at 1-800-457-4708 (TTY:711).

Palliative Care Voluntary Consultation Guidelines

A voluntary consultation is a member-facing discussion that is a part of the CMMI Hospice VBID model with a purpose of ensuring the member understands the hospice benefit and their coverage options under the Hospice VBID demonstration.

This process recommendation is outlined by CMMI in the RFA and Technical and Operational Guidelines Documents for Hospice VBID Component CY2023, and can be found at innovation.cms.gov/innovation-models/vbid.

For purposes of this demonstration, Humana will leverage existing palliative care providers and their processes to ensure that members on palliative care service receive a voluntary consultation as part of their facilitated advance care planning discussions.

To assist in supporting members on the end-of-life continuum who are participating in the VBID demonstration, Humana has created a consultation process aimed at counseling the individual (and/or caregiver(s)) and representatives regarding hospice and other care options.

HUMANA PALLIATIVE CARE VOLUNTARY CONSULTATION PROCESS

As part of the voluntary consultation process during palliative-facilitated advance care planning discussions, the palliative team must assist members participating on VBID plans (ONLY) with the following:

- Communicating the hospice option and potential election of a hospice provider
- Details of the Humana VBID plan including supplemental benefit options that are available with in-network provider election, including Transitional Concurrent Care (TCC), in-home respite care, and \$500 care assistance allowance

- Hospice provider vetting and credentialing process
- Out-of-network hospice provider options

As a member's health deteriorates, the palliative care provider should initiate the hospice discussion. This discussion will provide an education of the hospice benefit, confirm if member has a hospice provider preference, and determine the engagement level of the primary care physician. The palliative care provider will inform member of the Humana VBID benefit and their option to elect either an in-network (INN) hospice to deliver their existing FFS hospice benefit as well as the option for transitional concurrent care, in-home respite care, and the \$500 care assistance allowance, or an out-of-network (OON) hospice provider with no change to how they would receive hospice care under the Medicare FFS benefit.

In-network Hospice Election Benefits:

Transitional Concurrent Care

- Tapering of existing care plan for up to 31 days including curative treatment (can be leveraged to support oncology treatment, oxygen therapy, infusion, provider visits, specialized DME products, etc).
- Care pathways considered for key conditions: Cancer, COPD, CHF, ESRD and Cognitive impairments

In-Home Respite Care

- In-home respite care (in increments) up to 40 hours per year/election with CNA/RN team assuming custodial care and providing caregiver relief
- In-home respite benefit does not replace the IRC level of care under the existing hospice benefit

Hospice Care Assistance Allowance

- Goods/services that are needed to close a gap in the member's social determinants of health and comfort surrounding end-of-life care.
- \$500 total capped amount that may be accessed and utilized during hospice one time per plan year
- Use-cases for the benefit are at the discretion of the hospice care team and subject to approval through an established process with Humana
- Examples: Meals, Home/Safety Modifications, Housekeeping/Laundry or Pet Care

If the member chooses to receive assistance from the palliative care provider in selecting a hospice provider, the palliative care provider should educate the member on the in-network hospice providers available and assist a with member election. The palliative care provider must inform member that all INN hospice providers are vetted and approved by Humana through an extensive credentialing process following CMS quality guidelines. Palliative Care provider will inform member that OON hospice providers are also available if they so choose.

Palliative Care provider should assess the member’s care plan for any current needs that align to utilization of in-network benefits and schedule a joint Informational visit with a hospice nurse. During this informational visit, the palliative care provider will ensure Transitional Concurrent Care needs are identified and that member is verified as a VBID plan benefit member. The primary care physician or palliative care provider then places the hospice order (flagging as Humana VBID Member and identifying TCC needs in the order).

Humana Customer Service support will be accessible for a member, or his or her representative, to reach out to for a consultation independent of the coordinated support within palliative care or other serious illness care management program 24/7 at 1-800-457-4708 (TTY:711). If counseling beyond benefit and provider information is needed, Customer Service may warm transfer the member to the Humana Hospice Centralized team to answer questions and counsel on options for care depending on the members clinical needs. The consultation is voluntary and not a requirement for members.

Palliative care team can offer member consultation with Humana if additional information is needed for member’s Hospice election or to aid in helping member understand their Hospice benefits. Palliative care team will direct the member to Humana Customer Service.

Disclaimer: Palliative care team will inform the member if elected hospice agency is one of the listed entities of which Humana has partial ownership. *(New Century Hospice of Denver, New Century Hospice of Colorado Springs, Kindred Hospice, Regency SouthernCare, Regency SouthernCare - College Park, Regency SouthernCare - Metro Atlanta, Regency SouthernCare Dalton, SouthernCare Bloomington, SouthernCare Evansville, SouthernCare New Albany, SouthernCare Youngstown, SouthernCare Mansfield/Ontario, SouthernCare Akron, SouthernCare Wintersville)*

Voluntary Consult Process

