

## Hospice General Inpatient (GIP) Level of Care Frequently Asked Questions

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### DISCLAIMER

This compliance guide has been gathered and interpreted by NHPCO from various resources and is provided for informational purposes only. It should not be viewed as official guidance from CMS or Medicare Administrative Contractors (MACs). It is always the provider's responsibility to determine and comply with applicable CMS, MAC, and other payer requirements. Further, this guide does not constitute legal advice and is not intended to take the place of legal advice.

### 1. What is hospice GIP?

General Inpatient Care (GIP) is a hospice level of care, defined as short-term care provided for a patient's pain management or acute or chronic symptom control that cannot be managed in other settings.

### 2. Where can GIP care be provided?

GIP care can only be provided in one of the following three settings:

- a. A Medicare-certified hospice inpatient unit or facility;
- b. A Medicare-certified hospital; or
- c. A Medicare-certified skilled nursing facility ("SNF").

The hospital and SNF, in addition to being Medicare-certified, must have 24-hour RN coverage, appropriate patient areas, and allow patients to receive visitors, of any age and at any time of day, with privacy.

### 3. Where can I find the Medicare Conditions of Participation ("CoPs") and other Medicare hospice regulations regarding GIP?

#### a. GIP Care Provided Under Arrangements (*i.e.*, contract)

##### i. [42 C.F.R. Section 418.108\(c\)](#)

If the hospice has an arrangement with a facility to provide GIP care, the arrangement must be in writing and specify the six items set forth in 418.108(c)(1)-(6) (see FAQ #7, below).

#### b. GIP Care Provided by Hospice Directly

##### i. [42 C.F.R. Section 418.110](#)

- ii. A hospice that provides inpatient care directly in its own facility must demonstrate compliance with multiple standards, including staffing, 24-hour RN coverage, physical environment, fire protection, building safety, patient areas and rooms, and infection control, among others.
- c. **Covered Services**
  - i. [42 C.F.R. Section 418.202\(e\)](#)  
GIP care provided in a participating hospice inpatient unit, or a participating hospital or SNF, that additionally meets the standards in §418.202 (a) and (e) regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. GIP care may be required for procedures necessary for pain control or acute or chronic symptom management.
- d. **Payment Procedures for GIP Care**
  - i. [42 C.F.R. Section 418.302\(b\)\(4\)](#)  
A GIP care day is a day on which an individual who has elected hospice care receives GIP care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.
  - ii. [42 C.F.R. Section 418.302\(e\)\(5\)](#)  
Any day on which the patient is an inpatient in an approved facility for GIP care, the GIP rate is paid. The GIP rate is paid for the date of admission and all subsequent inpatient dates except the day on which the patient is discharged. Unless the patient dies as an inpatient, the date of discharge is paid at the routine home care rate.
  - iii. [42 C.F.R. Section 418.302\(f\)](#)  
The total payment for inpatient services (GIP or respite) is subject to a limitation that total inpatient care days for Medicare patients cannot exceed 20% of the total days for which those patients elected hospice care.

#### 4. Are there state laws regarding GIP?

Possibly. Some states have their own requirements regarding the provision of GIP services, and other states follow the Medicare CoPs. Many states have statutes and/or regulations regarding a hospice providing GIP in a hospice inpatient unit, including specific Certificate of Need and licensure requirements. Each state's statutory and regulatory requirements must be checked.

#### 5. Does my hospice have to provide GIP?

GIP is one of the four levels of hospice care:

- a. routine home care (RHC)
- b. respite (IRC)
- c. continuous home care (CHC)
- d. general inpatient care (GIP)

The COPs require a hospice to be able to provide all four levels of care as part of their Medicare certification. If a hospice does not have its own hospice inpatient facility or unit where it can provide GIP care directly, it **must** contract with a Medicare-certified hospital or SNF to be able to provide GIP care.

**6. Does my hospice need to have a written agreement with a hospital or SNF if they will provide the GIP care to our hospice patients?**

Yes, see FAQ #3.a., above. Medicare requires that a hospice have a written contract with any Medicare-certified hospital or SNF the hospice uses for GIP services. A written agreement is also one of the required elements of the Personal Services and Management Contract Safe Harbor of the Federal Anti-Kickback Statute.

**7. What must be included in a written agreement with a facility for GIP services?**

There are several requirements that apply to the provision of GIP under arrangements, but only certain requirements must be explicitly included in the written agreement. Those requirements that Medicare dictates must be included in the written GIP agreement are as follows:

- a. That the hospice will supply the inpatient provider with a copy of the patient's plan of care and specify the inpatient services to be provided;
- a. That the inpatient provider has established patient care policies consistent with those of the hospice and agrees to abide by the protocols and plan of care established by the hospice for its patients;
- b. That the hospice patient's inpatient clinical record includes a record of all inpatient services received and events regarding care that occurred at the facility;
- c. That the patient's discharge summary be provided to the hospice at the time of discharge;
- d. That a copy of the patient's inpatient clinical record be available to the hospice at the time of discharge;
- e. That the inpatient facility has identified an individual within the facility who is responsible for the implementation of the provisions of the agreement;
- f. That the hospice retains responsibility for training personnel from the facility who will be providing inpatient services and documenting both a description of the training along with the names of those giving the training; and
- g. A method for verifying that the above requirements are met.

**8. Who decides whether a patient needs GIP?**

The hospice medical director or physician member of the hospice interdisciplinary group ("IDG"), in collaboration with the IDG, must make a determination based on the patient's clinical condition whether the patient requires GIP care.

**9. Does CMS provide any guidance as to when GIP care may be appropriate?**

Yes, the Medicare Benefit Policy Manual, CMS Publication 100-02, [Chapter 9, 40.1.5 provides some examples of where GIP may be warranted. For instance, GIP is appropriate](#) where a patient elects the hospice benefit at the end of a covered hospital stay and the patient continues to need pain control or symptom management, that cannot be feasibly provided in another setting, while the patient prepares to

receive hospice home care. GIP care is also appropriate when a patient is in need of medication adjustment, observation, or other stabilizing treatment, such as psycho-social monitoring.

Note, CMS also specifies that GIP is not appropriate for situations where a patient's caregiver support has simply broken down. The patient must need a higher level of care, directed towards pain or symptom control, that cannot be feasibly provided in any other setting.

**10. The hospital has referred a patient to the hospice that they feel is eligible for the GIP level of care. Is the hospice obligated to admit the patient to the GIP level of care?**

No, see FAQ #8, above. The decision to admit and/or discharge a hospice patient from the GIP level of care is made by the hospice physician in collaboration with the IDG. The hospice retains responsibility for level of care determinations.

**11. Are there any limits to the number of GIP days that can be provided to a patient?**

There is no set limit, but each day of GIP must have documentation each day indicating that this level of care continues to be appropriate. Longer stays in GIP (*e.g.*, greater than 5 days) may come under increased scrutiny. Additionally, as noted above in FAQ #3.d., total inpatient care days for Medicare patients cannot exceed 20% of the total days for which those patients elected hospice care.