Determination of Hospice Medication Coverage in CHILDREN

Use in conjunction with details in NHPCO’s Concurrent Care for Children Implementation Toolkit. Always take into consideration patient-specific factors when making these decisions.

Evaluate Indication of Each Medication*

Curative-focused or life-prolonging?
- No

Disease-directed or maintenance?
- No

Prophylaxis? Vitamin? Supplement?
- No

Symptom management?
- Yes

Clinically appropriate & in line with family’s goals of care?
- No

Concurrent Care†
- Yes

Goals of Care Discussion

D/C Medication

Symptom caused by life-prolonging or curative-focused treatment?
- No

- Yes

Formulary agent?
- No

Consider deprescribing?
- No

Therapeutic or formulary alternative appropriate?
- Yes

Goals of Care Discussion

Therapeutic alternative offered and accepted?
- Yes

Hospice Covered

Yes

No

Patient Pay

Hospice physician identifies*
- All related & unrelated diagnoses
- Indications for current medications
- Medication initiated prior to hospice admission

Note: Hospice is responsible to cover medications that are needed to manage or palliate symptoms identified in the hospice plan of care. Hospice should typically cover analgesics, antiemetics, anxiolytics, and laxatives.

A diagnosis is considered related unless documented by the hospice physician in the clinical record why diagnosis is not related.

Inclusion or exclusion on a formulary does not determine coverage.

Goals of care discussions are a continuous process and should occur regularly. Care coordination shall be the shared responsibility of the hospice and pediatric subspecialist/pediatrician.

Section 2302 of the Affordable Care Act, titled Concurrent Care for Children†

Seriously ill children who are <21 years of age and have a 6-month prognosis are entitled to receive hospice benefit in addition to all necessary disease-directed therapies with the goal of providing access to comprehensive care to live as long and as well as possible. Medicaid shall continue to be responsible to pay for disease-directed therapies in addition to the hospice benefit providing comfort-directed therapies.

Medicaid shall reimburse appropriate Medicaid-enrolled providers directly through the usual and customary Medicaid billing procedures. A hospice provider shall not be responsible for life-prolonging treatment, medications prescribed by non-hospice providers/subspecialists, or any aspect of the patient’s medical care plan that is focused on treating, modifying, or curing a medical condition (even if that medical condition is also the hospice-qualifying diagnosis). Life-prolonging services and hospice services shall be billed and reimbursed separately, meaning the child can receive services concurrently.