

Carta Trámite

5 de septiembre de 2024

A: Todos los Proveedores Contratados por First Medical Health Plan, Inc. para el Plan Vital

Re: Carta Normativa 24-0828-2 Política de Servicios de Hospicio & Cuidados Paliativos

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc. (FMHP).

Adjunto a este comunicado encontrará la Carta Normativa 24-0828-2 de la Administración de Seguros de Salud de Puerto Rico (ASES) y la Política ASES-OC-2024/P004 relacionada a Servicios de Hospicio y Cuidados Paliativos.

A través de esta Normativa, la ASES informa que, desde el **1ro de julio de 2024**, se ha integrado a la cubierta de beneficios del Plan Vital los servicios de Hospicio y Cuidados Paliativos. La ASES establece que los servicios de **Hospicio** se ofrecen a aquellos beneficiarios que padecen de alguna condición terminal; donde se brindan los cuidados enfocados en aliviar los síntomas del paciente cuando se detienen los esfuerzos por curar su enfermedad, ya que el médico prevé le restan seis (6) meses o menos de vida. Por otra parte, los **Cuidados Paliativos** pueden ser provistos a pacientes no terminales que presentan una enfermedad grave, para lo cual está en tratamiento.

Es por esto que, con el fin de uniformar el manejo de estos servicios y cuidados, la ASES ha emitido la Política ASES-OC-2024/P004.

Para detalles específicos sobre la información provista por la ASES, le exhortamos a leer detenidamente la Carta Normativa 24-0808-2 de la Administración de Seguros de Salud de Puerto Rico (ASES) y el anejo la Política ASES-OC-2024/P004.

Si usted tiene alguna pregunta relacionada a este comunicado y/o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede acceder a www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.



Carta Normativa 24-0828-2

28 de agosto de 2024

A: Organizaciones de Manejo Coordinado de Salud (“MCOs”), Grupos Médicos Primarios (GMP), y Proveedores Participantes del Plan Vital

RE: Política de Servicios de Hospicio & Cuidados Paliativos

La Administración de Seguros de Salud de Puerto Rico (ASES) ha integrado a la cubierta de beneficios los servicios de **Hospicio y Cuidados Paliativos**, con vigencia a partir del **1º de julio de 2024**.

Los servicios de **Hospicio** se ofrecen a aquellos beneficiarios que padecen de alguna condición terminal. Bajo Hospicio se brindan cuidados enfocados en aliviar los síntomas del paciente cuando se detienen los esfuerzos por curar su enfermedad, ya que su médico prevé que al paciente le restan seis (6) meses o menos de vida, si la enfermedad sigue su curso natural. Por otra parte, los **Cuidados Paliativos** pueden ser provistos a pacientes no terminales que presentan una enfermedad grave, para la cual están tomando tratamiento.

Con el fin de uniformar el manejo de estos servicios y cuidados a través de las aseguradoras contratadas bajo PSG-Plan Vital, se emite la política **ASES-OC-2024/P004**. Para conocer los criterios y términos comprendidos en los servicios de Hospicio y Cuidados Paliativos deberán referirse a dicha política aneja.

Requerimos a todas las aseguradoras el diseminar a la mayor brevedad esta Carta Normativa y Política a través de su red de proveedores, a la mayor brevedad. Agradecemos su continua colaboración y esfuerzo para promover el debido acceso a todos los servicios cubiertos bajo Plan Vital.

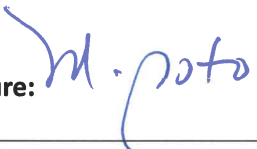
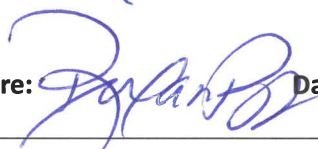

Cordialmente,

Roxanna K. Rosario Serrano, BHE, MS
Directora Ejecutiva

Anejo (1)

Autorizado por la Oficina del Contralor Electoral OCE-SA-2024-00267



Government Health Plan (GHP) - PLAN VITAL		
CLINICAL OPERATIONS AREA		
Policy: HOSPICE & PALLIATIVE CARE		
Number: ASES-OC-2024 /P004	Effective Date:	Number of Pages: 4
Approved By:		
<i>Milagros Soto Mejía</i> Clinical Operations Area Director	Signature: 	Date: 8/28/2024
Approved By:		
<i>Roxanna K. Rosario Serrano</i> Executive Director	Signature: 	Date: 
Reference: Contract Section: Covered Services		

I. PURPOSE

Expand the coverage of services to provide access to Hospice and Palliative Care services and standardize the management of these through insurers contracted under GHP-Plan Vital

II. INTRODUCTION

Hospice is one that is offered on a voluntary basis to those people, patients or beneficiaries who suffer from a terminal condition (that there is currently no cure or that has not responded adequately to the treatments available at the time). This service extends as compassionate care as we reach the last stage of life and approach the end of life. It has also been called palliative care, although there are some differences between the two.

Like palliative care¹, hospice care provides complete comfort care and support to the family, but in the hospice program, **attempts to cure the person's illness are suspended**. Hospice care is provided to a person with a terminal illness whose physician believes the patient has six (6) months or less to live if the illness runs its natural course.

¹ The etymological origin derives from Latin. More specifically, from the sum of the components of that language:

"Palliatus", which can be translated as "covered by a cloth". The suffix "-tivo", which is used to indicate an active or passive relationship. Palliative is an adjective used to name that which lessens, alleviates or cushions the effects of something.



III. SOME DIFFERENCES BETWEEN PALLIATIVE CARE AND HOSPICE

PALLIATIVE CARE	HOSPICE
<p>Anyone with a serious illness.</p> <p>Services are provided in:</p> <ul style="list-style-type: none"> • Patient Home • Assisted Living Center • Nursing Home • Hospital <p>You can continue to receive treatments for your condition.</p> <p>Time under this service It depends on the care you need and your insurance plan.</p>	<p>Anyone with a serious illness and who doctors believe has little time left to live, often less than 6 months</p> <p>Services are provided in:</p> <ul style="list-style-type: none"> • Patient Home • Assisted Living Center • Nursing Home • Hospice Care Center • **Hospital <p>Care will only be provided to relieve symptoms.</p> <p>Time under this service For as long as the criteria for hospice care is met for an illness with a life expectancy of months, not years.</p>

www.nia.nih.gov/espanol/al-final-vida/son-cuidados-paliativos-cuidados-hospicio

***** This Policy is NOT allowing hospice for beneficiaries in inpatient acute hospital settings. However, if hospice can be provided in hospitals (for example, a hospice wing) that is not considered “inpatient”.***

Hospice care is offered by an appropriate group of professionals, including:

- Doctor
- Nurse
- Social Worker
- Counselor
- Chaplain
- Home Health Aide
- Physical, occupational and speech therapists.
- Pharmacist

This group of professionals focuses on trying to maintain a level of comfort in the final stages of life, which includes, not only medical and psychological care, but also emotional and spiritual help, comforting family members and close friends, giving help and respite to family members in the care of their loved ones in the final stages.

The purpose of this care is for the patient:

- Stay as comfortable, and pain-free as possible.
- Stay independent for as long as possible.
- Stay close to and under the care of family members and friends
- Have a Dignified Death.

IV. Eligibility Criteria and Periods of Service

GHP-VITAL covers hospice as a comprehensive program of care and support services for terminally ill patients and their families, if they meet the following criteria:

- The patient is terminally ill and has selected GHP-VITAL hospice coverage.
 - "Terminal illness" is defined as an illness or condition with a medical prognosis of life of six (6) months or less, if the disease continues its normal course.
- Patients may elect hospice coverage for two (2) 90-day periods, followed by an unlimited number of subsequent 60-day periods.
- The treating physician (if any) and the hospice physician must certify in writing at the beginning of the first 90-day period that the patient is terminally ill.
- After the second 90-day period, the recertification associated with the third benefit period (and all subsequent periods) must include documentation evidencing that a hospice physician (or hospice nurse practitioner) had a "face-to-face" meeting to certify that the patient is terminally ill.
 - The "face-to-face" encounter should document, in the hospice medical record, all clinical findings that support a life expectancy of six (6) months or less, if the disease follows its normal course.
- The patient or their representative must sign and submit a hospice choice statement to the hospice of their choice.
 - **When hospice is chosen, the patient waives all rights to non-hospice GHP-Plan Vital/Medicaid coverage for the treatment of terminal illness and related conditions.** (Medicare coverage continues for treatment of "unrelated" conditions.)
- All palliative care and services offered to patients and their families must follow a written **individualized plan of care** that meets the needs of the beneficiary. The interdisciplinary hospice team establishes the plan of care together with the treating physician (if any), the patient (or representative), and the primary caregiver.

VI. OTHER RELEVANT MATTERS

- A patient can revoke their choice of hospice at any time.
- The patient does not need to have a "do-not-resuscitate order" to qualify for the GHP-Plan Vital hospice benefit.
- The beneficiary does not have to be homebound and can leave their home (which can also be an assisted living facility or skilled nursing facility) as long as the patient is able to do so.



References:

1. The National Institute on Aging (NIA), part of the National Institutes of Health. What is palliative care and hospice care? Text revised on: May 19, 2017; [https:// www.nia.nih.gov](https://www.nia.nih.gov).
2. What Is Hospice Care? Medically Reviewed by Jennifer Robinson, MD on August 17, 2022, Written by WebMD Editorial Contributors.
3. Hospice. Mayo Clinic. Dec. 30, 2023.
4. Hospice and Palliative Care. HelpGuide.org. By Jeanne Segal, Ph.D. and Lawrence Robinson.
5. Center for Medicare Advocacy. <https://medicareadvocacy.org/medicare-info/medicare-hospice-benefit/>
6. Very Well Health. Overview of Medicare Hospice Benefits by Elizabeth Davis, RN; updated on November 26, 2023.