

## Challenges/ Solutions in Access /Utilization for Hospice Patients v

Members of the Colorado Hospice and Palliative Care Organization were asked what changes in the present system would help with access and utilization of: hospice services through state plan (Medicaid Hospice Benefit) help at home (Home and Community Based Services and bed availability in a skilled nursing facility. Following is a summary of the responses:

\* Decrease length of time it takes to complete the steps required to apply for services. Often patient dies before the process can be completed.

\*Accelerate financial application so Skilled Nursing Facilities (SNF) will be more willing to accept Medicaid Pending patients.

\* Allow approval date for coverage for home hospice care to back date to admission to hospice program. This will prevent hospice provider from losing revenue while providing care for patient who is Medicaid Pending.

\* Clarify the roles of HCBS and Hospice providers, so that patient can continue to receive optimum care without duplicating services.

\*Allow provider information that would streamline managing Medicaid services. Examples: access to current facility room and board rates - so hospice provider can accurately pay facility each month instead of adjusting payment and online access to what programs a patient is receiving under Medicaid – without having to call the customer service line each time patient is admitted.

\*Review procedures for access to burial benefits for Medicaid patients. It takes families and mortuaries a considerable length of time to complete this process causing families duress and mortuaries delay in receiving payment.

These challenges and solutions will and are being discussed through a newly formed committee, The Hospice Task Force, comprised of representatives from Colorado Department of Health Care and Financing (CDHCPF), Single Entry Point (SEP), Skilled Nursing Facility (SNF), County Adult Medicaid Supervisor and Hospice providers. We have completed two meetings: the first to establish our issues, goals and operation agreement, the second to learn about hospice care and some of the challenges. Our next meeting, in August, is to study a flow chart for hospice patients from application to receipt of services with timelines and party responsibility. Our committee thinks many of the issues can be addressed with changes in procedure and/or clarification of processes that may already be in place, which includes the passage of HB 1103 Presumptive Eligibility from the last legislative session.

Thank you to Barbara Prehmus, Director of Long Term Benefits Division for presenting with me today. It has given us a unique opportunity for both the Department and a representative of hospice providers to sit together at the table to discuss the challenges of providing end of life care. I also thank Representative Riesberg and members of the committee for your interest and dedication in studying Hospice and Palliative Care.

  
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