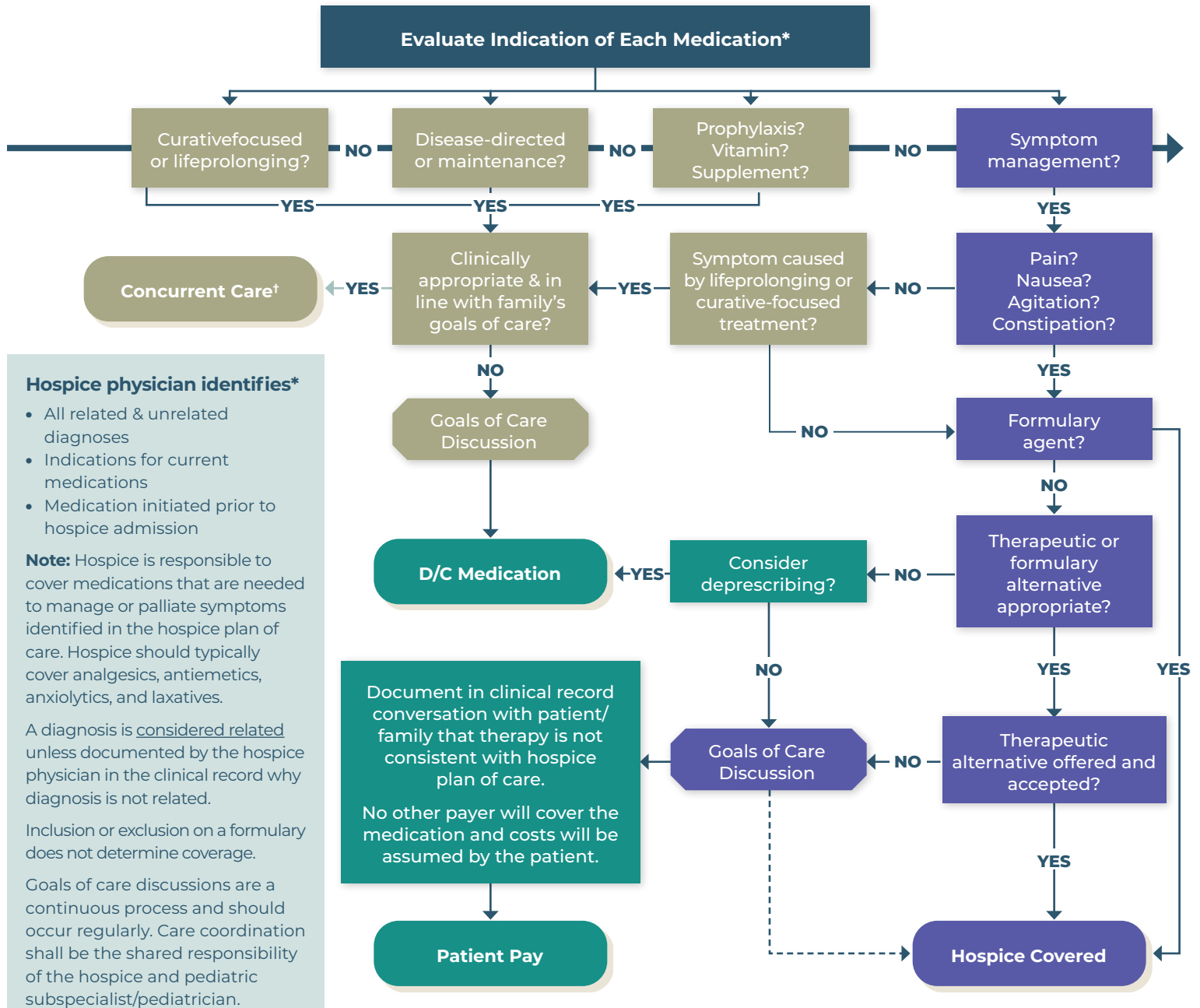




Determination of Hospice Medication Coverage in CHILDREN

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.



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.