



Advancing Palliative Care for Adults with Serious Illness: A National Review of State Palliative Care Policies and Programs

Appendix B: Scan of State Medicaid Programs for Adult Palliative Care Activity

September 2018

Palliative care is interdisciplinary, patient-centered care for individuals with serious illness, provided in a hospital, community, or home. Palliative care can be delivered alongside curative treatment at any time following an individual's diagnosis with a serious illness. As licensors, regulators, and payers of health care services, states can influence how palliative care is perceived, accessed, and delivered. In September 2018, NASHP completed a comprehensive review of states' efforts to promote and support delivery of palliative care for adults across hospital, community, and home settings.

States have significant leverage to shape how palliative services are delivered and accessed as Medicaid purchasers. NASHP compiled and analyzed Medicaid state plans and waivers, managed care model contracts, and other policy guidance to identify how states support palliative care through Medicaid policy levers. *Table 1* highlights Medicaid programs that have a defined palliative care benefit, incorporated palliative-care related quality components into one or more Medicaid initiatives/programs, and/or instituted other palliative-care related managed care requirements. *Table 2* highlights Medicaid programs that reimburse for a series of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes that can be used to reimburse for individual palliative care services in inpatient, outpatient, or community settings.

Table 1: State Medicaid Defined Palliative Care Benefits, Quality Improvement Strategies, and Related Managed Care Requirements

State	Defined Medicaid Palliative Care Benefits	Quality Metrics or Quality Improvement Initiatives	Other Palliative Care-Related Managed Care Requirements
AZ	Managed care and fee-for-service (FFS) : Arizona's "end-of-life and advanced care planning" benefit provides palliative care, in conjunction with curative treatment, to eligible adults enrolled in its FFS, managed care, and managed long-term services and supports programs (MLTSS). Suggested services include pain management, pastoral/counseling, personal care services, advanced care planning.		Managed care : Plans must maintain an adequate network of providers trained in advanced care planning. MLTSS : MLTSS plans and their care managers are required to educate members on end-of-life care and advanced care planning, and assist beneficiaries in accessing those services.
CA	Managed care and FFS : Palliative care is included as a defined benefit for eligible adults enrolled in FFS and managed care. Enrollees with qualifying conditions can receive palliative care in inpatient, outpatient, and community settings. Qualifying conditions include advanced cancer, congestive heart failure, chronic obstructive pulmonary disease, and liver disease. Services are billed using existing Medicaid codes, and include advanced care planning, assessment/consultation, care planning, pain management, mental health services, and care coordination.		Managed Care : Managed care plans must contract with qualified providers, including hospitals, long-term care facilities, clinics, hospice agencies, and home health agencies to provide palliative care services. While there are no provider training requirements, the state recommends plans contract with providers with palliative care training and/or certification.

State	Defined Medicaid Palliative Care Benefits	Quality Metrics or Quality Improvement Initiatives	Other Palliative Care-Related Managed Care Requirements
CO		<p>Financial Alignment Demonstration: Contract includes at least one related performance-based quality metric:</p> <ul style="list-style-type: none"> • HEDIS Care for Older Adults <p>(Percent of enrollees 66 years and older who had all of the following in one measurement year: advanced care planning, medication review, functional status assessment, and pain screening.)</p>	
FL	<p>Program of All-Inclusive Care for the Elderly (PACE): Palliative care included as a defined benefit for eligible Medicare-Medicaid enrollees.</p>		<p>MLTSS: Plans must implement disease management programs specific to end-of-life care and offer member quality enhancements for end-of-life care, including advanced directives.</p>
IL		<p>Financial Alignment Demonstration: Contract includes at least one related performance-based quality metric:</p> <ul style="list-style-type: none"> • HEDIS Care for Older Adults 	
IA	<p>PACE: Palliative care included as a defined benefit for eligible Medicare-Medicaid enrollees.</p>		
MA			<p>Accountable Care Organizations (ACO): Massachusetts' ACO certification requirements stipulate ACOs must have formal referral partnerships with qualified providers to deliver palliative and hospice care.</p>
MI	<p>Financial Alignment Demonstration: Palliative care is included as a defined benefit for eligible Medicare-Medicaid enrollees.</p>		
NY	<p>Financial Alignment Demonstration: Palliative care is included as a defined benefit for eligible Medicare-Medicaid enrollees. Services include family palliative care education, pain and symptom management, bereavement services, massage therapy, and expressive therapies.</p>	<p>Delivery System Reform Incentive Payment (DSRIP) Program: Performing Provider Systems (PPS) must include a minimum of five transformation projects, at least two of which are focused on clinical improvement. Palliative care is one of eight clinical improvement project options. PPS' electing palliative care projects report on five metrics that focus on integrating palliative care into the broader health care continuum.</p> <p>MLTSS: Contract includes at least one related performance-based quality metric:</p> <ul style="list-style-type: none"> • percentage of members who did not experience uncontrolled pain. 	

State	Defined Medicaid Palliative Care Benefits	Quality Metrics or Quality Improvement Initiatives	Other Palliative Care-Related Managed Care Requirements
RI		Financial Alignment Demonstration : Contract includes at least one related performance-based quality metric: <ul style="list-style-type: none"> HEDIS Care for Older Adults 	
SC	Financial Alignment Demonstration : Palliative care is included as a defined benefit for eligible Medicare-Medicaid enrollees, and focuses on pain management and comfort care. Eligible enrollees have a serious, chronic, or life-limiting illness and a history of hospitalizations for pain management, but do not qualify for hospice.		
TX		DSRIP : Participating providers can earn incentives by reporting and improving performance on measurement bundles, including one focused on palliative care. The palliative care bundle includes eight metrics.	
WA	Managed Care : Palliative care is included as a defined benefit for eligible managed care enrollees. Enrollees with a life-limiting illness can receive palliative care and care coordination in their communities, or inpatient or outpatient settings by qualified professionals, including hospitals, and hospice and home health agencies.		

Table 2: Medicaid Reimbursement for Select Palliative Care-Related Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Codes¹

State	Medicaid Reimbursement (for one or more Medicaid populations)					
	End-of-Life Counseling HCPCS (S0257)	Advanced Care Planning CPT (99497, 99498)	Home/Community Inter-disciplinary Care Team Consult CPT (99341-99350)	Inpatient/Outpatient Inter-disciplinary Care Team Consult CPT (99366, 99368)	Individual, Family, Marriage Counseling, In-Home CPT (99510)	Respite, In-Home HCPCS (T1005)
AL			✓			
AZ	✓	✓				
CA	✓	✓	✓	✓		✓
CO		✓ (99497 only)	✓	✓		✓
CT			✓			
DE	✓	✓	✓	✓	✓	✓
DC			✓	✓		✓
FL			✓			

¹ Note: NASHP reviewed CPT and HCPCS codes that California and other states use to pay for individual palliative care services in inpatient, outpatient, or community settings. NASHP’s findings in Table 2 highlight how state Medicaid agencies are reimbursing for these codes, but it is difficult to draw further conclusions about how or whether these state Medicaid programs specifically support palliative care.

State	Medicaid Reimbursement (for one or more Medicaid populations)					
	End-of-Life Counseling HCPCS (S0257)	Advanced Care Planning CPT (99497, 99498)	Home/Community Inter-disciplinary Care Team Consult CPT (99341-99350)	Inpatient/Outpatient Inter-disciplinary Care Team Consult CPT (99366, 99368)	Individual, Family, Marriage Counseling, In-Home CPT (99510)	Respite, In-Home HCPCS (T1005)
GA			✓ (99341, 99342, 99343 only)			
HI			✓	✓		
ID		✓	✓	✓		
IL			✓			
IN			✓			✓
IA		✓	✓		✓	✓
LA			✓			
ME			✓			✓
MD			✓			
MA		✓	✓	✓		
MI		✓	✓			
MN			✓		✓	✓
MO			✓	✓ (99366 only)		
MT		✓	✓			
NE		✓	✓			
NV			✓			
NH		✓	✓	✓		✓
NJ			✓ (99347, 99348)	✓		✓
NM		✓	✓			
NY			✓			
NC			✓			✓
ND			✓	✓ (99366 only)		
OH		✓	✓	✓		
OK			✓	✓		✓
OR			✓			
PA			✓			
SC		✓	✓		✓	
SD			✓	✓ (99366 only)		
TX			✓			

State	Medicaid Reimbursement (for one or more Medicaid populations)					
	End-of-Life Counseling HCPCS (S0257)	Advanced Care Planning CPT (99497, 99498)	Home/Community Inter-disciplinary Care Team Consult CPT (99341-99350)	Inpatient/Outpatient Inter-disciplinary Care Team Consult CPT (99366, 99368)	Individual, Family, Marriage Counseling, In-Home CPT (99510)	Respite, In-Home HCPCS (T1005)
UT		✓	✓	✓		
VT			✓	✓	✓	✓
VA	✓	✓	✓	✓	✓	✓
WA	✓	✓	✓	✓		
WV			✓			
WY			✓	✓ (99366 only)		
Total:	5 States	17 States	42 States	19 States	6 States	14 States