

January 4, 2025

Policy Summary: Community Palliative Care Benefit Implementation for Hawaii Medicaid

Community Palliative Care Benefit Implementation for Hawaii Medicaid

The Med-QUEST Division (MQD) of Hawaii is introducing a new community palliative care benefit, marking the first approval of its kind by the Centers for Medicare and Medicaid Services (CMS). This program aims to provide specialized medical care to individuals living with serious illnesses outside of hospital settings, particularly targeting members who do not qualify for hospice care but require additional support to manage their conditions. Additional details on implementation of this important new benefit can be found in the MQD memorandum [QI-2430](#).

Purpose and Overview

The new benefit is designed to improve the quality of life for Medicaid members experiencing serious illnesses. The program emphasizes patient-centered care, focusing on relieving pain and symptoms while improving overall wellbeing. It also aligns with the broader goals of value-based and whole-person care in Medicaid services.

Key Differences Between Palliative and Hospice Care

While both palliative and hospice care aim to improve the quality of life for those with serious illnesses, they differ in timing and scope:

- **Palliative Care** is available at any stage of illness, alongside curative treatments, and focuses on symptom relief, pain management, and quality of life.
- **Hospice Care** is specifically for individuals in the final stages of a terminal illness, with a life expectancy of six months or less. Hospice care shifts the focus from curative treatments to comfort.

Service Delivery and Clinical Criteria

The community palliative care benefit is designed to be delivered in non-hospital settings, such as the member's home, outpatient clinics, community health centers, and long-term care facilities. The services provided are comprehensive, addressing physical, emotional, social, and spiritual needs. An interdisciplinary team of healthcare professionals will work collaboratively to ensure that care is coordinated effectively.

Eligibility for this benefit is determined based on specific clinical criteria, including the diagnosis of a serious illness and evidence of functional decline. The care plan will be developed with input from the member, their family, and healthcare providers to ensure alignment with the member's goals.

Goals and Benefits of the Program

The main goals of the program include improving health equity, reducing healthcare costs by preventing unnecessary hospital admissions, and enhancing the overall quality of life for individuals with serious illnesses. By addressing gaps in care for individuals who do not meet the criteria for hospice but still require intensive support, the program seeks to provide a much-needed service for vulnerable populations.

Implementation Timeline and Transition Plan

The community palliative care benefit will be implemented on January 1, 2025. Health plans currently providing supportive care through value-added benefits will transition to the new service model by June 30, 2025. This transition will be carefully coordinated to avoid gaps in care, ensuring a smooth changeover for members who require continued palliative care services.

Health Plan and Provider Responsibilities

Health plans are responsible for educating providers and members about the new benefit, contracting with qualified providers, and ensuring that services are delivered in line with the program's standards. Providers must meet specific qualifications and demonstrate their capacity to deliver high-quality palliative care. Regular care coordination meetings between health plan and provider will be critical to the success of this initiative, as will be monitoring of service delivery and outcomes.

Billing and Reimbursement

The palliative care benefit will be reimbursed through a bundled payment model, covering the comprehensive services provided by the interdisciplinary team. Health plans will be responsible for prior authorizations and will ensure that services are delivered according to the agreed-upon care plan. Additional services not covered by the bundled payment may still be reimbursed separately, such as behavioral health support and home health services. Healthcare providers caring for people with serious illness will be reimbursed to assess and refer members to palliative care services separate from the bundled payment model. Palliative care providers will also be paid to reassess the member to ensure that the care plan for the member aligns with member goals for care and their specific needs.

Future Evaluation and Adjustments

MQD is conducting a rapid cycle evaluation to assess the effectiveness of the benefit and make necessary adjustments. Feedback from health plans and providers will play a vital role in refining the program to meet its objectives.

The introduction of the Community Palliative Care Benefit marks a significant step forward in improving the quality of care for individuals with serious illnesses in Hawaii. By providing an additional layer of support for those who do not qualify for hospice, this benefit aims to address gaps in care, reduce unnecessary hospitalizations, and ultimately enhance the quality of life for Medicaid beneficiaries. As the program is implemented, continuous collaboration among health plans, providers, and the Med-QUEST Division will be crucial to ensuring its success. We look forward to seeing the positive impact this initiative will have on the health and wellbeing of our community.