General Inpatient FAQ's

Information for Hospice Providers
April 2017

1. What is hospice GIP?

General Inpatient Care ("GIP") is short-term inpatient care provided for a patient's pain management or acute or chronic symptom control that cannot be managed in other settings. This level of care must be provided in a participating Medicare or Medicaid hospital or skilled nursing facility under an agreement, or provided directly in a participating Medicare hospice inpatient facility. It is not appropriate to bill Medicare for general inpatient care days for situations where the individual's caregiver support has broken down unless the coverage requirements for the general inpatient level of care are otherwise met. Inpatient respite care may be appropriate in some situations.

2. Where can I find the Medicare Conditions of Participation (COPs) regarding GIP?

a. **General Inpatient Care provided under contract**
   i. 42 C.F.R. Section 418.108
   Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.
b. **General Inpatient Care provided by hospice directly**
   i. 42 C.F.R. Section 418.110
   A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the standards in this regulation.
c. **Covered Services**
   i. 42 C.F.R. Section 418.202 (e)
   Short-term inpatient care provided in a participating hospice inpatient unit, or a participating hospital or SNF, that additionally meets the standards in §418.202 (a) and (e) regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. Inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management.

d. **Payment Procedures for Hospice Care**

i. 42 C.F.R. Section 418.302 (b)(4)

A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

3. Are there state laws regarding GIP?

Possibly. Some states have their own requirements regarding the provision of GIP services; many states follow only the Medicare COPs. Many states have statutes and/or regulations regarding a hospice providing GIP in a hospice inpatient unit, including specific Certificate of Need and licensure requirements. You will need to check your state's requirements.

4. Does my hospice have to provide GIP?

GIP is one of the four levels of hospice care (the other three are routine home care (RHC), respite and continuous home care (CHC)). The COPs require a hospice to be able to provide all four levels of care as part of their Medicare certification. If a hospice does not have its own hospice inpatient facility or unit where it can provide GIP care directly, it must contract with a participating hospital, SNF, or another hospice inpatient facility to provide GIP care.

5. Where can GIP care be provided?

GIP care can only be provided in one of the following three settings:

a. A Medicare certified hospice inpatient unit or facility
b. A Medicare certified hospital
c. A Medicare certified skilled nursing facility (which must have 24-hour RN coverage and cannot have a waiver for the 24-hour RN coverage)

6. Does my hospice need to have a written agreement with a hospital or skilled nursing facility if they will provide the GIP care to our hospice patients?

Yes. A hospice must have a written agreement with a hospital or skilled nursing facility if the hospice will use those entities for the GIP services, and the agreement must meet the requirements specified in 42 C.F.R. §418.108(c).

7. Why does my hospice need to have a written agreement with a facility to provide GIP services to our hospice patients?

There are a few reasons why a written agreement is required.

a. The Medicare regulations require it.
b. A written agreement sets out in detail what each party is responsible for.

c. When a hospice contracts out for the GIP services, the hospice is still responsible for managing the hospice patient. This means that the hospice plan of care controls the care, treatment and services to be provided to the patient.
d. In order for the hospice to meet its obligations under the COPs, the hospice needs to make certain that the facility and its staff understand the hospice's obligations as well as the facility's obligations.

e. Both parties must make it clear, both in the agreement and in practice, that the agreement for GIP services meets the federal safe harbor provisions, (see below for a more detailed description) and that the services are being provided in a legally acceptable manner, and not in violation of any federal or state laws.

8. What must be included in an agreement with a facility for GIP services?

In addition to making it very clear that the hospice has the overall responsibility for managing the care and treatment of the patient, and for developing the hospice plan of care and making any changes to the hospice plan of care; the agreement must also include provisions regarding the following (these are just some of the requirements):

a. The admission and discharge of the hospice patient from the GIP level of care is made only by the hospice;
b. The facility must have a registered nurse available 24-hours per day to provide direct patient care;
c. The facility must have patient care areas and patient rooms that meet very specific requirements in the regulations;
d. The facility must allow the patient's friends, family and hospice staff to visit 24-hours per day;
e. The hospice has to provide training to the facility staff regarding, among other things, the hospice philosophy, the hospice's policies and procedures, and the treatment to be provided for hospice patients;
f. The facility must allow hospice staff to come at any time to assess and treat the hospice patient;
g. The facility medical record includes all inpatient services furnished and a copy of the record is made available to the hospice

9. Who decides whether a patient needs GIP?

The hospice IDG must make a determination based on the patient's clinical condition whether the patient requires GIP care to manage the patient's pain or symptoms. The decision regarding whether a patient needs GIP care cannot be made by anyone other than the hospice IDG and the decision can only be based on the patient's need for management of pain or symptoms which requires management in the GIP setting because the pain or symptoms cannot be managed in another setting.

The hospice physician will review the available clinical information about the patient's status to determine if in increase in level of care to general inpatient is required to manage the patient's acute symptom crisis.

10. What documentation must be included to support the need for GIP level of care?

Per the Medicare Benefit Policy Manual, CMS Publication 100-02, Chapter 9, 40.1.5:

> *General inpatient care is allowed when the patient's medical condition warrants a short-term inpatient stay for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings.*

Based on the above language, it is important for the documentation to clearly document the intensity of patient care needs, focusing on pain control, symptom management, or other medically necessary interventions that cannot be provided in another setting such as a nursing facility, assisted living facility, or in the home. Documentation should describe the patient's needs, e.g., for around-the-clock medication adjustments, observation, or stabilizing treatments such as assessment of acute unstable symptoms. For example, "Attempts to manage the patient's escalating pain levels in the home setting over the past two days have failed to achieve the desired level of comfort. Patient will require frequent RN/NP/MD assessment and titration of medications in an inpatient setting to control pain."

11. The hospital has referred a patient to the hospice that they feel is eligible for GIP level of care. Is the hospice obligated to admit to GIP level of care?

No, the admission and discharge of a hospice patient from GIP level of care is made by the hospice interdisciplinary team, with hospice eligibility determined by the hospice physician in collaboration with the attending physician. The level of care is determined by the hospice interdisciplinary team (see FAQ #9).

12. Are there any limits to the number of GIP days that can be provided?

For the hospice overall, there is a GIP limit of 20% of the total hospice days provided to beneficiaries during the cap year. Beginning in 2017, the cap year will match the Federal Fiscal Year of October 1 to September 30. On an individual patient basis, there is no set limit but it is described in the law and regulations as "short term inpatient care." Each day of GIP must have documentation of on-going assessment of the patient and a determination that this level of care continues to be appropriate. Longer stays in GIP (> 5 days at the GIP level of care) are under increased scrutiny. Clinical criteria for GIP will be discussed in a future set of FAQs.