

Hospice Payment Reform Provider Education, Idaho Hospice Program

To All Hospice Providers: Please see Medicaid Information Release MA 15-08 which addresses CMS Rule and Routine Home Care Rates for Hospice, www.idmedicaid.com, Information Release. Hospices will file claims for Medicare primary participants who also have Medicaid according to CMS requirements. What follows is a discussion of steps for hospice providers for those participants with Third Party Insurance and Idaho Medicaid or Idaho Medicaid primary.

1. A revised Hospice Notification form as been posted on the Health & Welfare website, www.medunit.dhw.idaho.gov, hospice. This is a fillable form which can be completed, printed, and then faxed. This December 2015 revision has added a section entitled "Authorization Request for Revenue Code 651". The Notification form contains a section for the medical review election and recertification documents, a section for Revenue 658 Room & Board authorization, and a section for Revenue 651 Routine Home Care authorization. The hospice provider is required to fill out the appropriate section of the form. Medicaid approves eight month election periods and eight month recertification periods.
2. For Hospice to be paid according to Hospice Payment Reform authorizations will be created and manually priced. Beneficiaries with **Medicaid primary** will be created and priced as Notifications are received.
3. Beneficiaries with **Third Party Insurance** will have authorizations created, but the authorization cannot be "priced" until the EOB is received. Note will say "Pricing will be added when 3rd party EOB is received." If a claim is filed prior to the AUTH being priced it will deny. Hospice will need to fax the EOB from the 3rd party insurer. Once the EOB is received, the authorization will be priced to pay the remaining amount due to the hospice. Once priced the Log will note "pricing complete" and the hospice may file the claim. These cases will be infrequent.
4. Authorizations will be created and priced for the Day 1-60 higher payment rate time period, the Day 61-240 reduced rate time period, and subsequent reduced rate periods when applicable. Also, a separate authorization will be created and priced for the Service Intensity Add-on (SIA) time period. The provider will need to list each date for which the SIA applies, and note the total increments of service provided by a Registered Nurse and/or Social Worker for each of these days. The notes within the authorization will address which type of 0651 AUTH it is.
5. The day count calculations will include hospice days that occurred on or after October 1, 2015.
6. The Medical Care Unit will email a Log to the primary hospice contact weekly documenting what has been processed in the system, because hospice providers are not able to view everything which has been processed in the Molina system.
7. The hospice provider can view both Revenue Code 0651 and 0658 authorizations in the Molina system under authorization status. It is advised for the hospice to view the NOTES which are in the AUTH as the notes will identify the type of Revenue 651 AUTH (higher rate, reduced rate, or service intensity add-on). If the hospice provider is calling Molina Customer Service for the AUTH number, the provider may ask that the NOTES be read to the provider. It is important for the Hospice provider to file claims for Revenue 658 and 651 in accordance with the appropriate authorization number and date range.

8. FOR PARTICIPANTS WITH ELECTIONS ALREADY APPROVED, the hospice review nurse will count days and create authorizations as appropriate without the hospice faxing anything to the MCU. The day count begins 10/1/15, the AUTH dates will begin 1/1/16. The dating of these Revenue 0651 AUTHS will be Logged and the Log emailed to the appropriate hospice in January.
9. Below are various examples to illustrate which section of the form to complete, but it does not include all potential situations. The goal is for the Medicaid system to keep hospice and residence status updated in a timely way for all Medicaid participants receiving hospice services. Different sections of the form allow for information to be faxed, so please **fill out the applicable section**. "Notes" on form allow for specific detail to be added:

Election:

Medicare primary, home or ALF, complete Medical Review section only

Medicare primary, SNF, complete Medical Review section and Rev 0658 section

Medicaid primary, home or ALF, complete Medical Review, Rev Code 0651 section

Medicaid primary, SNF, complete Medical Review, Rev Code 0658 and 0651 sections

Third Party Insurance/Medicaid, same as if Medicaid primary. The election will be processed, but the Rev 0651 authorization cannot be priced until the EOB is faxed to the MCU

Recertification:

Same as above

Discharge or Revoke: (after election has been processed)

Medicare primary, home or ALF, complete End of Care Notification

Medicare primary, SNF, complete End of Care Notification and check box to end date AUTH

Medicaid primary, home or ALF, complete End of Care & check box end date Rev 0651 AUTH

Medicaid primary, SNF, complete End of Care & check box end date rev 0658 AUTH

Service Intensity Add-On:

Medicare primary, home, ALF, SNF – not applicable

Medicaid primary, RN/LCSW service last 7 days of life, complete and fax after participant has expired

10. **IMPORTANT BILLING INFORMATION, beneficiaries with Third Party Insurance and/or Medicaid, Rev. 0651 claims dates of service 1/1/16 and after:** From 1/1/16-1/31/16 claims adjudicators will apply the authorization number to the claim if hospice has not provided it on the claim. Beginning February 1st, claims will deny if the authorization number is not provided on the claim by the billing hospice agency. Any claim paid incorrectly will be automatically re-processed by Molina. Revenue 0651 "higher rate" and "reduced rate" AUTHS will have the daily rate by county in the AUTH and the Hospice provider will bill by number of Units (days of care). The "Service Intensity Add-on" AUTH will be priced with a total amount due and billed with one Unit.
11. If a hospice provider has questions about authorizations, email hospiceservices@dhw.idaho.gov. For questions about the rates, contact the Office of Reimbursement, Division of Medicaid, at (208) 287-1162.

Jan Ehrhart RN,BSN, hospice nurse reviewer, Medical Care Unit, Medicaid, 12/30/15

