

## REVISED Hospice Payment Reform Provider Education, Idaho Medicaid Hospice Program, 2/22/16

Provider Education was originally faxed 12/30/2015 to all hospice agencies. Due to various factors, the way Idaho Medicaid will comply with Hospice Payment Reform has changed. It will not be necessary to obtain an authorization for Day 61 and over Reduced Rate days, except in cases where the final seven day of life Service Intensity Add-On is to be paid. Hospice is not its own eligibility category within the Molina Medicaid system, but is set up as a "claim restriction program", which is why it requires special handling in order to comply with Hospice Payment Reform. This does not pertain to participants without Medicare.

Please read the following closely and refer to the updated Hospice Notification form. Please forward this document to appropriate personnel in the Business Office, Nursing Department, or Administration, as only one primary contact for each hospice has received this email. Please see Medicaid Information Release MA 15-08 which addresses CMS Rule and Routine Home Care Rates for Hospice (Revenue Code 0651), [www.idmedicaid.com](http://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 has been posted on the Health & Welfare website, [www.medunit.dhw.idaho.gov](http://www.medunit.dhw.idaho.gov), hospice. This is a fillable form which can be completed, printed, and then faxed. The **February 2016 revision** is the form to utilize from today forward. The hospice provider is required to fill out the appropriate sections of the form, which cannot be processed if submitted incorrectly. 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 for Routine Home Care Revenue 0651 Day 1-60 Higher Rate. A separate authorization will also be created for last seven days of life Service Intensity Add-on (SIA), if hospice wishes to be paid for these increments of care, whether the routine daily payment is at Higher Rate or Reduced Rate. The Reduced Rate days of care alone will not require an authorization number because the set price on file within the fee schedule is the Reduced Rate per county. The price on file changes in the Molina computer system effective 2/22/16.**
3. Summary of Medicaid Hospice Program for participant's who do not have Medicare:
  - A. Revenue Code 0651 require PA for the Day 1-60 Higher Rate with **60 Units**; note the AUTH number on the claim.
  - B. If hospice wants to receive Service Intensity Add-on Payment for last 7 days of life, an AUTH with date range of seven days will be created combining the appropriate routine daily rate (either higher or reduced) and the SIA increment payment. There will be a grand total price in the PA which will have **1 Unit**. The Medical Care Unit prices SIA AUTHS. Note the AUTH number on the claim. **SIA related AUTHS will always be a separate AUTH number with seven day range,**

**or less.** Note the total increments of service provided by a Registered Nurse and/or Social Worker for each of these days.

C. Day 61 and over will auto-pay per price on file at Reduced Rate per county without an authorization number. No AUTH number required on the claim. Exception is if the last 7 days of life requires an SIA AUTH.

D. If an AUTH number as discussed in A. and B. is not noted on a claim, the claim will pay at the Reduced Rate amount.

E. If hospice is billing monthly, it is possible within one claim to submit for the Rev 0651 AUTH dates, Reduced Rate days which will not have AUTH number, and Rev 0651 SIA AUTH number on different claim lines. Or a hospice may bill the various date ranges within the month in separate claims.

F. If a participant receives General Inpatient or Respite Care, then those dates have to be removed from any Rev 0651 AUTH which may have been created. The 0651 AUTH will need to be end dated and restarted appropriately. Please fax the Hospice Notification with dates of GIP or Respite.

4. The "notes" within the authorization will address which type of 0651 AUTH it is: Higher Rate or Service Intensity Add-on.
5. 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 on-line.
6. 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, or service intensity add-on with higher rate or service intensity add-on with reduced rate). 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 0658 and 0651 in accordance with the appropriate authorization number and date range. Revenue 0658 Room & Board authorization processes are not changing.
7. Beneficiaries without Medicare and with Third Party Insurance: Coordination of benefits will occur as claims will be priced from the fee schedule and coordination of final payment will occur. There may be cases in which pricing is entered on an individual bases based upon the benefit paid by the 3<sup>rd</sup> party insurer. Hospice may fax a cover sheet titled "Hospice, EOB, name and MID #" followed by the explanation of benefits (EOB) from the 3rd party insurer with a discussion of what amount is due from Medicaid. 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.
8. It is the hospice provider responsibility to correctly bill and verify that all payments received from Idaho Medicaid are correct. Please check all payments very closely as to payment rates. Program Integrity may become involved if incorrect or duplicate payments are not brought to the attention of Medicaid by the Hospice Agency. If a hospice is overpaid at Higher Rate, the payment can be returned to Medicaid and claim re-filed. The Reduced Rate price per county is set in the system effective 2/22/16.

9. Contact a Molina Customer Service Representative at 866-686-4272, or your Regional Molina Provider Relation Consultant regarding any claim payment errors.
10. If a hospice provider has questions about authorizations, email [hospiceservices@dhw.idaho.gov](mailto:hospiceservices@dhw.idaho.gov). For questions about the rates, contact the Office of Reimbursement, Division of Medicaid, at (208) 287-1162.

**EXAMPLES:**

1. If a participant is under care of your hospice for 100 days and passes away, there will be a Rev 0651 AUTH for days 1-60 (60 Units), no authorization for days 61-93, and an SIA AUTH (1 Unit) for days 94-100, the last seven days of life.
2. If participant elects hospice and passes away within first 7 days, there will be one AUTH created using higher rate x days of care, and then adding SIA increments. One Unit and grand total will be entered into the SIA AUTH.
3. If participant expires after the first 60 days of care, provider submits the Notification with SIA increments and an AUTH will be created using Reduced Rate x 7 days, and then adding SIA increment payment. One Unit and grand total will be entered into the SIA AUTH.
4. If part of the last seven days of life is with day 1-60 and part day 61 and after, the appropriate rates will be multiplied by the number of days and then adding SIA increments. One Unit and grand total will be entered into the SIA AUTH.
5. If a Day 1-60 AUTH is already in place, and the participant expires within this time frame, the Day 1-60 AUTH will be end dated on the eighth day prior to participant passing away. A new SIA specific AUTH will be created using higher rate x days of care, and then adding SIA increments. One Unit and grand total will be entered into the SIA AUTH.

Thank you for your service to Idaho Medicaid participants and for your attention to the instructions provided in this document. Complying with this guidance will improve the efficiency and accuracy of your hospice receiving payments from Idaho Medicaid.

Hospice Nurse Reviewer, Medical Care Unit, Medicaid, 2/22/16