

A Joint Presentation Between



Hoosier Care Connect

Hospice Changes



Agenda

Hospice for members enrolled in Hoosier Care Connect:

- Who is Responsible?
- Billing Guidelines
- Service Intensity Add-on (SIA)
- Hospice Benefits
- Hospice Rates

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Who is Responsible?



Who is Responsible?

- All covered hospice benefits for members enrolled in Hoosier Care Connect will be the responsibility of the enrolling health plan, **effective January 1, 2019.**
- Members will remain enrolled with their managed care entity (MCE) for the duration of the hospice period whether the member receives in-home hospice care or institutional hospice care.

For more information, please refer to [BT201809](#).



Who is Responsible?

- The hospice provider is responsible for coordinating all hospice services with the member's MCE.
 - Obtaining prior authorization (PA).
 - **Anthem Blue Cross and Blue Shield (Anthem) requires notification of Nursing Facility admission.**
 - Ensuring the member has an institutional hospice level of care (LOC), as appropriate.
- For additional information about PA, claim submission, and other requirements related to hospice services for Hoosier Care Connect members, contact Anthem Care Management at **1-844-284-1797** or MHS Provider Services at **1-877-647-4848**, depending on the MCE with which the member is enrolled.
- Members enrolled in Hoosier Healthwise, including the Children's Health Insurance Program (CHIP), will continue to be transitioned out of managed care when electing hospice.



Requirements

When a patient is admitted to Hospice, the following information will need to be reported to CMS:

- Member Name
- Date of Birth
- Member ID
- Hospice Provider's Name
- Hospice Provider Medicaid ID
- Dates of Service
- The Benefit Period the Member Is In
- Name of the Nursing Facility
- Nursing Facility Medicaid Provider ID



Billing Guidelines



Billing Guidelines

- Effective January 1, 2019, IHCP has revised billing guidelines for hospice claims in a nursing facility* with dates of service (DOS) on or after January 1, 2019.
 - Claims for routine home care hospice services delivered in a nursing facility must be billed with revenue code 650 (previously billed using revenue code 653).
 - Claims for continuous home care hospice services delivered in a nursing facility must be billed with revenue code 658 (previously billed with revenue code 654).
 - Claims billed with revenue codes 653 and 654 for DOS on or after January 1, 2019, will deny.

For more information, please refer to [BR201847](#).

*** For hospice services provided in the patient's home, the billing guidelines have not changed.**



Service Intensity Add-on (SIA)



Service Intensity Add-on (SIA)

- Service Intensity Add-on (SIA) payments are in addition to the routine home care per diem rate in both the private home and in the nursing facility.
- SIA payments are made for services provided by a registered nurse (RN) or social worker during the last 7 days of a member's life.
- The SIA payment amount is calculated using the continuous home care hourly rate adjusted by the regional wage index.



Service Intensity Add-on (SIA)

- The SIA payment is limited to 16 units or 4 hours per day and is applied only to routine home hospice care level of care (LOC).
- The billing guidance for SIA payments for DOS on or after January 1, 2019 is unchanged from current practice as follows:
 - The following revenue codes must be billed for the SIA payment, as appropriate:
 - 551 – RN SIA payment
 - 561 – social worker SIA payment



Service Intensity Add-on (SIA)

- The SIA revenue codes must be billed as detail line items on the claim in conjunction with billing for routine home care hospice services for the same DOS.
- Routine home care hospice services must be billed with revenue codes 650 or 651 for DOS on or after January 1, 2019.
- A procedure code is not required in conjunction with revenue code 551 or 561.
- Claims with revenue code 551 or 561 must include occurrence code 55 and the date of death in the first open occurrence code field.
- The claim must include a patient discharge status code of 20, 40, 41, or 42 (field 17 of the UB-04 claim form).



Hospice Benefits



Hospice Benefits in a Facility

- The hospice provider is responsible for obtaining prior authorization (PA) and for reimbursing the facility.
 - Anthem requires notification of nursing facility admission.
 - MHS does require PA for Hospice Services.
- As the professional manager of the member's hospice care, the hospice provider is responsible for obtaining contracts with IHCP providers for arranged services.
- The hospice provider will pay the facility according to the contract between the hospice provider and the facility where the member receives care.



Hospice Benefits

- The contract between the hospice provider and the facility covers all costs related to the terminal illness.
- The hospice provider will submit claims directly to the MCE for reimbursement.
- The hospice provider will be paid at the rate appropriate to the level of care provided to the hospice member; general inpatient (GIP) hospice level of care will be reimbursed at the GIP rate and inpatient respite hospice level of care will be reimbursed at the respite rate.



Hospice Rates



Hospice Rates

- The Centers for Medicare & Medicaid Services (CMS) released new federal hospice rates for federal fiscal year 2019 (FFY 2019), effective for dates of service October 1, 2018, through September 30, 2019, inclusive.
- These rates are the basis for payments to Medicaid-enrolled hospice providers.
- Reimbursement for IHCP hospice benefits is based on the methodology established by the CMS for the administration of the federal Medicare program.

Please reference IHCP Bulletin [BT201852](#).



Hospice Rates

- IHCP rates include payment for any Medicare coinsurance amounts and are further adjusted for regional wage differences.
- The total per diem amounts reimbursed to IHCP-enrolled providers are calculated according to the IHCP hospice member's level of care (LOC).



Hospice Rates

- Routine home hospice LOC in the private home – **IHCP hospice per diem only.**
- Routine home hospice LOC in the nursing home – **IHCP hospice per diem plus room and board per diem.**
- Continuous home hospice LOC in the private home – **IHCP hospice per diem only.**



Hospice Rates

- Continuous home hospice LOC in the nursing home – **IHCP hospice per diem plus room and board per diem.**
- Inpatient respite care for the private home members or nursing facility members – **IHCP hospice per diem only.** (There is no additional room and board per diem for this service.)
- General inpatient care for the private home members or nursing facility members – **IHCP hospice per diem only.** (There is no additional room and board per diem for this service.)



Hospice Rates

- The service intensity add-on (SIA) payment is in addition to the routine home care per diem rate in both the private home and in the nursing facility.
- The SIA payment is equal to the continuous home care hourly rate multiplied by the hours of nursing or social work provided on the date of service (up to 4 hours total).
- The SIA payment is also adjusted for regional wage differences.



Hospice Rates

- The hospice per diem rates for both routine and continuous home hospice LOC in the private home, as well as the SIA in the private home, are adjusted using the wage index for the city or county where the member resides.
- The hospice per diem rates for both routine and continuous hospice LOC in the nursing facility, as well as the SIA in the nursing facility, are adjusted using the wage index of the city or county where the hospice facility is located.



Hospice Rates

Federal per diem rates for routine home care, continuous home care, inpatient respite care, and general inpatient care, effective October 1, 2018, through September 30, 2019.

Level of care	Daily rate	Component subject to wage index	Unweighted component
Routine home care (days 1-60)	\$196.50	\$135.02	\$61.48
Routine home care (days 61+)	\$154.41	\$106.10	\$48.31
Continuous home care	\$997.77	\$685.57	\$312.20
Inpatient respite care	\$185.27	\$100.29	\$84.98
General inpatient care	\$758.07	\$485.24	\$272.83



Hospice Rates

Federal rates for service intensity add-on payments made in conjunction with routine home care, effective October 1, 2018, through September 30, 2019.

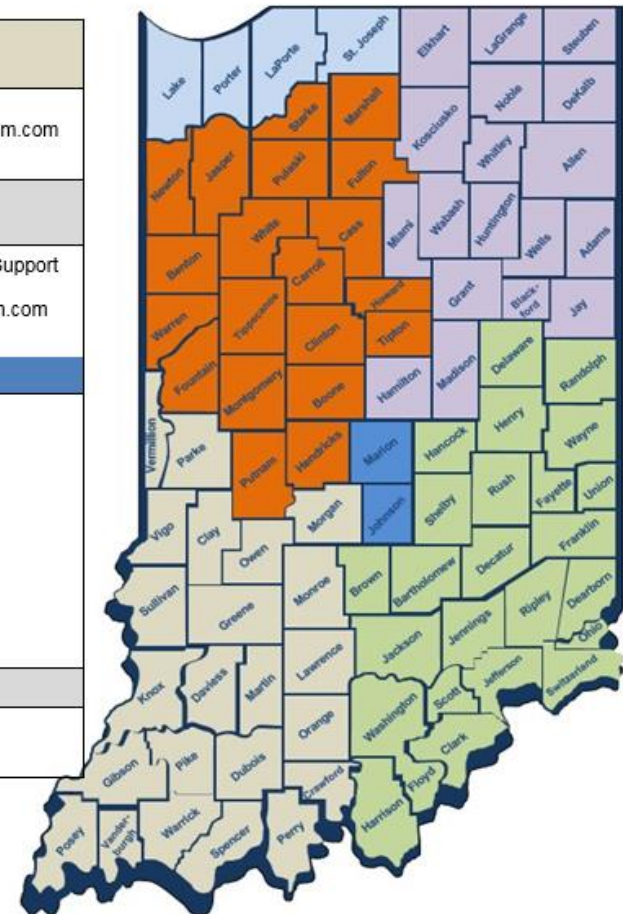
Level of care	Daily rate	Component subject to wage index	Unweighted component
Service Intensity add-on	\$40.70	\$27.97	\$12.73

Anthem Network Education Representatives



Network Relations — State of Indiana Territory Map

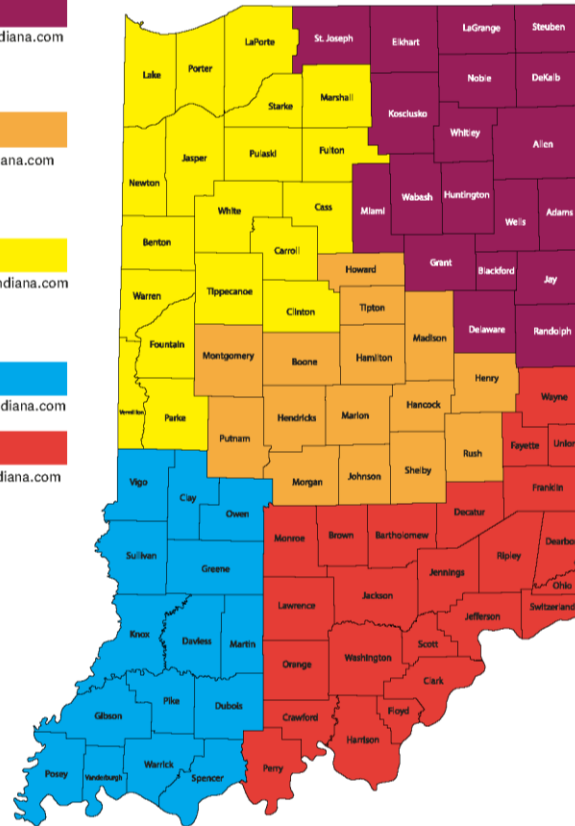
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Johnson County: 46162 (Needham), 46124 (Edinburgh), 46184 (New Whiteland), 46131 (Franklin)	Johnson County: 46106 (Bargersville), 46181 (Trafalgar), 46142 and 46143 (Greenwood), 46164 (Nineveh)	
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MHS Provider Relations Network



Indiana



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Questions?