



# The HCA Hospice Program

Office of Medicaid Eligibility and Policy  
Medicaid Eligibility and Community Support  
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# Overview

# Hospice Program Services

The HCA Hospice Program is a 24-hour a day program provided by an interdisciplinary team for persons with a terminal illness and a prognosis of six months or less to live, if the illness runs its normal course.

The hospice program allows the participant to choose physical, pastoral/spiritual, and psychosocial comfort, and palliative care rather than a cure.

# Hospice

Hospice care is initiated by the choice of the client, family or physician. The client's physician must certify a client as appropriate for hospice care. Hospice can be ended at any time by the client or family (revocation) by the hospice agency (discharge) or by the death of the client (expired).

Hospice care may be provided in a client's home, in a medical institution including a hospice care center, nursing facility, or in an alternate living facility.

# The Hospice Agency

# Approved Provider

How does a hospice care center become an approved provider with Medicaid? To become a Medicaid hospice care center, the hospice agency must:

- Be enrolled as an approved hospice agency with Medicaid.
  - For more information: <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#h>
  - Submit a letter of request to:
    - Health Care Authority – Medicaid Program
    - Hospice Program Manager
    - P.O. Box 45506
    - Olympia, WA 98504-5506

## How to – cont'd

A hospice agency must provide all of the following documentation confirming that the agency is:

- Medicare-certified by DOH as a hospice care center
- Approved by the Centers for Medicare and Medicaid Services (CMS) in an approval letter
- Providing one or more level of hospice care, such as:
  - Routine home care
  - Inpatient respite care
  - General inpatient care (requires a registered nurse on duty 24 hours a day, seven days a week)



## How to – cont'd

A hospice agency qualifies as an approved hospice care center with Medicaid when:

- All the requirements are met
- The Medicaid agency provides the hospice agency with written notification

# Requirements for Hospice Payment

# Client's eligibility Verification

Many Apple Health clients are enrolled in managed care, clients who are dual eligible, have Medicare and Medicaid, however, are not enrolled in managed care.

Clients in managed care must see only providers who are in their plan's provider network, unless prior authorization is made or emergent care is required.

Always check for a client's enrollment in managed care before providing services.

For more information: [Apple Health Managed Care page](#)

# Medicaid Payment Requirements

When does Hospice Care end?

Hospice care ends when:

- The client or an authorized representative revokes the hospice care (see [RCW 7.70.065](#))
- The hospice agency discharges the client
- The client's physician determines hospice care is no longer appropriate
- The client dies

# Medicaid Payment Requirements

The election statement must be filed in the client's hospice medical record within two calendar days following the day the hospice care begins. An election statement requires all of the following:

- Name and address of the hospice agency that will provide the care
- Documentation that the client is fully informed and understands hospice care and the waiver of other Medicaid or Medicare services, or both
- Effective date of the election
- Signature of the client or the client's authorized representative

# Medicaid Payment Requirements

The hospice agency must notify the Health Care Hospice program manager of the start-of-care date within five working days of the first day of hospice services.

This includes clients with third-party or Medicare coverage or both. It also includes all Medicare clients who currently reside in a nursing facility, or will be admitting to a nursing facility, who have not yet applied or been approved for Medicaid to cover the cost of room and board.

# Medicaid Payment Requirements

If a client has Medicaid and the hospice agency does not plan to bill Medicaid, the hospice agency still must send the Medicaid agency a completed HCA/Medicaid Hospice Notification form, HCA 13-746.

The HCA 13-746 is needed to ensure the correct program is chosen for the client. It is required to notify HCA when a client has elected hospice since most items are included in the hospice rate.

# Why submitting a timely HCA 13-746 is important?

The form must be received within five business days from the begin date, in order for Medicaid to pay back to that date.

For an exception-to this requirement, see slide 18.



Washington State Health Care Authority Clear Form

### HCA/Medicaid Hospice Notification

FAX 360-725-1965 (notification)  
For verification of hospice dates, please check the ProviderOne website at  
<https://www.waproviderone.org>

Please fill out the form electronically, then print the form and fax to 360-725-1965.

ACES CLIENT ID NUMBER		CLIENT NAME (LAST, FIRST, MI)			
CLIENT DATE OF BIRTH		SOCIAL SECURITY NUMBER			
HOSPICE NPI NUMBER		HOSPICE CONTACT		HOSPICE TELEPHONE NUMBER	HOSPICE FAX NUMBER
PROVIDERONE PROVIDER NUMBER			PROVIDERONE CLIENT ID		
Name and mailing address of hospice agency:					
<input type="checkbox"/> Election/hospice begin date		<input type="checkbox"/> Hospice end date		Reason for end date	
				<input type="checkbox"/> Deceased <input type="checkbox"/> Discharged <input type="checkbox"/> Revoked	
Provider NPI	Physician or Dx change date	Physician name		Diagnosis code	Description of Dx code
A.	From: To:				
B.	From: To:				
C.	From: To:				
Total monthly hospice rate (cost of care) anticipated			<input type="checkbox"/> Late notification, give reason:		
Date of notification letter/communication		Date application sent	Date Release of Information Faxed	<input type="checkbox"/> Medicare primary	
Place of service (choose one)		Name and physical address		Dates of residence	
<input type="checkbox"/> Home				From To	
<input type="checkbox"/> Nursing home					
<input type="checkbox"/> Hospice care center (145) or (656)					
<input type="checkbox"/> In-patient hospital (656)					
If the client is currently in a nursing home, hospice care center or hospital, and wishes to return home, does a medical provider certify that it will likely happen within six months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the client need a monthly home maintenance allowance as a participation deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					

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HCA 13-746 (12/16)

HCA/Medicaid  
Hospice  
Notification form,  
HCA 13-746

# HCA / Medicaid Hospice Notification

The following are some circumstances in which an exception may be granted for late notification:

- Fires, floods, earthquakes, or other unusual events that inflict extensive damage. Provider unable to submit the form due to HCA systems issues that are beyond the control of the provider.
- Other circumstances determined by the agency to be beyond the control of the provider.

Note: such circumstances do not include failure to submit the form for a Medicare client in a NF, or likely to be placed in one, because no application has been made or completed at the time of the hospice election.

# Client Eligibility

# Client Eligibility

A person must be eligible for one of the Apple Health programs listed in WAC [182-501-006](#) or the Alien Emergency Medical (AEM).

Requirements that must be met include:

- Verification of age and identity
- Citizenship or a satisfactory immigration status
- Residency
- Social Security Number
- Assignment of medical support rights

Note: Medicare is the first payer for those who receive Medicare.

# Hospice as a Service

To elect to receive hospice care through HCA's hospice program, a client must have the physician's orders and certification and be eligible for a Apple Health program that provides the following scope of care:

- Alternate Benefits Plan (ABP)
- Categorically needy (CN)
- Medically needy (MN) or
- Alien Emergency Medical (AEM) (cancer treatment and kidney disease programs only)

# Different Scenarios

# Submitting the Notice

Submitting the election notice (HCA 13-746) within five working days of enrollment helps to ensure that:

- The client meets Medicaid criteria on the date of enrollment when you submit claims for Medicaid payment.
- The correct Apple Health program is used to make the client eligible for Medicaid coverage

Payments made under the wrong Apple Health program must be recouped, so that correct payment can be made by the hospice agency. This includes a hospice election in a nursing facility.

# Scenario: Client leaves Hospice

When a client chooses to leave hospice care or refuses hospice care without giving the hospice agency a revocation statement as required by WAC 182-551-1360, the hospice agency must do all of the following:

- Inform and notify in writing the HCA hospice program manager within five working days of becoming aware of the client's decision
- Not bill HCA for the client's last day of hospice service



# Scenario: Client leaves Hospice (cont.)

- Fax a completed copy of the HCA/Medicaid Hospice Notification form, HCA 13-746, to 360-725-1965 to notify HCA that the client is discharged from the hospice program.
- Notify the client, or the client's authorized representative, that the client's discharge has been reported to HCA
- Document the effective date and details of the discharge in the client's hospice record

# Scenario: Hospice Discharge

A hospice agency may discharge a client from hospice care when the client is:

- No longer certified for hospice care
- No longer appropriate for hospice care
- Seeking treatment for the terminal illness outside the plan of care

At the time of a client's discharge, the hospice agency must inform and notify in writing the HCA hospice program manager within five working days of the reason for discharge.

Refer to the Provider Guide for additional requirements.

# Scenario: Client opts out

A client or authorized representative may choose to stop hospice care at any time by signing a revocation statement.

The revocation statement documents the client's choice to stop Medicaid hospice care. Refer to the Provider Guide for additional requirements.

After a client revokes hospice care, the remaining days within the current election period are forfeited. The client may immediately enter the next consecutive election period. The client does not have to wait for the forfeited days to pass before entering the next consecutive election period.

# Scenario: Client dies

When a client dies, the hospice agency must:

- Inform and notify in writing the Medicaid agency's Hospice program manager within five working days.
- Fax a completed copy of the Medicaid agency's HCA/Medicaid Hospice Notification form, HCA 13-746, that documents the date of death to the Medicaid agency hospice/PPC notification number at 360-725-1965.

# Hospice as a Program

# Hospice as a Program

When a client is not eligible for regular CN, MN, or ABP coverage, and resides outside a nursing facility or hospice care center, the Home and Community Based (HCB) waiver rules are used to determine financial eligibility for “hospice as a program.”

This program has higher resource standards when the applicant has a spouse and there may be a cost of care/participation the client has to pay to the provider.

Hospice as a program may be used to provide CN coverage for a client at home or residing in a residential facility.

See WAC [182-513-1240](#) and WAC [182-513-1245](#) for rules used to determine financial eligibility and patient participation for Hospice as a program.

# Hospice as a Program

For a client with higher income who resides in a nursing facility, then the “institutional” rules in [WAC 182-513-1317](#) may be used for a determination of CN eligibility.

If a client’s income is still too high for CN coverage, then MN coverage may be approved with a spenddown amount.

# Hospice as a Program

One of the requirements for eligibility under “hospice as a program” is that a person must attain institutional status as described in [WAC 182-513-1320](#).

To meet that requirement, and to ensure the correct program is used to provide coverage, the [HCA 13-746](#) hospice notification needs to be sent to the HCA within five working days of the election date.



# Hospice as a Program

This also prevents a nursing facility getting paid under a different program, and then later having to use its operational funds to pay back what they received from the state.

In such cases, the state must recoup its payment from the facility before HCA can pay the hospice rate to the hospice provider.

# **Hospice in a Skilled Nursing Facility (SNF)**

# Hospice in a SNF

Once a client elects hospice in a SNF, the hospice provider is the provider of record.

The SNF daily rate is called *the client's room and board*. If the client is on Medicare the payment is based on 95% of the SNF daily rate.

Payment made to the hospice provider is a total of 95% of the SNF rate minus any client responsibility toward the cost of care (this is also called the client participation).

The hospice provider pays the SNF 100% of the room and board.

# Hospice in a SNF

The Hospice provider is responsible to file the claim through ProviderOne and indicate the client participation amount.

The Hospice provider may have an agreement with the SNF to collect participation from the client by the SNF. The hospice provider is responsible to pay the SNF 100% of the rate minus participation.

The SNF should contact the hospice agency for the client's participation amount.

# Hospice in a SNF - Scenario

Mary is residing in a nursing facility and is receiving \$2050.00 in Social Security income and Medicare Part A.

Mary elected hospice on 11/04/2017 and was discharged from hospice on 11/09/2017.

Note: The state rate is \$175.00

What is the split participation for 11/2017?

# Hospice in a SNF - Scenario

The split participation for 11/2017

- $\$175.00 \times 3 \text{ days (11/01-11/03)} = \$525.00$  to the SNF
- $\$175.00 \times 95\% = \$166.25 \times 5 \text{ days (11/04-11/08)} = \$831.25$  to the Hospice Provider.
- $\$2050 - \$57.28 = \$525 \text{ (SNF)} - \$831.25 \text{ (Hospice)} = \$636.47$  remainder PETI to SNF

# Hospice and LTSS Programs

If a hospice client is also approved for an LTSS program such as COPES, New Freedom, and DDA Waiver program, the LTSS program takes priority over Hospice.

This means the clients pays their responsibility toward the cost of care to the LTSS provider and hospice is considered a covered service under the Medicaid.

# Hospice & Other Programs



# Hospice & Medicare

Since Medicare will cover hospice services, the client may not need Medicaid, if they remain at home.

If they will need to go into a NF, however, they will need Medicaid to pay for the facility's room and board costs.

For more information please visit:

<https://www.medicare.gov/Pubs/pdf/02154-Medicare-Hospice-Benefits.PDF>

# Hospice & LTSS

Apple Health may pay for services in a client's home, a community residential care facility, assisted living facility, adult family home, or nursing facility if the client meets certain criteria based on the Comprehensive Assessment Reporting Evaluation (CARE).

If the client needs LTSS contact Home and Community Services, see resources at the end of this presentation.

When these needs cannot be met at home, care in a residential or nursing facility is available.

# ProviderOne Access

# ProviderOne Access

ProviderOne Security is the team who administers and supports access to the ProviderOne payment system.

How to become a Medicaid provider, and related ProviderOne account information visit: <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-security>

For information on Medicaid Billing for Fee-for-Service Medical Providers presentation: <https://www.hca.wa.gov/assets/billers-and-providers/medicaid101medicalworkshop.pdf>

# Resources

# Resources

- **Hospice Services Billing Guide**

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#h>

- **Medicare Hospice Benefits**

<https://www.medicare.gov/Pubs/pdf/02154-Medicare-Hospice-Benefits.PDF>

- **Apple Health Manual – Hospice**

<https://www.hca.wa.gov/health-care-services-supports/program-administration/hospice-index>

- **Electronic DSHS Forms**

[https://www.dshs.wa.gov/office-of-the-secretary/forms?field\\_number\\_value=10-570&title=&=Apply](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=10-570&title=&=Apply)

- **ALTSA Long-Term Services and Information**

<https://www.dshs.wa.gov/altsa/long-term-care-services-information>

# Resources

## Home and Community Services Contact Information:

<p><b>Region 1</b></p>	<p>HCS-Pend Oreille, Stevens, Ferry, Okanogan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams, Klickitat, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin and Whitman</p>	<p>1-866-323-9409 or FAX 509-568-3772</p>
<p><b>Region 1</b></p>	<p>South HCS-Klickitat, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin. Contact the local Home and Community Service (HCS) office based on county</p>	<p>1-509-568-3767 or FAX 509-575-2286</p>

# Resources

## Home and Community Services Contact Information:

<b>Region 2</b>	North HCS - Snohomish, Whatcom, Skagit, Island Counties	1-800-780-7094 or Fax 425-977-6579
<b>Region 2</b>	South HCS - King County	206-341-7750 or Fax 206-373-6855
<b>Region 3</b>	HCS- Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson Counties	1-800-786-3799 or Fax 1-855-635-8305



# Resources

## HCS Regional Social Service Intake (to request an assessment for LTSS)

<b>Region 1</b>	North HCS-Pend Oreille, Stevens, Ferry Okanagan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams and Whitman, Klickitat, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin	509-568-3767 or 1-866-323-9409; Fax 509-568-3772
<b>Region 2</b>	North HCS - Snohomish, Whatcom, Skagit, Island Counties	1-800-780-7094 or Fax 425-977-6579
<b>Region 2</b>	South HCS - King County	206-341-7750 or FAX 206-373-6855
<b>Region 3</b>	HCS- Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson Counties	1-800-786-3799 or 360-664-9138. Fax 1-855-635-8305