Acentra HEALTH

Hospice Refresher

Provider Education November 2024

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Agenda

- Housekeeping
- Hospice Overview
- Hospice Forms
- Members under 21 years of age
- Requesting and Authorization
- Pended Reviews
- Denials and Reconsiderations
- Appeals
- Questions & Answers

Hospice Overview

“Hospice – a centrally administered, interdisciplinary health care program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family including, but not limited to , outpatient and inpatient services provided directly or through written agreement. Inpatient services include, but are not limited to , services provided by a hospice in a licensed hospice facility.”

South Carolina Code of Laws – Title 44, Chapter 71 Quality Hospice Programs Act

**Governing policies: SCDHHS State Plan & SCDHHS Hospice Services Provider Manual

Hospice

To be eligible for hospice services under Medicaid, the member must be certified by a physician as being terminally ill. An individual is considered terminally ill when the prognosis that life expectancy is six months or less if the disease runs its normal course.

Home Hospice coverage for South Carolina Medicaid members is available for an unspecified number of days, subdivided into election periods as follows:

- Two periods of 90-days each
- An unlimited number of subsequent periods of 60-days each

The benefit periods can be used consecutively or at different times during the member's life span. Each benefit period is only used once.

At the beginning of each benefit period, a physician must certify (or re-certify) the member as terminally ill with a life expectancy of six months or less.

Hospice

ELECTION:

- Member elects to receive hospice care and signs Medicaid Hospice Election Form, SCDHHS Form 149 with selected Hospice.
- An election will continue through initial election period and subsequent periods unless the individual revokes or is discharged. A new election form is required if the member revokes or is discharged for any reason.

REVOCATION:

- A member may revoke hospice services at any time. The member must sign a Medicaid Hospice Revocation Form (DHHS Form 153) with the hospice agency along with a signed statement acknowledging revocation and the reason for the revocation.
- The Revocation Form must be submitted to SCDHHS & Acentra Health within 5 days of revocation.
- *Dual eligible members must elect and revoke hospice benefits simultaneously under both programs (Medicare and Medicaid).

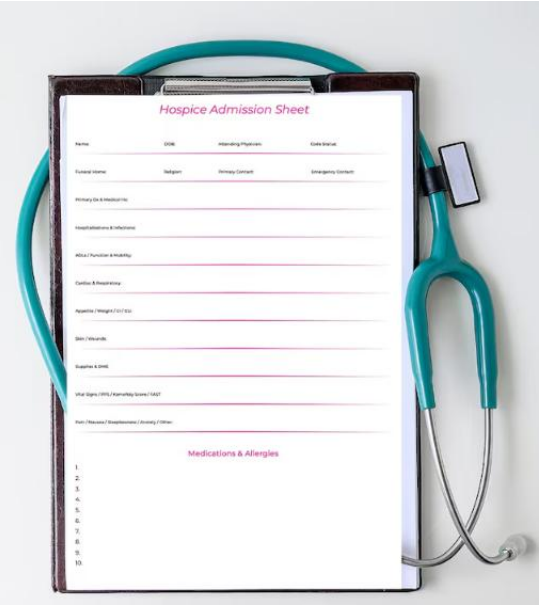
Hospice

DISCHARGE:

A Hospice may discharge a member for the following reasons:

The member dies
The member is non-compliant with any portion of the hospice program
The member is determined to have a prognosis **greater** than 6 months
The member moves out of the hospice's geographically defined service area
The safety of the patient or hospice staff is compromised

Hospice Forms



Hospice forms can be found on the Acentra Health website https://scdhhs.acentra.com
All forms must be filled out **completely to be accepted by SCDHHS**

- Medicaid Hospice Election form (DHHS Form 149)
  -Must be signed by member or family member/representative

- Medicaid Hospice Physician Certification/Recertification Form (DHHS Form 151)
  -Must be submitted with all authorization requests and accurate

- Medicaid Hospice Change Request Form (DHHS form 152)
  -Must be sent to SCDHHS & Acentra Health with an authorization request from the new hospice
  -Used when member is transferring between hospices, not discharging or revoking.

- Medicaid Hospice Revocation Form (DHHS form 153)
  -Must be sent to SCDHHS & Acentra Health within 5 days of revocation

- Medicaid Hospice Discharge Form (DHHS Form 154)
  -Must be sent to SCDHHS & Acentra Health within 5 days of discharge

Hospice Forms

Form 151 must be completed in its entirety.

- Benefit periods must be correctly identified.
  -should not overlap previous authorizations or benefit periods used by the member (including with other hospice organizations).

- Benefit Period 1 – should be signed by the referring/attending provider (the provider that has the most significant role in the determination and delivery of the individual's medical care) and the Hospice Medical Director.
- If the beneficiary has no attending physician and chooses the hospice physician to act in this role, the hospice physician may sign as the attending physician.

MEDICAID HOSPICE PHYSICAN CERTIFICATION / RECERTIFICATION

RECIPIENT INFORMATION:

NAME: LAST	FIRST		MEDICAID ID NUMBER:
CURRENT MAILING ADDRESS: STREET			SOCIAL SECURITY NUMBER:
CITY:	STATE:	ZIP CODE:	MEDICARE NUMBER:
HOME PHONE NUMBER (INCLUDE AREA CODE):		BIRTH DATE:	
NAME OF NURSING FACILITY OF RESIDENCE, IF APPLICABLE::		MEDICAID PROVIDER NUMBER OF NURSING FACILITY::	
NAME OF PARENT, LEGAL GUARDIAN OR REPRESENTATIVE:		ICD-9 NUMBER INDICATING THE PRIMARY HOSPICE DIAGNOSIS:	
NAME OF HOSPICE:		NPI Number:	
		MEDICAID PROVIDER NUMBER: HSP ___ ___ ___	

CERTIFICATIONS AND SIGNATURES: TO BE COMPLETED BY ATTENDING PHYSICIAN / MEDICAL DIRECTOR

PHYSICIANS, PLEASE SIGN AND DATE TO INDICTATE CERTIFICATION.

FIRST BENEFIT PERIOD (90 DAYS):

Having reviewed this patient's care and course of his/her illness, I certify that this patient's medically predictable life expectancy is six (6) months or less if the illness runs its normal case.

SIGNATURE OF ATTENDING PHYSICIAN	CERTIFICATION DATE
SIGNATURE OF HOSPICE MEDICAL DIRECTOR	CERTIFICATION DATE

Second BENEFIT PERIOD (90 DAYS):

Having reviewed this patient's care and course of his/her illness, I certify that this patient's medically predictable life expectancy is six (6) months or less if the illness runs its normal case.

SIGNATURE OF HOSPICE MEDICAL DIRECTOR	CERTIFICATION DATE

_______ BENEFIT PERIOD (60 DAYS):

Having reviewed this patient's care and course of his/her illness, I certify that this patient's medically predictable life expectancy is six (6) months or less if the illness runs its normal case.

SIGNATURE OF HOSPICE MEDICAL DIRECTOR	CERTIFICATION DATE

_______ BENEFIT PERIOD (60 DAYS):

Having reviewed this patient's care and course of his/her illness, I certify that this patient's medically predictable life expectancy is six (6) months or less if the illness runs its normal case.

SIGNATURE OF HOSPICE MEDICAL DIRECTOR	CERTIFICATION DATE

_______ BENEFIT PERIOD (60 DAYS):

Having reviewed this patient's care and course of his/her illness, I certify that this patient's medically predictable life expectancy is six (6) months or less if the illness runs its normal case.

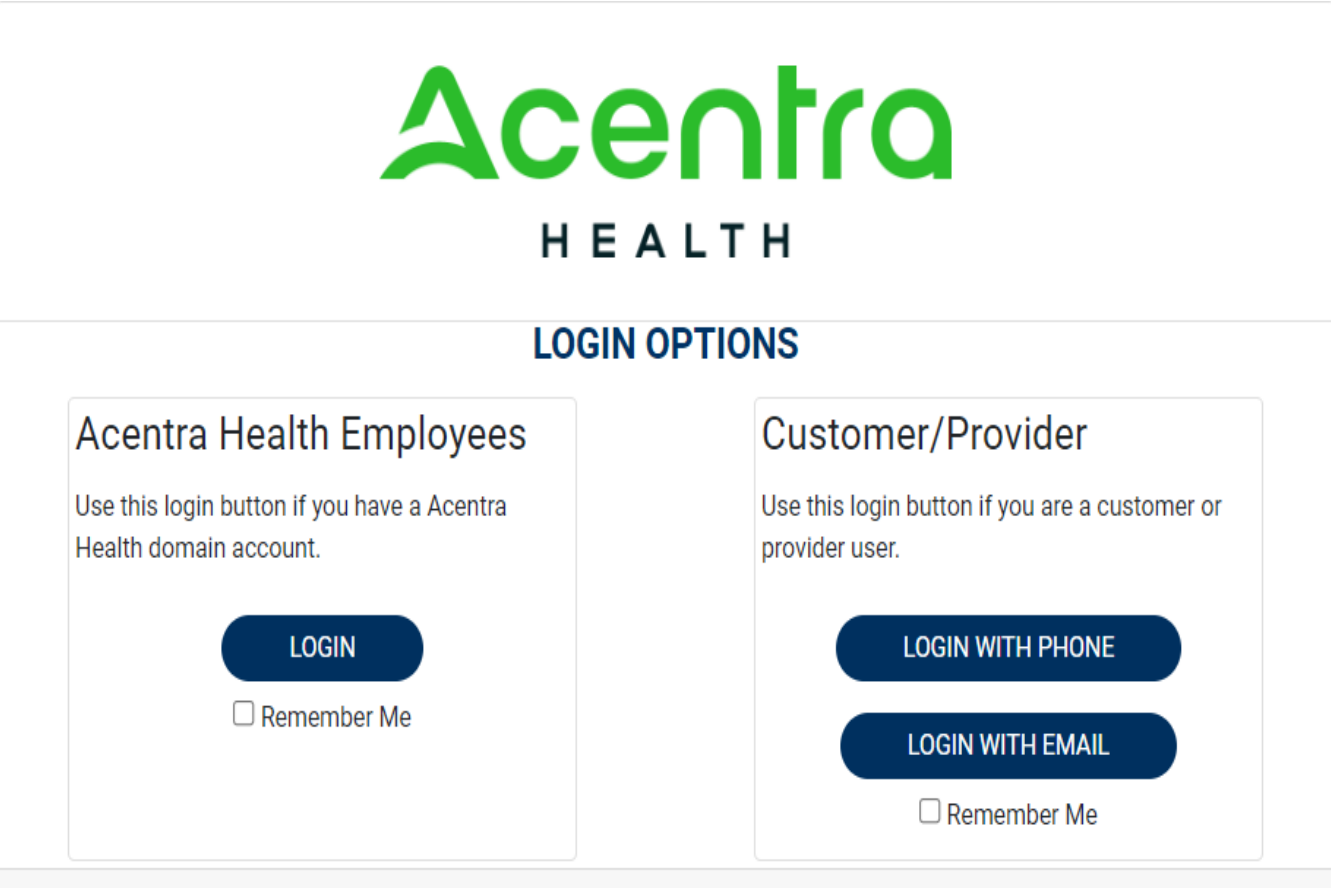
SIGNATURE OF HOSPICE MEDICAL DIRECTOR	CERTIFICATION DATE

Hospice for Members under Age 21

- Supported by section 2302 of the Affordable Care Act, “Concurrent Care for Children,” members under age 21 may receive curative treatment while enrolled in hospice services.

- This provision does not change the criteria for hospice and a physician must certify the minor as terminally ill.

Requesting an Authorization



Atrezzo Web Portal

- Preferred method.
- Easy secure upload of all required documents and clinical information in real time.
- Registration is required to set up account.
- Please call (855)326-5219 for assistance registering for the first time.

Requesting an Authorization

Fax

- Providers may use the Prior Authorization Request form.
  - fax to 1-855-300-0082
- Prior Authorization request forms can be found at https://scdhhs.acentra.com/forms
  - Be sure to use the correct form for service type
- Must submit with required clinical information and Hospice forms or case will be pended as insufficient.

Customer Service

- Call 1-855-326-5219.
- **Least preferred method.**
- Calling to “start a case” only delays your request. Case will be pended for insufficient information and/or required clinical information before a proper review can begin.
- Once clinical information is received, the case will be reviewed for medical necessity.

Authorization Types

❑ Prior Authorization

Should be submitted on or before the services begin, except for emergency/urgent situations

*effective 2/1/2024 Acentra Health & SCDHHS will begin enforcing this rule.

❑ Retrospective Authorization "Retro"

Needed when services were performed before the member was eligible for Medicaid and the member has since been granted retrospective eligibility covering the date of service.

- A Retro case is NOT one that is submitted late for any reason other than eligibility or emergency.
- Untimely requests will be administratively denied.
- Providers must identify a request as RETRO on the fax request form or by request type in Atrezzo.

Requesting an Authorization

When requesting Prior Authorization for Hospice, providers must submit the following (p. 15-16 SCDHHS Hospice Provider Manual):

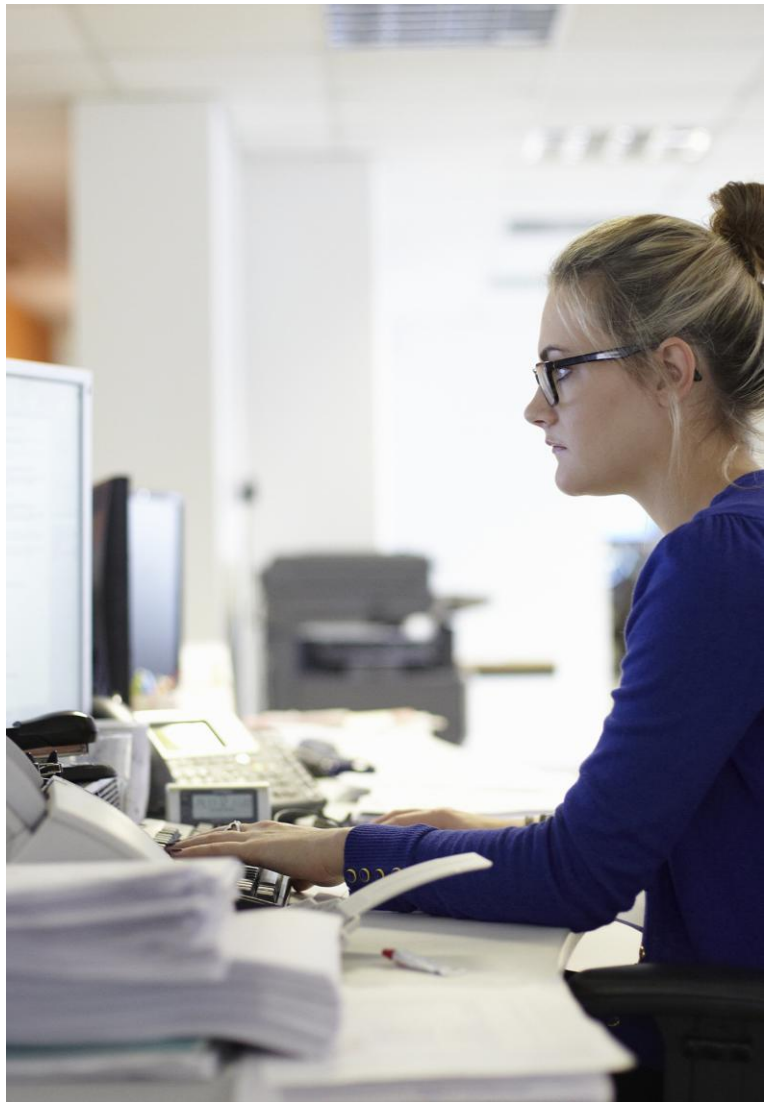
- Acentra Health Prior Authorization Hospice Request form (unless using the web portal)
- Hospice Election Form (DHHS Form 149)
- Hospice Physician Certification/Recertification Form (SCDHHS Form 151)
- Hospice Plan of Care (POC)
- Clinical Information and other documentation that **supports** the medical prognosis and shows degree of impairment
  - Change in FAST, Karnofsky, PPS scores
  - weight changes, vital sign changes, mental status changes

*Members with **primary other health insurance** (commercial plans like United, Cigna, etc.) do not need prior authorization from Acentra Health unless the primary insurance does not cover hospice benefits, however, the SCDHHS Hospice forms must be submitted to SCDHHS.

-If the primary insurance denies Hospice Benefits as noncovered, providers may submit a PA request to Acentra Health with a copy of the Primary EOB for processing.

*For dually eligible beneficiaries - Medicare is the primary payer of hospice services, prior authorization is not required upon the election of the Medicaid hospice benefit. However, the forms for election, revocation and/or discharge of the hospice benefit must be submitted to SCDHHS.

Prior Authorization tips



- Services are approved for up to 6 months for each request, except General Inpatient.
- Subsequent/Continued requests require an updated SCDHHS Form 151 and updated Plan of Care and may be received **within 15 days of the current prior authorization expiration** to ensure the most recent clinical picture of the patient.
- T2046 does not require a PA.

General Inpatient Hospice (GIP)

- Upon admission into GIP, Prior Authorization requests must be submitted within 5 business days of admission.
- Documentation required for direct admission into GIP upon election of hospice benefits includes the Hospice Election Form (SCDHHS Form 149), Hospice Physician Certification/Recertification Form (SCDHHS Form 151), physician order, initial care plan and supporting documentation.
- GIP may be authorized up to 30 days.

Processing Timelines

Acentra Health completes requests for services expeditiously and within contractual timeframes. The review completion timeframe is measured from the date Acentra Health receives a request.

- New Request/Admission review – 5 business days
- Retrospective Reviews – 5 business days
- Reconsiderations – 30 days

Review Process

Administrative Requirements

- Member eligibility verified
- Provider eligibility verified
- Medicaid Guidelines applied

Nurse Review

- InterQual® or State defined criteria applied
- May pend for additional clinical information
- Approve if criteria met
- Refer to physician reviewer if documentation does not support medical necessity.

Physician Review

- The medical director, or another qualified physician reviewer will review the case against InterQual® or State defined criteria and national standards to provide a decision
- The physician or qualified practitioner may approve or deny the review

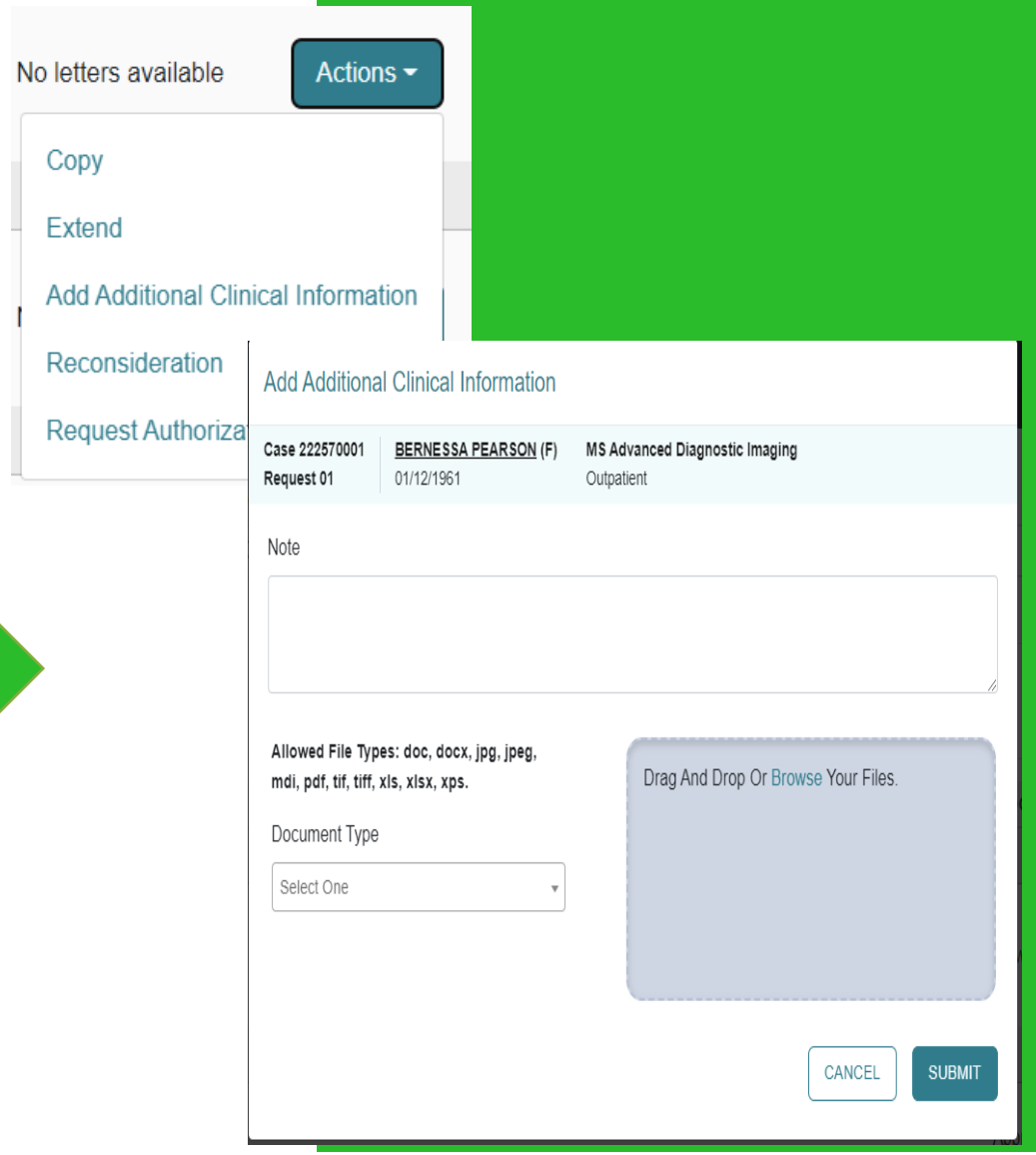
Pended Reviews

- A review may be pended for one of the following reasons:
  - Missing required information such as plan of care or provider number
  - Additional information or clarification is needed before a decision can be made
- Notifications are sent via fax or web portal
- A provider has 2 business days to respond to the additional information request
  - If the case contains no clinical information or is **missing a requires form**, the case will be administratively denied.
  - If the case has insufficient clinical information and there is no response to the pended, the case will move to the physician reviewer for a determination.
- If a review is administratively denied for insufficient information, the provider may submit a new request once they have all the necessary information.

Responding to Pended Reviews

- If you submitted the request online thru the Portal:
  - Log into the Portal and open the pended case
  - ACTION TAB – additional Clinical Information
  - Upload the requested documents or type the information in the note section.

- If you do not use the web portal, please fax your information to (855)300-0082 – use the pend letter as a cover sheet to ensure the information is attached to the correct case.



Denials and Reconsiderations

Administrative Denial

- When any portion of the review is denied because it does not comply with Medicaid regulations
- Example: untimely, insufficient information
- Provider may submit a new case for the service if an administrative denial for insufficient information is received. This does not apply to those cases that were denied for untimely submission.

Clinical Denial

- Occurs when any portion of the requested service is denied by a physician reviewer due to medical necessity
- Does not meet state Medicaid criteria with information submitted or does not meet other national evidence-based criteria

Reconsideration

- May only be requested for clinically denied cases
- Not used for Administrative Denials

Reconsiderations

- May be submitted within 30 days of the **clinical** denial date
  - This is your opportunity to provide more detailed clinical information to show the patient's decline
- May be submitted via
  - Web portal *preferred
  - Fax
  - phone *least preferred (will still require additional information to be faxed)
- A clinical reviewer will review any additional information submitted. If unable to meet InterQual® or State approved criteria, it will be referred to the physician reviewer.
- A physician reviewer – a different physician from the one who originally reviewed the case - will look at the case and any new information submitted to support the reconsideration
- The physician reviewer may
  - Uphold original decision (no change made)
  - Overturn the original decision (approve the case)
- If original decision is upheld, provider may appeal the decision to SCDHHS.

Appeals

- If a reconsideration is upheld, an appeal may be requested. Specific instructions will be included in the reconsideration determination letter.
- SCDHHS will review the provider's request and conduct a Fair hearing.
- Members may request an appeal within 30 calendar days from the reconsideration determination notice:
  - online at www.scdhhs.gov/appeals,
  - Fax 803 255 8206
  - Email appeals@scdhhs.gov
  - Mail Office of Appeals and Hearings

    PO BOX 8206

    Columbia, SC 29202

Resources and Education

- SCDHHS Hospice Services Provider Manual
- Provider Training Resources | SCDHHS
- SC Acentra Health website
- Acentra Health Customer Service
  - 1-855-326-5219
  - scproviderissues@acentra.com generic questions please, do not include PHI

Acentra HEALTH

Questions & Answers

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