

Hospice Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Training Overview

General Information

Post-Eligibility
Treatment of
Income (PETI)

Billing & Payment

Resources

Hospice

- Hospice services are available to Medical Assistance Program members with a terminal illness
 - Life expectancy of nine (9) months or less
 - Palliative treatments include:
 - Hospice services & interventions that are not curative
 - Provide the greatest degree of relief and comfort for symptoms of terminal illness
 - Members age 20 and under can receive curative care

Hospice Members in a Nursing Facility

- **ULTC 100.2**
 - **Not required if member has already been determined eligible for Health First Colorado when hospice member enters a nursing facility (NF)**
 - **Required in Health First Colorado eligibility for hospice member is pending**
 - **Required if member does not have and active ULTC 100.2 & leaves hospice status and remains in NF**

Nursing Facility Member Pay

- **If a member passes away while residing in a nursing facility (NF):**
 - **Member pay goes to NF if member pay is equal to or less than NF charge**
 - **Amount is pro-rated if member pay is greater than NF charge**
- **Nursing Facility is responsible for collecting the member payment and Hospice rate and to report it on the claim**
- **Obtain member pay amount from NF and always include amount on claim**

Post-Eligibility Treatment of Income (PETI)

- If a member does not make a member payment, there is no PETI.

Post-Eligibility Treatment of Income (PETI)

- A member may access PETI when:
 - All other payer sources must have been exhausted, and is not a covered Medicaid service

OR

- They have a Medicaid denial (providers must first submit a claim to the Colorado Medical Assistance program)

Post-Eligibility Treatment of Income (PETI)

Nursing facility (NF) or family pays provider:

- Usually done once PETI approval received

NF reports PETI on:

- 8371
- UB-04

Post-Eligibility Treatment of Income (PETI)

Submit PETI request

- Required forms for submitting a PETI Prior Authorization (PA):
 - Nursing Facility Post Eligibility Treatment of Income Request (NF PETI) Program Checklist form
 - NF PETI Medical Necessity Certification form
- All required signatures
- All supporting documents
- Provider statement
- Provider's invoice
- Health First Colorado Program denial remittance advice (RA) (if applicable)
- Submit via Provider Web Portal

Post-Eligibility Treatment of Income (PETI)

PETI Billing

- Provider is not required to be enrolled in Health First Colorado in order to provide services to PETI-eligible residents
- Submit claims for approved NF PETI amounts on claim with:
 - Member's room and board amount
 - Member liability amount
- Claims processing system automatically completes the calculations
- PETI documentation shall be retained by NF for 6 years for audit purposes

Post-Eligibility Treatment of Income (PETI)

PETI - If... Then

If Provider is requesting more than what is allowed on PETI fee schedule,
then

this amount must be amended to what is allowable on the PETI fee schedule

If Member has medical trust,
then

PETI charges must be paid from medical trust

Post-Eligibility Treatment of Income (PETI)

PETI Revenue Codes:

- 999 - Health Insurance Premiums & Other Services
 - All premiums must first be approved by State
- 962 - Vision & Eye Care
- 479 - Hearing & Ear Services
- 969 - Dental
- Claims must have Accommodation Revenue Code:
 - 119 Private
 - Must be approved by Health First Colorado
 - 129 Semi-Private
- Claims must have a member liability

Post-Eligibility Treatment of Income (PETI)

Occurrence Span Dates:

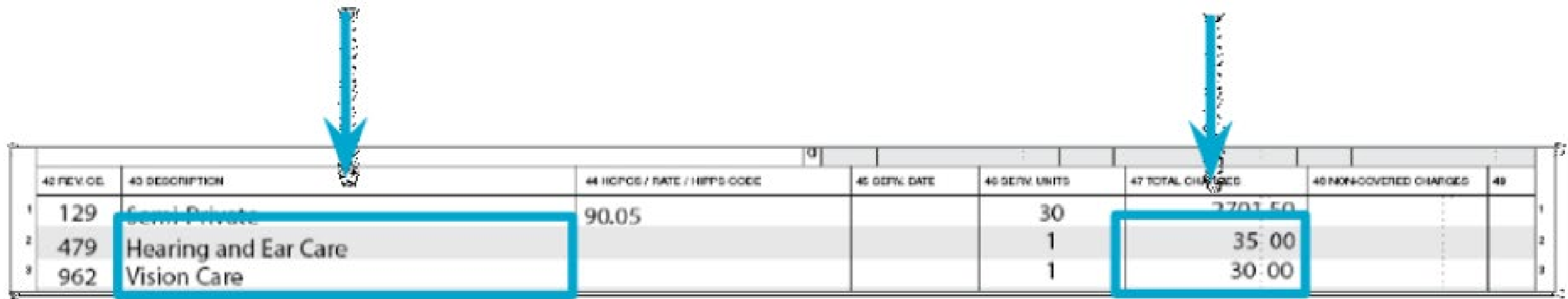
- Date(s) of services rendered or insurance payments made
 - May be single dates
 - No future dates
- Span dates do not have to fall within Statement Covers Period

36	OCCURRENCE SPAN	
CODE	FROM	THROUGH
76	03/06/2015	03/06/2015

Post-Eligibility Treatment of Income (PETI)

PETI Services:

- Enter approved amount paid to service provider.



42 REV. CD	43 DESCRIPTION	44 ICDPCS / RATE / ICDPS CODE	45 DEPT. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NONCOVERED CHARGES	49
129	Semi-Private	90.05		30	2701.50		
479	Hearing and Ear Care			1	35.00		
962	Vision Care			1	30.00		

Post-Eligibility Treatment of Income (PETI)

PETI Services (cont.)

- Charges must be less than or equal to member payment entered for Value Code 31 (Patient Liability Amount).

38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 CHARGES	48 NON-COVERED CHARGES	49		
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Billing and Payment

What services are reimbursable?

- Medical Director
- Interventions

Billing and Payment

What services are reimbursable on the UB-04?

- Hospice routine home care
- Hospice inpatient respite
- Continuous home care
- Hospice physician service (visit)

Billing and Payment

Some common billing issues on claims submissions include:

- Hospice units of service are invalid if:
 - More than 5 days of respite care (655) is billed
 - Less than 8 or more than 24 hours of continuous home care (652) are billed on single date
- Units greater than total days
 - Units of service total more than statement covered days
- Reimbursement for NF residents is made for services delivered up to the date of discharge when the member is discharged, alive or deceased, including applicable per diem payment for the date of discharge

Billing and Payment

Date of Death:

- Payment is made for date of death and day of discharge (DOD)
 - Home care rate applies if discharge is from general or respite inpatient care
 - Unless member dies at an inpatient level of care
 - Inpatient level of care - the applicable general or respite rate is paid for discharge date

Billing and Payment

Date of Death (continued):

- Payment for nursing facility (NF) residents is made for services delivered up to date of discharge (DOD) (alive or deceased)
 - Includes applicable per diem payment for DOD
- For the month of the member's death, the following are allowable:
 - Durable medical rental equipment
 - Oxygen

Resources

Provider Contacts Web Page

<https://hcpf.colorado.gov/provider-help>

- Provider Services Call Center

Training Web Page

<https://hcpf.colorado.gov/provider-training>

Billing Manuals Web Page

<https://hcpf.colorado.gov/billing-manuals>

- Appendix R (for a detailed list of Explanation of Benefits (EOB) codes)
- General Provider Billing Manual

Resources

Quick Guides web page

<https://hcpf.colorado.gov/interchange-resources>

Telemedicine during COVID-19 web page

<https://hcpf.colorado.gov/provider-telemedicine>

Thank you!