

Beginning Billing Workshop Hospice

Colorado Medical Assistance Programs
including Health First Colorado
(Colorado's Medicaid Program) and CHP+

2018



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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



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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



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Nursing Facility Member Pay

- If a member passes away while residing in a 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



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Post Eligibility Treatment of Income (PETI)

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



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To Access PETI

All other payer sources
must have been
exhausted **AND**
Cannot be a covered
Health First Colorado
services

or

Must have Health First
Colorado denial
(You must first submit a
claim to the Colorado
Medical Assistance
Program)



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PETI Process Overview

NF or family pays provider:

- Usually done once PETI approval received

NF reports PETI on:

- 837I
- UB-04

To Submit PETI Request

- All NF PETI requests must include the following two forms
 - Nursing Facility Post Eligibility Treatment of Income Request (NF PETI) Program form
 - NF PETI Medical Necessity Certification form
- All required signatures
- All supporting documents
- Provider statement
- Provider's invoice
- Health First Colorado Program denial RA (if applicable)
- Submit via Provider Web Portal



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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



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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

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



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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

PETI Services

- Enter approved amount paid to service provider

The image shows a spreadsheet with columns for REV. CODE, DESCRIPTION, HCPCS / RATE / ICD9 CODE, SERV. DATE, SERV. UNITS, TOTAL CHARGES, and NON-COVERED CHARGES. Three rows are visible: 129 Semi-Private, 479 Hearing and Ear Care, and 962 Vision Care. The 'TOTAL CHARGES' for the last two rows are 35.00 and 30.00 respectively. Blue arrows point to the 'DESCRIPTION' and 'TOTAL CHARGES' columns.

42 REV. CODE	43 DESCRIPTION	44 HCPCS / RATE / ICD9 CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
129	Semi-Private	90.05		30	2703.50		1
479	Hearing and Ear Care			1	35.00		2
962	Vision Care			1	30.00		3

PETI Services

- 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 FEV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 CHARGES	48 NON-COVERED CHARGES	49		
129	Semi-Private	90.05		30	2701.50				
479	Hearing and Ear Care			1	35.00				
962	Vision Care			1	30.00				



What services are reimbursable?

Medical Director

Interventions

UB-04

What services are reimbursable on the UB-04?

Hospice Routine
Home Care

Hospice Inpatient Respite

Continuous Home
Care

Hospice Physician
Service (Visit)



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Claims Submissions

- Common Billing Issues

- 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



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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



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Date of Death

- Payment for NF residents is made for services delivered up to date of discharged (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

Benefit and Billing Information

For more detailed benefit and billing information, refer to:

<https://www.Colorado.gov/hcpf/Billing-Manuals>

Billing Manuals → UB-04 → Hospice



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Provider Services Call Center

1-844-235-2387

[Download the Call Center Queue Guide](#)

7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday

10 a.m. - 5 p.m. MST Wednesday & Friday

The Provider Services Call Center will be utilizing the time
between 7 a.m. and 10 a.m.

on Wednesdays and Fridays to return calls to providers.



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Thank you! Please feel free to ask us any questions you may have.



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