Nursing Facility Post Eligibility Treatment of Income (PETI)

Health First Colorado Medical Assistance Program

July 2022
Our Mission

Improving health care equity, access and outcomes for the people we serve, while saving Coloradans money on health care and driving value for Colorado.
Objectives

- **Overview of PETI**
  - Eligibility Criteria
  - Nursing Facility Process
  - Forms Required when submitting a PETI PAR Request

- **Provider Portal**
  - Entering a PETI PAR Request
  - PETI PAR Determination
“Post Eligibility Treatment of Income (PETI)” is the amount of an individual’s income that must be paid to the nursing facility for the cost of care provided to the individual after certain deductions have been applied.

Federally mandated that this income may be used for an incurred medical expense not covered by Medicaid or other third-party insurance.

Types of incurred medical expenses (IME) include health insurance premiums, hearing aids, dental, eyeglasses and acupuncture and non-covered Pharmacy drugs.
Reasonable Limits

The State Plan Amendment Supplement 3 to Attachment 2.6-A imposes the following reasonable limits:

• Verification of medical necessity approved by physician
• Validation expense is not a benefit of Colorado Medicaid
• Allowable cost does not exceed the basic Medicaid rate
• Cost will not be allowed for items for cosmetic reasons only
• Expenses are not a duplication of expenses previously authorized
Eligibility Criteria

• Active Medicaid Client
• Nursing Facility Resident
• Monthly Patient Payment
• Documented Medical Necessity
• Potential Payer Sources Exhausted
The nursing facility will document all the resident’s use of PETI funds on an annual basis.

10 CCR 2505-10, Section 8.482.33 states:
• All allowable costs must be documented in the resident’s record with date of purchase and receipt of payment, whether or not these costs meet the requirements for prior authorization. Lack of documentation shall cause the cost to be disallowed, causing the nursing facility to be overpaid by the Medicaid program.

The NF Activity log must be kept for 6 years for audit purposes.
# Nursing Facility Activity Log

**Provider NPI:**

<table>
<thead>
<tr>
<th>RESIDENT NAME:</th>
<th>MEDICAID ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PA Number</th>
<th>Type of Service</th>
<th>Date Service Requested by Member</th>
<th>Date PA Approved by Provider Portal</th>
<th>Date PA was Approved by the Dept.</th>
<th>Date NF received payment</th>
<th>Date Service Rendered to Member</th>
<th>Date Service Rendered to Member</th>
<th>PNA Funds Used?</th>
<th>PNA Funds Reimbursed?</th>
<th>Was Member at Facility When Service Rendered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If there is no patient liability amount (patient payment)

There is no PETI
Post Eligibility Treatment of Income

Nursing Facility PETI Process

NF identifies client’s need for medically necessary services not covered by Medicaid

Does client make a patient payment?

Yes

NF initiates the PETI process

NF arranges a client visit with a provider and obtains verification of medical necessity, an itemized bill for services rendered or an estimate for a treatment plan

NF submits the PETI request through the provider web portal. All required documents are uploaded with the request.

The Department determines the amount allowed for services. A system generated letter will be sent to the nursing facility with results of determination.

For authorized PETI Requests

NF pays the provider for services rendered

NF submits claims with the PETI PAR through the provider web portal.

NF keeps Activity Log of PETI requests for six years.

No

NF arranges for alternative funding source
NF PETI PAR Determination

- Approval of full amount
- Amended amount based on NF PETI fee schedule
- Denial of NF PETI PAR request
NF PETI Requests

- Acupuncture
- Medical Health Insurance Premiums
- Hearing Aids - Services
- Dental Services
- Vision Eye Care
- Pharmacy Drugs
## PETI Revenue Codes to Use

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0259</td>
<td>Non-covered Prescription Drugs</td>
</tr>
<tr>
<td>0479</td>
<td>Hearing and Ear Care</td>
</tr>
<tr>
<td>0949</td>
<td>Acupuncture</td>
</tr>
<tr>
<td>0962</td>
<td>Vision and Eye Care</td>
</tr>
<tr>
<td>0969</td>
<td>Dental Services</td>
</tr>
<tr>
<td>0999</td>
<td>Health Insurance</td>
</tr>
</tbody>
</table>

* After Dental Benefit has been exhausted
# Nursing Facility Post Eligibility Treatment of Income (PETI) Medical Necessity Certification Form

I certify that I consider the supplies and or services included in this request to be medically necessary and that there are no medical or cognitive contraindications to providing these supplies and or services.

| Physician’s Signature Required | License# | Date |

**Print Physician’s Name – Required**

*Note: Only a physician’s signature is required to verify medical necessity. A Physician’s Assistant (P.A.), Nurse Practitioner (N.P.), or Registered Nurse (R.N.) cannot sign for the physician.*

<table>
<thead>
<tr>
<th>Acupuncturist’s Signature</th>
<th>Print Name</th>
<th>License#</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Audiologist’s Signature</th>
<th>Print Name</th>
<th>License#</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dental Provider’s Signature</th>
<th>Print Name</th>
<th>License#</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vision Provider’s Signature</th>
<th>Print Name</th>
<th>License#</th>
<th>Date</th>
</tr>
</thead>
</table>

| Signature of Client or Responsible Party | Relationship | Date |

*Note: a Verbal consent is not an allowable option. I agree to the purchase of the supplies and or services covered by this request. I understand the NF PETI PAR may not cover the entire cost and I can be responsible.*
NURSING FACILITY PETI CHECKLIST

Complete appropriate checklist for each request

Health Insurance Premiums

☐ Resident’s monthly patient payment - $______________
☐ Medical Necessity Form completed with:
  ☐ Signature of Attending Physician
  ☐ Signature of Client Responsible party
☐ Verification Statement of premium monthly amount
☐ Insurance Card Copies front and back
☐ Months of coverage being requested: ____________ not to exceed 12 months From ____________ To ____________

Acupuncture

☐ Resident’s monthly patient payment - $______________
☐ Medical Necessity Form completed with:
  ☐ Signature of Attending Physician
  ☐ Signature of Client Responsible party
  ☐ Signature of Provider
☐ Provider’s invoice with procedure codes and fees
☐ Prescription/Dr. Orders with number of treatments

Dental

☐ Resident’s monthly patient payment - $______________
☐ Medical Necessity Form completed with:
  ☐ Signature of Attending Physician
  ☐ Signature of Client Responsible party
  ☐ Signature of Provider
☐ Provider’s invoice with procedure codes and fees
☐ Dental Quest EOB statement verifying Medicaid benefit is exhausted

Hearing

☐ Resident’s monthly patient payment - $______________
☐ Medical Necessity Form completed with:
  ☐ Signature of Attending Physician
  ☐ Signature of Client Responsible party
  ☐ Signature of Provider
☐ Provider’s invoice with procedure codes and fees
☐ Audiogram – performed by licensed audiologist no older than one year (for Hearing Aids only)

Vision

☐ Resident’s monthly patient payment - $______________
☐ Medical Necessity Form completed with:
  ☐ Signature of Attending Physician
  ☐ Signature of Client Responsible party
  ☐ Signature of Provider
☐ Provider’s invoice with procedure codes and fees
☐ Current Eye Prescription
NF PETI Request - Acupuncture

- Medical Necessity form
  - Signature of Attending Physician
  - Signature of Provider
  - Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice with code and fees
NF PETI Request - Hearing

- Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party

- Nursing Facility PETI checklist

- Itemized invoice with codes and fees

- Audiogram - for hearing aids only
NF PETI Request Health Insurance

- Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized EOB Statement to identify health insurance plan
- Verification of monthly premium amount for client
- Insurance card - copy of front and back
- New request each calendar year
NF PETI Request - Vision

- Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice with codes and fees
- Eye Prescribition
NF PETI Request- Dental

- Medical Necessity form
  - a. Signature of Attending Physician
  - b. Signature of Provider
  - c. Signature of Client/Responsible Party
- Nursing Facility PETI checklist
- Itemized invoice to identify service
- DentaQuest, Estimate of Benefits (EOB) verifying $1,500 benefit has been exhausted
Adult Medicaid Dental Benefit

In 2013, the state legislature passed Senate Bill 242

- Authorizes the Department to create a new limited dental benefit for adults in Medicaid.

- Provide all Medicaid enrolled adults aged 21 years and over, including NF clients using the PETI program.

- Annual dental benefit up to $1,500 in dental services per state fiscal year which runs from July 1 - June 30.

- Dentures and partials are covered as a separate benefit. This type of service is not covered under the PETI Program.
Adult Dental Benefit - continued

• The dental provider must be enrolled in Medicaid
  - This enables the dental provider to bill directly to Medicaid for reimbursement of services.
  - Encourage the dental providers you work with to enroll in Medicaid

• Once the resident’s $1,500 benefit has been exhausted, then for those PETI eligible residents a PETI request can be submitted to the Dept. for additional services.

• The $1,500 benefit for each resident will also be tracked by our Administrative Service Organization (ASO). The ASO duties will include outreach, recruitment, and assisting residents in finding a Medicaid provider.
As of March 1, 2017, all Nursing Facility PETI/IME PAR services must be pre-approved by the Department for processing.

All PETI/IME services must be submitted through the Online Provider Web Portal for Department review and determination. A PAR confirmation number is provided for tracking the status of the request. Once PAR is approved by the Department, the provider can bill the PETI/IME service on the next claim containing a patient liability amount greater than zero.
Questions - Recap
Provider Web Portal

- Login Access to the Provider Web Portal
- To create your PETI-IME PAR Claim

- Copy and paste the address:
Welcome Health Care Professional!

We are committed to making it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Provider Portal News

No messages to display.
There are five panels that must be filled out for a NF PETI PAR

- Requesting Provider Information - will auto populate
- Member Information
- Service Provider Information
- Diagnosis Information
- Service Details
**Create Authorization**

* Indicates a required field.

**Authorization Type**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>ID Type</th>
<th>NPI</th>
<th>Name</th>
<th>Taxonomy</th>
</tr>
</thead>
</table>

**PETI NURSING FACILITY**

**Requesting Provider Information**
In the member information box: (required)

- Type in the **Member ID MEDICAID ID** with a capital letter (example: X123456)
- Press the **TAB KEY**
- Member name and birthdate will display
The auto populate function is not working correctly. Some providers have entered all the information - last name, first name and birth date with success.
In the Service Provider Information box: (required)
- Select the Check Box, if you are the requesting provider.
- Or use the drop-down box to Select From Favorites.
- Or if a new requesting provider, use the Magnifier Search Icon to locate the provider.

Note: when provider is selected, make sure the taxonomy box populates. If not, try selecting the provider again.
- Use the drop-down box to select the Location
  - Skilled Nursing Facility
  - Nursing Facility
  - Intermediate Care Facility
Provider ID Search
- Search by Provider ID
- Search by Name
- Search by Organization

The system will retrieve all possible matches or state no provider matches
  - Click on the correct match
  - System will auto populate the provider’s information
In the Diagnosis Information Box: (required)
• **Diagnosis Type** should be **ICD-10-CM**
• Select Diagnosis Code from the list below:
  - Y9209 Other Non-Institutional Residence as Place
  - Y9212 Nursing Home as Place
  - Y9219 Other Residential Institution as Place
  - Y92531 Health Care Provider Office as Place
  - Y929 Unspecified Place or Not Applicable

  ➢ Type in the **Diagnosis Code NUMBER** with a capital letter and click **ADD**
  
  Note: *only one diagnosis code is required*

• The diagnosis appears in the light blue line under the table headers. If incorrect, use the **Remove Link** to remove the code and add the correct code.
The Service Details box (required) is split into three parts
A) Service Details (top section)
B) Service Provider Information (middle section)
C) Attachments (bottom section)

*Only one type of service request is permitted per NF PETI Request*

A) Service Details (required)

- Using the Calendar Icon, fill in the FROM DATE and the TO DATE
  - This date can be the date of service if provided before today’s date
  - Or the current date
  - Use the drop-down arrow and change the Code Type to **REVENUE***

- Select Code from the list below:
  - 0259 - Pharmacy Other Drugs (non-prescription drugs)
  - 0479 - Audiology Other (hearing)
  - 0962 - Professional Fees Ophthalmology (vision/glasses)
  - 0949 - Other therapeutic services (acupuncture)
  - 0969 - Professional Fees Outpatient Services (dental)
  - 0999 - Patient Convenience Items (health insurance premium)

- Type ion the **Code NUMBER** and when the name associated with the number appears, click on the name
- Options within the service details box will change because the Revenue code type was selected (modifier lines will disappear)
• Fill in the number of **Units** (cannot be zero)
  ➢ For eyeglasses - units should be 1
  ➢ For hearing aids - units should be 1 or 2
  ➢ For health insurance premium - units should be 1 to 12, the number of months being requested
  ➢ For other type of service - use appropriate unit measurement or 1

• **Requested Dollars** (cannot be zero)
  ➢ **Type in the full amount being requested, should match the invoice total**
  ➢ For health insurance premium, it should be the monthly amount times the number of months

• Fill in the **Medical Justification Field** (cannot be blank)
  ➢ For health insurance premium - Note will include, monthly premium dollar amount, number of months requested and year. (example: health insurance premium $100 x 6 months = $600 for 2018.
  ➢ For anything other than health insurance, select from the following list
    ▪ New request for...
    ▪ Replacement for...
    ▪ Second request for...
    ▪ Other Incurrent Medical Expense
B) Service Provider Information (required) (Rendering Provider)

- Select the Check Box, if you are the rendering provider
- Or if a new rendering provider, use the Magnifier Search Icon to locate the provider

Note: when provider is selected, make sure the taxonomy box populates. If not, try selecting the provider again

- Use the drop-down box to select the Location from the list below
  - Mobile Unit
  - Independent Clinic
  - Rural Health Clinic
  - Skilled Nursing Facility
  - Nursing Facility
  - Intermediate Care Facility
C) Attachments (make sure to upload *all required documents* or PAR will be denied)

- Click on the + sign on the right side of the blue box titled Attachments

- Attachment box opens and is ready for uploading required documents

- Click on the + sign on the left side, next to Click to add attachment
• Browse for the attachment to upload. This is where the processor has stored the document on their computer

- **Documents to Upload Should Include:**
  - Signed Medical Necessity form with all required legible signature on the same form
  - Invoice with procedure codes and fees
  - Audiogram performed by licensed audiologist
  - Verification of medical health insurance premium for client
  - Health insurance card - copy front and back
  - PETI check list form to verify patient lability payment

• Use the drop-down arrow to select one of the following **Attachment Type options:**
  - AT - Purchase Order Attachment (itemized invoice for service/item)
  - B2 - Prescription
  - B3 - Physician Order
  - CK - Consent Forms (signed medical necessity form)
  - DG - Diagnosis Report (audiology/hearing report)
  - 77 - Support Data for Verification

• **Type** in the **Description** by selecting one of the following options associated with the Attachment Type
  - AT - Itemized invoice for...
  - B2 - Vision Prescription
  - B3 - Signed Physician’s Order
  - CK - Medical Necessity form
  - DG - Audiology/hearing report
  - 77 - Insurance premium data, supporting documents

• **Click** the **ADD Service** button on the bottom left of page
• The attachment(s) appear in the light blue line under the table headers. If incorrect, use the Remove Link to remove the attachment and add the correct attachment.

Once A, B and C have been completed the Service Details section is complete.
• Click the ADD SERVICE button on the bottom left of the page

• The Service Details box will change. The service added now appears in the light blue line under the table headers. If incorrect, use the Remove Link to remove the service and add the correct service.

Only one type of service request is permitted per NF PETI Request

• To view information submitted, click the + sign next to the line number. Click the - sign to close it

After all information has been entered into the authorization form, click the SUBMIT button on the bottom right. Click CANCEL to cancel the authorization request.
If the Submit button doesn’t change to Confirm, error messages will appear in RED somewhere on the page (usually at the top). Work through the errors and click the Submit button again.

If the Submit button changes to Confirm, request is ready for final review by the processor. The displayed page will be a condensed authorization form. Use the + and - signs to open and close the various sections.

Once quality checked by the processor, click the CONFIRM button. Use the BACK button to make corrections or the CANCEL button to cancel the request.

The Authorization Receipt box will appear.
• Make note of the AUTHORIZATION TRACKING NUMBER. This is how you can track the status of the request.
• Click on the **PRINT PREVIEW** button
  - This will display the PAR submitted for Department approval/denial
  - Open all the boxes with + signs to display all the PETI/IME details
  - **PRINT** this page for your records and for audit purposes. The form and all attachments should be kept for six years.

![Print Preview, Copy, New buttons](image)

The PAR is now in the Pending - State Review status.

**Check PAR Status**
The processor can view the status of the PAR through the Web portal.
- Click on the Care Management tab from the portal main page
- Click on the View Status Authorization Link.
- **On Medical Dental Tab, TYPE in the Authorization Tracking Number**
- Click on the “Search” Tab
- Scroll down the page to view the Search Results section, which will display the PAR Status.

<table>
<thead>
<tr>
<th>Prior Authorization #</th>
<th>Authorization Service Date</th>
<th>Status</th>
<th>Member Name</th>
<th>Member ID</th>
<th>Authorization Type</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
</tr>
</thead>
</table>

**Search Results**
PETI/IME Determination

- The Department’s Nursing Facility Operations Specialist or designee will determine if the PETI/IME request meets the requirements necessary to approve the request. The status will change to approved, approved - with revisions or denied. The Online Portal is instantly updated with the determination and a letter is system generated for the next day.

- If PETI/IME request is denied. Review Reason-You may be able to submit a brand-new request with corrections or include any missing information. The denied request cannot be re-opened.

Billing Medicaid for PETI/IME

- Once the PAR status has been changed to approved or approved - with revisions, the nursing facility can bill Medicaid for the service or item. Please note that PETI/IME services can only be billed on claims that have an accommodation line-item revenue code and a patient liability amount greater than zero.
Questions
To access the main page, go to hcpf.colorado.gov

Click on For Our Providers to access the Web Portal and other information
Click on Web Portal Tab
Welcome to the Provider Web Portal

Enter your System Credentials to create a PETI PAR Claim

Click on Provider Services button for forms, rates and billing manual to access more information
From this page you can access Billing Manuals, Training, Forms, Rates, Fee Schedules for PETI, Just click on the tab you need, scroll to PETI section
More Resources

Provider Contacts Web Page

hcpf.colorado.gov/provider-help

Training Web Page

hcpf.colorado.gov/provider-training

Quick Guides web page

hcpf.colorado.gov/interchange-resources
More Resources

Nursing Facility Billing Manual and Facility Overview

hcpf.colorado.gov/nf_billing

Department Program and Rule Regulations

hcpf.colorado.gov/department-program-rules-and-regulations
Contact Information

Patricia.Arellano@state.co.us
PETI Operations Specialist
Department of Health Care Policy & Financing
Please send me an email for assistance with claims

Provider Services Call Center
For Claims Processing, Enrollment Revalidation Information
Provider Web Portal Questions or System Issues
1-844-235-2387