



## **Louisiana Department of Health and Hospitals**

### **Health Plan Advisory 14-7**

### **June 1, 2014**

#### **Inclusion of Hospice Care into Bayou Health Core Benefits and Services**

A recent change in DHH policy:

In 2015, in-home hospice care will be included in Bayou Health Core Benefits and Services. Dual eligible recipients enrolled in Hospice care and Hospice recipients residing in long term care facilities will remain in Legacy Medicaid. There are 140 providers currently enrolled in Louisiana Medicaid.

Legacy Medicaid policy is as follows:

#### **Patient Requirements**

An individual must be certified as terminally ill. Terminally ill is defined as a medical prognosis of limited expected survival of approximately six months or less at the time of referral to a hospice, or an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone are no longer appropriate.

#### **Core Services**

Physician services, nursing services, medical social services, counseling services, dietary counseling, bereavement counseling, pastoral care, short term inpatient care, inpatient respite care, medical appliances and supplies (including drugs and biologicals), hospice aide and homemaker services, therapy services and any other service which is included or not included in the plan of care and for which payment may otherwise be made under Medicaid is a hospice covered service.

#### **Provider Requirements**

Hospice providers must be enrolled in Medicaid and Medicare. Hospice providers are licensed by DHH Health Standards. The hospice must ensure employees providing hospice care have all licensure, certification, or registration requirements in accordance to applicable federal and/or state laws. The hospice must designate an interdisciplinary group (IDG) composed of qualified

medical professionals and social support staff from all core services with expertise in meeting the special needs of hospice recipients and their families. The IDG must consist of physicians, registered nurses, social worker(s) and pastoral or other counsel.

Prior authorization is required upon the election of hospice care. A Notice of Election and Certificate of Terminal Illness form must be completed and submitted for review and approval. Forms for submission are located at <http://www.lamedicaid.com/proweb1/forms>.

A written plan of care (POC) must be established before services are provided. The required POC must include services to be rendered. These services must be clearly detailed with a listing of the specific tasks as well as the frequency and days they are to be performed.

### **Required Forms and Documentation**

- Notice of Election (NOE)
- Certificate of Terminal Illness (CTI)
- Physician's certification and narrative
- Medical documentation including medication list, lab and X-ray, etc.
- Documentation should paint a picture of the patient by illustrating the recipient's decline in detail. Explain why the recipient's diagnosis has created a terminal prognosis. Show how the systems of the body are in a terminal condition and considered to be terminal and not chronic.
- Plan of care

The required forms and documentation must be included as a packet and submitted for prior authorization.

### **Levels of Care**

- Routine Home Care
- Continuous Home Care
- Inpatient Respite Care
- General Inpatient Care

### **Reimbursement**

With the exception of payment for physician services, Medicaid reimbursement for hospice care is made at one of four predetermined per diem rates for each day in which a Medicaid recipient is under care of the hospice regardless of the amount of services furnished on any given day. The rates are calculated on a yearly basis and based on information provided by CMS. The rates are effective from October 1 through September 30 of each federal fiscal year.

Claims are billed using the following revenue codes:

HR 651-Routine Home Care

HR 652-Continuous Home Care (billed as an hourly rate)

HR 655-Inpatient Respite Care

HR 656-General Inpatient Care

The per diem rate for each code is listed on the [lamedicaid.com](http://lamedicaid.com) website.

**Billing**

Provider Type-----09

Provider Specialty----- 93

Claim Type----- 04

Category of Service -----66