What is DADS’ role when you become a Medicaid Hospice Provider?

- Issues contracts;
- Conducts audits;
- Authorizes Medicaid hospice services;
- Makes payments for the provision of the Medicaid hospice services;
- Makes room and board payments through the hospice provider to the ICFMR or NF;
- Determines reimbursement rates for Medicaid hospice; and
- Promulgates rules, issues policy, information letters and provider manuals.

What is involved in getting a Medicaid Hospice Contract?

- Once you are licensed and certified you will:
  1. Complete the application packet. You can obtain the application online.
  2. Once DADS has processed the packet, they will send you a contract for your review and signature.
- Remember to review the contracting rules under 40 TAC 49 Contracting to Provide Community Services and 40 TAC Chapter 30 Subchapter C.
- Note: Do not enter into an agreement with a NF or ICFMR until you have a contract with DADS.

In addition you must review, comply and be aware of the following types of letters and memos and manuals:

- Provider Letters (otherwise known as PL) - are released from Regulatory Services.
- Information Letters (otherwise known as IL) - are released from Contracting, Medicaid Hospice and other Community Services programs.
- Federal Survey and Certification Letters (otherwise known as S&C) - are memoranda from CMS issuing guidance, clarifications and instructions to the State Survey Agencies and CMS Regional Office.
- State Survey and Certification Clarification (otherwise known as S&CC) Memos - are released by DADS Regulatory Services Policy to provide guidance and clarification to Regional Directors and State Office Managers.
- Regional Survey and Certification (otherwise known as RS&C) Letters - are sent by CMS Dallas to the regional offices which contains a CMS clarification and guidance.
- Medicaid contract.
- Medicaid Hospice Provider Manual.
What requirements under 40 TAC 30 Medicaid Hospice are different than other federal and state requirements that I must follow?

1. Contract language: Be familiar with the language of your contract. The contract requires monthly checks of employees, contractors and subcontractors. See IL 11 - 102 Updated Information Regarding the Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs. It is listed at the back of your hand out.

2. DADS Eligibility Forms: Medicaid hospice providers must use DADS’ forms.

3. Physician narrative: DADS is requiring that narratives be submitted to them along with a hard copy of the Form 3074 Physician Certification when you certify someone for the first time.

   The nurses are doing 100% review of these narratives.

   If the narratives lack the clinical information to support the need for hospice services, Medicaid payment may be denied or recouped. See Information Letter 2011-54 Addition of the Physician Narrative.

4. Inpatient Care Recoupment:
   - DADS and HHSC handle the recoupment on inpatient care.
   - The formula is outlined under 40 TAC 30.60 Medicaid Hospice Payments and Limitations.

5. Continuous Home Care:
   - DADS’ has very stringent rules and review criteria for continuous home care.
   - They do a 100% review on all cases that had CHC provided.
   - If you want to provide more than five days of CHC, you must get permission from DADS. The extension request is made while the care is being provided.
   - DADS will determine after the fact if you met all the criteria for providing the care.
   - Chapter 30.54 Special Coverage Requirements covers CHC. There are several information letters on the web that address what is reviewed and the billing breakdown. The names of the letters are provided at the back of your handout.

   Texas Medicaid Healthcare Partnership (TMHP) pays for Medicaid services unrelated to the terminal illness.

   TMHP pays non-hospice providers for services to an individual receiving Medicaid hospice. Providers will submit claims with documentation showing services were not related to the terminal illness or that the individual was discharged during the time the services were delivered.

   Remember, children under age 21 can get curative and palliative care. Children or their legal representatives are not required to waive their rights to Medicaid treatments and payment. Non-hospice providers providing treatment do not have to submit documentation to indicate whether the services provided were related to the terminal illness.

   If you would like more information, the TMHP website is listed at the end of this handout.

Who is eligible for Medicaid Hospice?

   People who are SSI or Medicaid can qualify for Medicaid Hospice, but not all Medicaid recipients are eligible for all Medicaid services. Services have certain criteria that must be met in order to qualify.

   Medicaid eligibility begins with an application to the ME Unit at HHSC.

   It can take up to 45 days.

   Once a person is ME, they will receive a Med ID card.

   Do not attempt to advise people regarding their eligibility. Always direct them to the ME worker (Call 211 or go to “Your Texas Benefits”. The web is listed at the end of the handout.)

   As a hospice provider, verify ME to ensure the person still qualifies or services. This is your responsibility.

   Medicaid is considered the payor of last resort. If Medicaid pays and it comes to light that there was other resources, DADS (Medicaid) will recoup their money.

   If your recipient is residing in a NF or ICFMR you can always address questions and concerns to the biller in that facility.
Who do I contact to begin billing and payment?

- Go to the Texas Medicaid Healthcare Partnership (known as TMHP) website and sign up for training on how to get set up, handle the forms and billing for hospice and room and board.
- TMHP handles the processing of eligibility forms and payment to the Medicaid Hospice provider.
- DADS’ authorizes hospice services.
- Payment is controlled by receipt of information.
- Payment will not occur until you have submitted the following information:
  1. The recipient is Medicaid Eligible.
  2. The election form 3071.
  3. The physician certification form.

4. The MDS must be received at TMHP for the NF recipients.
5. The Level of Need must be received at TMHP for the ICFMR recipients. You will work with the ICFMR staff on this form.

DADS releases the per diem payments between September and October every year. The Rate Analysis Unit at the Health and Human Services Commission calculates the rates.

Room and board payments for nursing facilities and ICFMR providers are calculated by HHSC as well. The rates are posted at the Rate Analysis website at HHSC.

DADS sends out provider letters advising you of the rates for hospice and for NF and ICFMR.

Will I have an additional survey for Medicaid?

- DADS’ is still in the process of determining the best way to ensure that a contracted hospice provider is in compliance.
- Regulatory Services does ensure that licensing is met; however there are some contracting areas that they do not review.
- Right now, it is unknown what DADS plans to do.

What can you tell me about entering into an agreement with Long Term Care Providers?

- Before you enter into an agreement with a Long Term Care Provider (NF or ICFMR) be sure that you have a Medicaid Hospice Contract.
- Once you have entered into an agreement with the long term care provider, they will look to you for the room and board payment.

This “pass thru” is required by the federal government.

You can pay the provider from 95-100% of the room and board, but no more than 100%.

The federal government has released information regarding relationships with long term care providers and what constitutes fraud.

The NF is responsible for completing and submitting the MDS.

The ICFMR provider and the hospice review the individual’s MR/RC Assessment for the person’s level of need. The program provider must provide a signed copy of the completed MR/RC Assessment to the hospice.

DADS released 2 letters in 2006 regarding Contracts, Role and Responsibilities.
Is there any new provider training?

- DADS has computer based training (CBT) which you take when you begin the licensing process.
- TMHP does training for new Medicaid hospice contractors regarding forms and payment.
- TxNMHO offers training on an ongoing basis through out the year in addition to the annual conference.
- We also offer administrator and alternate administrator training hours; the 8 hours initial and 16 additional hours.

Sign up for Email Updates:

- Department of Aging and Disability Services (DADS): [http://www.dads.state.tx.us/](http://www.dads.state.tx.us/). Email updates is towards the end of the page. It has its own tab.
- Health and Human Services Commission (HHSC): [http://www.hhsc.state.tx.us/](http://www.hhsc.state.tx.us/). Email updates is on the left of the screen.
- State and Federal Hospice Rules: [http://www.dads.state.tx.us/providers/Hospice/rules.html](http://www.dads.state.tx.us/providers/Hospice/rules.html)

Training Appendix:

Links to Agency websites:

- Department of Aging and Disability Services (DADS): [http://www.dads.state.tx.us/](http://www.dads.state.tx.us/), click on “doing business with DADS”, then click on Resources for providers. Hospice is listed along the left hand side. For contracting information, look on the right side of the screen at the hospice site. You will see “Click here to learn how to become a provider”.
- Health and Human Services Commission (HHSC), 211: [https://www.211texas.org/211/](https://www.211texas.org/211/)
- Texas and New Mexico Hospice Organization (TxNMHO): [http://www.txnmhospice.org/](http://www.txnmhospice.org/)
- Your Texas Benefits: [https://www.yourtexasbenefits.com/ssp/SSPHome/sspHome.jsp](https://www.yourtexasbenefits.com/ssp/SSPHome/sspHome.jsp)

Letters:

- Information Letter No. 08-39 Medicaid Hospice Continuous Home Care Per Diem
- Information Letter No. 10-107 Medicaid and Children’s Health Insurance Program Hospice Care Services – Concurrent Treatment Services for Individuals Under 21 Years of Age
- Information Letter 06-16 – (Regulatory Services) Information Letter 06-31 – (Community Services) Contracts, Roles, and Responsibilities Between an ICF–MR/RC and Hospice Providers (Replaces Provider Letter 03-07)
- Information Letter 06-15 – (Regulatory Services) Information Letter 06-30 – (Community Services) Contracts, Roles, and Responsibilities Between Hospice Providers and Nursing Facilities (Replaces Provider Letter 03-06)