



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 713

May 14, 2008

TO: Iowa Medicaid Hospice and Nursing Facility Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

SUBJECT: Billing for a Hospice Patient Residing in a Facility

DATE: Upon Receipt

This letter is to clarify the process of sending required documentation to the Department of Human Services when a Medicaid member is receiving hospice services in a nursing facility.

Before providing hospice service to a Medicaid recipient in a nursing facility, the hospice agency must notify the member's Income Maintenance worker that the member has chosen to receive hospice services, and to verify the amount of client participation.

When a hospice client enters a nursing facility, the hospice agency is responsible for paying for the nursing facility care. Medicaid will pay the hospice agency for the care, and the hospice agency reimburses the nursing facility. The hospice collects the client participation, unless the hospice agency and nursing facility jointly agree that the nursing facility will collect the client participation.

The hospice agency is responsible for obtaining the signature of the member or the member's representative on form 470-2618, *Election of Medicaid Hospice Benefit*. The Provider Manual for Hospice Services can be found at the following link:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/hospice.pdf

The *Election of Medicaid Hospice Benefit* can be found at the following link:

<http://www.ime.state.ia.us/Providers/Forms.html>.

The hospice agency is also responsible for entering into a written agreement with the nursing facility under which the hospice agency takes the responsibility for the professional management of the member's hospice care and the nursing facility agrees to provider room and board to the resident.

The Level of Care (LOC) Certification form must be completed by an appropriate health care provider (MD, DO, Nurse Practitioner or Physician's Assistant) at the nursing facility and submitted to Medical Services at IME for review if a Medicaid LOC has not been established previous to the Hospice admission. This form can be found at <http://www.ime.state.ia.us/LTC/LevelOfCare.html>.

The nursing facility is responsible for sending a Case Activity Report to the member's Income Maintenance Worker at DHS to notify the worker that the hospice agency will be providing care.

The Income Maintenance Worker is responsible for determining eligibility and entering the authorization of Hospice payment into the Individualized Services Information System (ISIS). The ISIS authorization must include both the hospice provider number and the provide number for the facility where the member resides.

When a member revokes their Hospice benefit, the Revocation of Hospice Benefit form must be completed and sent to the member's IM Worker. The *Revocation of Hospice Benefit form* can be found at the following link: <http://www.ime.state.ia.us/Providers/Forms.html>.

When a member dies, the nursing facility must send an updated Case Activity Report to the member's IM Worker.

Payments may be denied if all of these steps are not completed.

1. Hospice provider obtains member's signature and forwards the *Election of Medicaid Hospice Benefit to the local DHS Income Maintenance Worker*.
2. **Facility completes and sends Case Activity Report to the local DHS Income Maintenance Worker.**
3. Facility completes and sends Level of Care Certification form to Medical Services at IME for review if a Medicaid LOC has not been established previous to the Hospice admission.
4. Income Maintenance Worker determines eligibility and enters authorization of hospice payment into ISIS.

If you have any questions you may contact IME Provider Services at 1-800-338-7909, locally 515-725-1004 or by email at imeproviderservices@dhs.state.ia.us.