Alaska Medical Assistance Provider Billing Manuals

Section I: Hospice Care Services, Policies, and Procedures

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About This Manual

The Department of Health and Social Services (DHSS) is the state agency designated to administer the Alaska Medical Assistance program, which includes:

- Medicaid
- Denali KidCare (DKC)
- Chronic and Acute Medical Assistance (CAMA)

Unless otherwise specified, references to the Alaska Medical Assistance program or Alaska Medical Assistance mean Medicaid, DKC, and CAMA. References to Alaska Medicaid, or Medicaid, mean only Medicaid and DKC.

This manual, *Section I: Hospice Care Services, Policies, and Procedures* is to be used by enrolled hospices in conjunction with

- Section II: Institutional Claims Management
- Section III: General Program Information

Updates to this manual will be necessary from time to time as federal and state medical assistance regulations are adopted. As updates are made, each affected segment of the manual will be annotated with the date of the change. Providers will be informed of these updates by remittance advice messages and announcements through Alaska Medicaid Health Enterprise. Previously published manuals are available upon request.

Thank you for your participation in the Alaska Medical Assistance program and for the services you provide.

Updated 12/18/2018

Provider Enrollment

The following enrollment information is specific to hospices. For general enrollment instructions and guidelines, refer to Section III: General Program Information.

Updated 12/18/2018

Provider Participation Requirements and Responsibilities

Provider Participation Requirements for Hospices

In addition to the general conditions for participation identified in Section III: General Program Information, hospices must

- Be a public or private institution certified by Medicare under 42 CFR part 418
- Be actively licensed under AS 47.32 to operate as a hospice
- Provide hospice care services for periods of at least 210 days
- Ensure that all employees providing professional or specialized services are individually licensed

Out-of-state hospice care services providers may not enroll in Alaska Medicaid.

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Recipient Eligibility

All references to recipient mean an individual who is eligible for and receiving assistance under an Alaska Medical Assistance program.

Eligibility Codes

The Department will pay an enrolled hospice for covered services provided to a recipient who is eligible for Alaska Medical Assistance under one of the following eligibility codes:

Eligibility Codes: Hospice Services	
Code	**Category**
11	Pregnant Woman (Alaska Healthy Baby Program)
20	No Other Eligibility Codes Apply
30	Adults with Physical and Developmental Disabilities (APDD) Waiver – Special LTC
31	APDD Waiver
34	APDD Waiver – Adult Public Assistance (APA)/Qualified Medicare Beneficiary (QMB) Eligible
40	Alaskans Living Independently (ALI) Waiver – Special LTC
41	ALI Waiver
44	ALI Waiver – APA/QMB
50	Child under 21 and not in state custody (including subsidized adoptions)
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91	Individualized Supports Waiver (ISW) – Special LTC
92	ISW
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94	ISW – APA/QMB Eligible

Updated 03/28/2019

Service Authorization

All hospice services require a service authorization (SA). A hospice must submit an SA request using the Service Authorization Request Form (AK-SA) with the following attached:

- A certification of the recipient's terminal illness signed by the hospice's medical director and the recipient's attending physician. The certification must state that the recipient's medical prognosis is a life expectancy of six months or less if the illness runs its normal course.
- A copy of the recipient's plan of care
- An election statement, signed by the recipient or the recipient's representative, that includes the following:
  - Name of the designated hospice
  - Acknowledgment of a full understanding of hospice care
  - Effective date of the election
  - Agreement to waive rights to hospice care or any other Medicaid-covered services related to the recipient's terminal illness except for those provided by the designated hospice, an alternative hospice under arrangement with the designated hospice, or the recipient's attending physician
  - Option to revoke the election of hospice care at any time
  - Option to elect to change the designation of the hospice by submitting to both hospices a signed statement indicating the hospice from which care has been received, the newly designated hospice, and the date the change is effective; the recipient may only elect to change the designation of the hospice once in each election period as described in 42 CFR 418.21 and 418.30

Note: A recipient that is eligible for Medicare and Medicaid must make an election of a hospice, a designation of change of a hospice, or a revocation of a hospice simultaneously for both programs.

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Hospice Care Services

Alaska Medical Assistance reimburses enrolled providers for medically necessary services for eligible recipients when delivered, ordered, or prescribed by a provider within the scope of the provider's license or certification.

Services rendered based on a prescription, order or referral are reimbursable only if the prescribing, ordering or referring provider is enrolled as an Alaska Medical Assistance provider.

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Travel for Medical Care

Alaska Medicaid covers transportation and accommodation services when travel is required to receive non-emergent, medically necessary services.

For additional information about non-emergent transportation, including how to request a service authorization, refer to Arranging Patient Travel.

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Written Plan of Care

Before hospice services begin, a registered nurse or physician in cooperation with the interdisciplinary group* must complete a written initial plan of care. The initial plan must then be expanded into a comprehensive plan of care that includes an assessment of the recipient's needs and states in detail the scope and frequency of necessary services. The plan of care must be reviewed and updated at intervals, specified in the plan, by the hospice medical director or the recipient's attending physician and by the interdisciplinary group.

* The interdisciplinary group must include a doctor of medicine or osteopathy, a registered nurse, a social worker, and a counselor. This group is designated by a hospice to provide or supervise the care and services offered by the hospice.

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Medicaid-Covered Services

Hospice Services

The following services are considered core hospice services and must be routinely provided by hospice employees:

- Nursing care
- Physician services
- Medical social services

- Counseling

Physician services provided by the hospice must also meet the general medical needs of the recipient to the extent that the needs are not met by the recipient's attending physician

Routine Home Care

Covered routine home care includes any combination of the following services not provided at the level and intensity of continuous home care:

- Preparation of a written plan of care
- A service rendered that is consistent with the written plan of care
- Nursing care provided under the direction of a registered nurse routinely provided by employees of the hospice
- Medical social services rendered by a social worker under the direction of a physician routinely provided by employees of the hospice
- Physical, occupational, and speech therapy
- Durable medical equipment, medical supplies, and biologicals and drugs that are used primarily for the relief of pain and symptom control of the terminal illness
- Home health aide and homemakers services provided in the recipient's home under the direction of a registered nurse
- Counseling services provided to the recipient, family members, or caregiver for the purpose of enabling the family or caregiver to provide care, or aiding in adjustment to the recipient's approaching death, and up to one year following the death of the recipient routinely provided by employees of the hospice

Continuous Home Care

Continuous home care may be provided only during a period of crisis in which a recipient requires constant care to reduce or manage acute medical symptoms as necessary to maintain the recipient at home. To be covered as continuous home care, a minimum of eight hours of care described in 42 CFR 418.204 must be provided in each 24-hour period, and may be supplemented with homemaker and home health aide services with more than half of the continuous home care hours being nursing care. If care less skilled than nursing services is required on a continuous basis to maintain the recipient at home, that care will be paid as routine home care.

Inpatient Respite Care

Alaska Medicaid covers inpatient respite care during a short-term admission of no more than five days for inpatient care in a facility that meets the standards in 42 CFR 418.98(b) in order to provide relief to the recipient's caregiver.

General Inpatient Care

General inpatient care may be covered for procedures necessary for pain control or acute or chronic symptom management that cannot feasibly be provided in an outpatient setting. Recipients may be treated in a participating hospice inpatient unit or an enrolled general acute care hospital or nursing facility that meets applicable standards for staffing and recipient areas in 42 CFR 418.98 or 418.100.

During the 12-month period beginning November 1 of each year and ending the following October 31, the aggregate number of inpatient days (both for general inpatient care and inpatient respite care) may not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid recipient by the hospice during that period. Hospice care provided to recipients with AIDS is not included in this calculation.

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Hospice Care for Recipients under 21 Years of Age

Alaska Medicaid covers hospice care for recipients under 21 years of age if they also received an EPSDT screening no earlier than 12 months before services begin. Recipients under 21 years of age may also receive private-duty nursing services rendered by or under the supervision of a registered nurse in a recipient's home. For additional information, refer to the Private-Duty Nursing Services Billing Manual.

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Hospice Care Provided in a Nursing Home

Alaska Medicaid covers room and board for hospice care provided to a recipient in a nursing facility or intermediate care facility for individuals with an intellectual disability or related condition. The hospice must agree in writing to take full responsibility for the professional management of the recipient's care while the facility agrees to provide room and board. At a minimum, the room and board provided must include personal care services, administration of medication, maintenance of the recipient's room, and supervision and assistance in the use of durable medical equipment and prescribed therapies.

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Non-covered Services

The services listed below are non-covered for hospices. This list is representative of non-covered services and procedures and is not intended to be all-inclusive. For additional non-covered services, refer to Section III: General Program Information.

- Services provided out-of-state
- Care provided to a recipient residing in a long-term care facility

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Claim Submission

Refer to Section II: Institutional Claims Management for claim submission instructions and to the UB-04 Claim Form Instructions for claim form completion instructions specific to Alaska Medicaid.

Billing for Hospice Services

Claims for services provided by a hospice must be submitted using the following revenue codes:

Revenue Code	Description
0651	Routine Home Care
0652	Continuous Home Care
0655	Inpatient Respite Care
0656	General Inpatient Care
0659	Hospice Nursing Home Care

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Pricing Methodology

Hospice Quality Reporting Requirements

Payment rates for hospice services are contingent upon a hospice provider's compliance with the quality data submission requirements outlined in Section 3004 of the Affordable Care Act. To ensure correct reimbursement for services rendered, hospices must provide confirmation or an attestation to Alaska Medicaid that the hospice has completed the quality data submission as required by Section 3004. Reimbursement rates are reduced for providers who do not comply with this requirement.

For more information about Hospice Quality Reporting Requirements, refer to 42 CFR Part 418 Subpart G, Payment for Hospice Care.

Updated 01/11/2019

Hospice Services Pricing

Alaska Medicaid reimburses hospices for hospice services at the rates established under CFR 418.306. For inpatient services, the hospice shall pay an enrolled facility for general inpatient and inpatient respite care.

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Nursing Facility Services Pricing

Alaska Medicaid reimburses hospices for room and board in a nursing facility at 95 percent of the daily rate established under 7 AAC 150 and in turn, the hospice reimburses the facility.

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Physician Services Pricing

Alaska Medicaid reimburses hospices for physician services rendered by the hospice medical director as a licensed physician or by the licensed physician member of the interdisciplinary group at the rate determined under 7 AAC 145.200(a) – (c).

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Private-Duty Nursing Services Pricing

Alaska Medicaid reimburses hospices for private-duty nursing services provided in a recipient's home at the rate established under 7 AAC 145.250.

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