

# Welcome to the Hospice Refresher Workshop – November 16, 2022

Once you have joined the Teams meeting, please follow these Communication rules:

- ❖ Please ensure your camera is off.
- ❖ Use the mute button when you are not speaking.
- ❖ Be sure to select Show conversation as documents or links used during the meeting will be posted to the Meeting chat. You may also use this Meeting chat to ask the speaker a question or to comment.
- ❖ Alternatively, you can use the Raise hand icon or (Ctrl+Shift+K) to ask the speaker a question or to comment.

**Thank you for your participation!**

# Connecticut Medical Assistance Program 2022 Hospice Refresher Workshop

Presented by  
The Department of Social Services & Gainwell Technologies



# Training Topics

- ❖ 2021/2022 Updates
- ❖ Client Eligibility – Determining the Hospice Benefit
- ❖ On – Line Hospice Transactions
  - Locking in the Hospice Benefit
  - Important Points to Remember in Ordering to Effectively Manage Your Lock – In
- ❖ Claim Submission Overview
- ❖ Remittance Advice Overview
- ❖ Non – Covered Hospice Services
- ❖ Prior Authorization Requirements
- ❖ Patient Liability

# Training Topics cont.

- ❖ Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution
- ❖ Hospice Reminders
- ❖ Program Resources/ Contacts/ Wrap Up & Questions

# 2021/2022 Updates



# 2021 Updates for Hospice Providers

Effective October 1, 2021, rates for hospice services were adjusted to be consistent with Section 1902(a) (13)(B) of the Social Security Act. Reimbursement rates based on the reduced market basket update will affect payments for dates of service October 1, 2021, to September 30, 2022. Refer to [PB 21-77](#) **Hospice Rates for Federal Fiscal Year 2022** for more detailed information.

# 2022 Updates for Hospice Providers

Effective October 1, 2022, rates for hospice services were adjusted to be consistent with Section 1902(a) (13)(B) of the Social Security Act. Reimbursement rates based on the reduced market basket update will affect payments for dates of service October 1, 2022, to September 30, 2023. Refer to [PB 22-66](#) **Hospice Rates for Federal Fiscal Year 2023** for more detailed information.

# Client Eligibility – Determining the Hospice Benefit



# Client Eligibility – Determining the Hospice Benefit

Hospice services are a covered service for all HUSKY Health Program clients. The client's interChange eligibility file will indicate a hospice lock-in segment for all HUSKY clients who have elected the Hospice benefit.

The Department of Social Services (DSS) recommends that providers verify a client's eligibility on the date of service prior to performing the service as eligibility can change at any time.

To determine if a client is eligible for the Hospice benefit, providers may use any of the available methods of checking client eligibility:

- Provider Secure Web site at [www.ctdssmap.com](http://www.ctdssmap.com).
- Provider Electronic Solutions Software.
- HIPAA ASC X12N 270/271 Health Care Eligibility Inquiry and Response.
- Automated Voice Response System (AVRS).

# Client Eligibility – Determining the Hospice Benefit cont.

A client is eligible to receive the Hospice benefit when:

- The client is certified by a physician as being terminally ill.
  - Initial certification is 90 days.
  - Recertification is for a second 90 day period followed by unlimited 60 day periods.

The client will be locked into service by a single Hospice agency for services relating to their terminal illness for the duration of the certification period.

- A client may change Hospice agencies once during this period under **Medicare; there is no limit for Medicaid.**
- A client may choose to revoke election and/or re-elect Hospice services at any time.

Clients that are eligible for both Medicare A and Medicaid receive Hospice services through Medicare.

- When a dually eligible client decides to elect, revoke, or change Hospice providers, they must make such elections, revocations, and changes in both the Medicare and Medicaid programs, *except dually eligible clients receiving Hospice/IP Respite, RCC 655, these changes are only required to be entered in the Medicaid program.*

# Client Eligibility – Determining the Hospice Benefit cont.

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## Electronic Visit Verification

# WELCOME

## TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Information



Provider



Trading Partner



Pharmacy

### Important Messages

[Attention Providers: Reimbursement for COVID-19 Monoclonal Antibody Therapy \(Posted 8/12/22\)](#)

[Attention All Providers: New State Resources Available for Providers and Patients Regarding Abortion Rights \(Posted 8/9/22\)](#)

[Hospital Monthly Important Message \(Posted 8/8/22\)](#)

[CMAP Addendum B July 2022 \(Posted 8/8/22\)](#)

[Attention All Providers: Medical Authorization Portal \(Posted 8/1/22\)](#)

[Attention Home Health and Access Agencies: Correction to the Home Health Fee Schedule \(Posted 7/19/22\)](#)

[COVID-19 Information and FAQs \(Updated 7/18/22\)](#)

# Client Eligibility – Determining the Hospice Benefit cont.

## Access to your Secure Web Account:

Select Secure Site from either the Provider panel on the left or the Provider drop-down menu. Enter your User ID and Password and click “Login.”

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home site map about us

Information

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Provider Trading Partner Pharmacy I

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Home Information Provider Trading Partner Pharmacy Information Hospital Modern  
home provider enrollment provider re-enrollment provider enrollment tracking  
fingerprint criminal background check info e-mail subscription **secure site**

The Connecticut Department of Social Services Medical Assistance Program providers, trading partners/billing agents, labelers/drug manufacturers and

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

User ID\*

Password\*

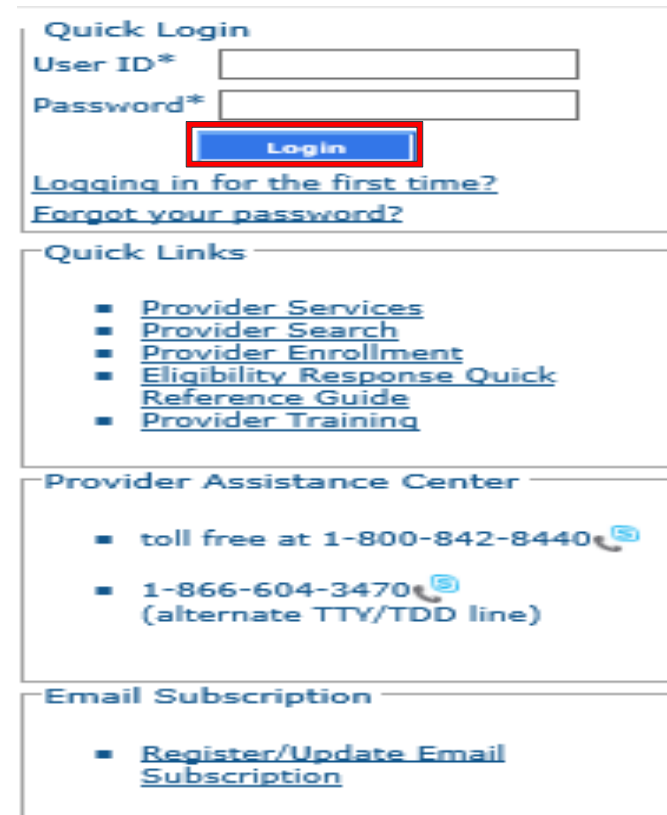
[login](#)

Enter ID and Password and click "login"

# Client Eligibility – Determining the Hospice Benefit cont.

Access to your Secure Web Account:

Alternately, click on the *Provider* icon from the main page then enter User ID and **Password** and click “**Login**” from the *Quick Login* panel on the right side of the screen.



# Client Eligibility – Determining the Hospice Benefit cont.

## Service Codes

1 – Medical	54 – Long Term Care	AD – Occupational Therapy
4 – Diagnostic X-Ray	56 – Medical Related Transportation	AF – Speech Therapy
5 – Diagnostic Lab	75 – Prosthetic Device	AL – Vision (Optometry)
33 – Chiropractic	82 – Family Planning	DM – Durable Medical Equipment
35 – Dental	86 – Emergency Services	MH – Mental Health
42 – Home Health Care	88 – Pharmacy	PT – Physical Therapy
<b>45 – Hospice</b>	93 – Podiatry	RT – Residential Physical Treatment
47 – Hospital	98 – Professional (Physician) Office Visit	UC – Urgent Care

# Client Eligibility – Determining the Hospice Benefit cont.

To verify a Connecticut Medical Assistance Program (CMAP) client's eligibility through the secure Web site – click on the [Eligibility tab](#) on the main menu.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims **Eligibility** Prior Authorization Hospice MAPIR Account ConnPACE

Enter enough data to satisfy at least one of the *valid search combinations*; click *search*.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims **Eligibility** Prior Authorization Hospice Trade Files MAPIR Messages Account

#### Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date



Eligibility Response Quick Reference Guide

Eligibility Verification Request			
Client ID	<input type="text" value="000000000"/>	last name	<input type="text"/>
SSN	<input type="text" value="000-00-0000"/>	First Name, MI	<input type="text"/> <input type="text"/>
Birth Date	<input type="text"/>	From DOS*	<input type="text" value="09/01/2019"/>
		To DOS*	<input type="text" value="09/30/2019"/>
Service Type Code 1	<input type="text" value="45 - Hospice"/>	Service Type Code 2	<input type="text"/>
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>
Service Type Code 5	<input type="text"/>		

Eligibility Verification Response	
Verification Number	<input type="text" value="15040039KM"/>
Response Text	<input type="text" value="Client is eligible. Refer to Benefit Plan for specific program coverage."/>

*Eligibility verification can only look back one year, dates of service older than a year must be verified by contacting the Provider Assistance Center (Example on slide 17).*

*Eligibility verifications can not span months, submitting a request that spans multiple months will result in an error message (Example on slide 18).*

# Client Eligibility – Determining the Hospice Benefit cont.

The Eligibility Verification Response window returns a non-favorable search result:

In this specific case – the client’s eligibility cannot be verified for the requested dates (Sept. 1, 2013) – [eligibility verification can only look back one year.](#)

Changing the dates of the eligibility request to within the allowable one-year window creates a different result.

**Eligibility Verification Request**

Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="09/01/2013"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="09/01/2013"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="54 - Long Term Care"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				

**Eligibility Verification Response** ? ^

Verification Number	<input type="text" value="1502603HMS"/>
Response Text	<input type="text" value="Cannot validate eligibility for dates older than 1 year"/>

# Client Eligibility – Determining the Hospice Benefit cont.

The Eligibility Verification Response window returns an error message.

Eligibility searches cannot span multiple months:

5/15/2022 – 6/10/2022 is not valid; 5/15/2022 – 5/31/2022 and 6/1/2022 – 6/10/2022 is valid.

Submitting a request that spans multiple months will result in an error message.

**Eligibility Verification Request**

Client ID	<input type="text"/>	last name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="05/15/2022"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="06/10/2022"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="45 - Hospice"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				

Please correct the following errors:

Eligibility verification requests must not span multiple months.

# Eligibility Verification *(Response Possibilities)*

## Lockin

Clients locked into receiving certain health care services from specific providers; hospice information (provider, effective/end dates) will be listed here:

Lockin				
Lockin Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	07/11/2018	07/11/2019	HOSPICE AGENCY	(860)555-1234

## Medicare

Types of Medicare coverage active for the client on the date(s) of service requested:

Medicare
Coverage <sup>▲</sup>
Medicare A
Medicare B

## Benefit Plan

The benefit plan(s) with which the client was active on the date(s) of service:

Benefit Plan			
Service Information <sup>▲</sup>	Benefit Month Effective Date	Effective Date	End Date
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	08/12/2019	08/12/2019	12/31/2299

# Eligibility Verification *(Response Possibilities)*

## TPL (Third Party Liability)

Private insurance plan(s) listed in the client's CMAP profile:

TPL	
Carrier Code	Carrier Name
060	BC/BS OF CONNECTICUT

Due to HIPAA 5010 restrictions CMAP is unable to disclose the eligibility status or covered services with the private insurance plan(s) via the Web portal.

The Automated Voice Response System (AVRS) will continue to return TPL information in the client eligibility verification response.

Providers can access the AVRS by dialing 1-800-842-8440.

- Press **1** for Self Service Options; enter your *AVRS ID* and *PIN*.
- Press **1** for Eligibility Verification.

Otherwise, providers are required to initiate a separate request to the other payer or plan to determine the client's level of coverage.

# On-line Hospice Transactions



# On-line Hospice Transactions

## Locking in the Hospice Benefit

- All clients (**dually eligible and HUSKY only**) who elect the Hospice benefit **must** be locked into the care of the Hospice provider during the course of their election in order for the Hospice provider to be paid for the service billed.
  - When a dually eligible client (Medicare A and HUSKY) decides to elect, revoke, discharge, extend or transfer the Hospice benefit, [these changes must be made in both the Medicare and Medicaid programs](#). [Exception](#): Providers are only required to enter this information in the Medicaid program for dually eligible clients receiving [level of care](#) Hospice/IP Respite, RCC 655 [only](#).
- The Hospice Provider must enter an [Election Transaction](#) via their secure Web Account [within seven \(7\) business days](#) of the effective date of the Hospice election.
- When a client is pending HUSKY eligibility, the Hospice Provider **must** enter an [Election Transaction](#) via their secure Web Account [within seven \(7\) business days](#) of the client's eligibility being added to the client's eligibility file.

# On-line Hospice Transactions cont.

## Locking in the Hospice Benefit

To enter a *Hospice Election Transaction*, providers must log into their secure Web account from the [www.ctdssmap.com](http://www.ctdssmap.com) Web page and then click on “Hospice” from their account Home page.

The screenshot shows the user interface of the Connecticut Department of Social Services web portal. At the top left is the logo for the Connecticut Department of Social Services with the tagline "Making a Difference". At the top right, the date "Monday, October 7, 2019" and a "Help" link are visible. A navigation bar contains several menu items: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, **Hospice** (highlighted with a red box), Trade Files, MAPIR, Messages, and Account. Below the navigation bar, there are sub-links: home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, switch provider, reset password, and log out. The main content area displays user information: "Welcome, P008021360", "Provider ID: 2014040804 NPI", "Provider AVRS ID: 008021360", "Reenrollment Due Date: 04/08/2019", and "Zip Code: 06032 -". Below this, it states "Your R.A.s, or 835 transactions, are being sent to:" and "Your download page in the Trade Files menu option." On the right side, there is a "Quick Link" section with a list of links: Check E-messages, Claim Status Inquiry, Client Eligibility Verification, Prior Authorization Inquiry, Download Remittance Advices, ACA Ordering/Prescribing/Referring Provider List, and an "Email Subscription" section with a link to Register/Update Email Subscription. At the bottom, there are two sections: "Global Messages" and "Secure Mailbox", both displaying "\*\*\* No rows found \*\*\*".

# On-line Hospice Transactions cont.

## Locking in the Hospice Benefit

The ["Instructions for Submitting Hospice Transactions"](#) will provide you with step-by-step guidance for submitting all Hospice Transactions, including [important filing requirements](#) and reflect the messages that appear when transactions are submitted.

The screenshot shows the Connecticut Department of Social Services website. At the top left is the logo with the text "Connecticut Department of Social Services Making a Difference". At the top right is the date "Friday, November 07, 2014" and a "Help" link. A navigation bar contains links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, Account. Below the navigation bar is a "Quick Links" section with a red box around the link "Instructions for Submitting Hospice Transactions". A red arrow points from this link to a red text box that says "Click on the link to 'Instructions for Submitting Hospice Transactions' to ensure accurate and timely submission of all Hospice Transactions." Below this is the "Hospice Request Form" with fields for Transaction Type\*, Provider ID (2009091702 NPI), Provider Name (GREEN ACRES HOSPICE), Provider Address (125 PARK AVENUE, NEW BRITAIN, CT 06052), Client ID Number\*, Last Name, First Name, MI, Date of Birth, Name of Hospice Contact, and Hospice Telephone Number. At the bottom of the form are "submit hospice transaction" and "cancel" buttons.

**Note:** If you are logged in under another secure Web account, such as your Home Health Agency or Assisted Living Services Agency secure Web account, the following message will be displayed:

The screenshot shows a message box with a blue header titled "Hospice Request Form" and a white body containing the text "Hospice election requests can only be sent by Hospice providers." There is a small upward-pointing arrow icon in the top right corner of the message box.

# On-line Hospice Transactions cont.

## Locking in the Hospice Benefit

To submit a **“Hospice Election”**, click on **“Election”** from the dropdown, complete the transaction fields that have an asterisk and click **“Submit Hospice Transaction”**.



Help  
Site: A  
Current User: STATE505  
Logout

Friday, November 4, 2022 at 1:20:12 PM

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization **Hospice** MAPIR Account

■ [Instructions for Submitting Hospice Transactions](#)

### Hospice Request Form

Transaction Type*	<input type="text"/>
Provider ID	<input type="text"/>
Provider Name	<input type="text"/>
Provider Address	<input type="text"/>
Client ID Number*	<input type="text"/>
Last Name	<input type="text"/>
First Name, MI	<input type="text"/>
Date of Birth	<input type="text"/>
Name of Hospice Contact	<input type="text"/>
Hospice Telephone Number	<input type="text"/>

# On-line Hospice Transactions cont.

## Locking in the Hospice Benefit

To confirm that you would like to submit the “Election”, click Continue

**Connecticut Department of Social Services**  
Making a Difference

Help Site: A  
Current User: STATE505  
Logout  
Friday, November 4, 2022 at 1:20:12 PM

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization **Hospice** MAPIR Account

Quick Links  
• [Instructions for Submitting Hospice Transactions](#)

The following messages were generated:  
**Message Description**  
Are you sure you want to submit this Hospice election form?

Message Description	Panel	Field	Row	Action
Are you sure you want to submit this Hospice election form?	Hospice Request Form			<input checked="" type="radio"/> Yes <input type="radio"/> No

**Hospice Request Form**

Transaction Type\* Election  
Provider ID 2009091702 NPI  
Provider Name GREEN ACRES HOSPICE  
Provider Address 125 PARK AVENUE  
NEW BRITAIN, CT 06052  
Client ID Number\* 002712226  
Last Name ROBINSON  
First Name, MI ASAI  
Date of Birth 05/07/2000  
Effective Date of Hospice Transaction\* 04/07/2016  
Name of Hospice Contact\* Hospice Provider  
Hospice Telephone Number\* (203)555- 1212 2007

**Continue**

**You must then click continue to complete the transaction.**

**To complete the transaction, you must first click one of the "Action" radio buttons, be sure your selection is taken by a change in the button color. In this case yes was selected.**

# On-line Hospice Transactions cont.

## Locking in the Hospice Benefit

Once you click **“Continue”**, you will receive a **confirmation message** that your transaction was **successfully submitted**.



[Help](#)  
[Site: A](#)  
Current User: STATE505  
[Logout](#)  
Friday, November 4, 2022 at 1:24:17 PM

**The following messages were generated:**

Message Description	Panel	Field Row
Hospice election successfully submitted for client ID 001000000. The client is eligible for Medicaid and Medicare Part A. Please retain completed form W-406 on file for auditing purposes. <b>Do not send this form to DSS.</b>	Hospice Request Form	



[Help](#)  
[Site: A](#)  
Current User: STATE505  
[Logout](#)  
Friday, November 4, 2022 at 1:24:17 PM

**The following messages were generated:**

Message Description	Panel	Field Row
Hospice election successfully submitted for client ID 001000000. <b>The client is eligible for Medicaid Only.</b> Please retain completed form W-406 on file for auditing purposes. <b>Do not send this form to DSS.</b>	Hospice Request Form	

On-line Hospice Transactions  
Important Points to Remember in Order to  
Effectively Manage Your Lock-In



# Hospice Election Transaction

## Important Points to Remember in Order to **Effectively Manage** Your Lock-In:

### ✓ Election:

Hospice Election transactions **must** be submitted by the Hospice Agency within seven (7) business days when:

- A client initially elects the Hospice benefit.
- Re-elects the benefit after revocation.
- Re-elects the benefit after discharging from the care of another Hospice Agency or your own Agency.

Submission of the “Election Transaction” does not immediately place the lock-in on the client’s eligibility file, this **may take up to two (2) business days to be updated.**

Providers **must** make their own corrections prior to updates reflecting on the client’s eligibility; corrections submitted once the eligibility file has been updated **will not** be allowed.

**Failure to submit the “Election Transaction” timely, could result in lost Hospice lock-in days;** if this occurs, providers will have to use the first day the on-line transaction tool will allow.

# Hospice Election Transaction cont.

**Providers are encouraged to confirm accurate entry of the Hospice election by checking eligibility and Hospice agency provider ID.**

**Hospice Election form(s) W-406 or W-406S should not be sent to DSS, instead they should be retained by the provider for audit purposes.**

**It is the Hospice provider's responsibility to maintain the lock-in as applicable as defined in the Hospice Regulations, by submitting all on-line transactions in a timely matter.**

**Such as: Discharge/Revocation, Transfers and Extensions.**

# Hospice Discharge Transaction

## Important Points to Remember in Order to [Effectively Manage Your Lock-In:](#) Discharge:

A [discharge should be entered timely](#) to update the lock-in as soon as possible to avoid delay in entering additional transactions or delaying treatment by other providers in the care of a client. Discharges may be updated until the discharge transaction appears on the eligibility file.

A [discharge should not be entered](#) if a client is being directly transferred to another Hospice Agency. An automatic discharge will be entered upon receipt of the transfer by the receiving Hospice Agency.

Submission of the discharge transaction does not automatically update the lock-in on the client's eligibility file. [Entry of the transaction may take up to two \(2\) business days.](#)

- Each revocation must be entered as a discharge.
- A new election cannot be entered until the discharge transaction has been entered and the client's eligibility file updated.

# Hospice Discharge Transaction

Important Points to Remember in Order to Effectively Manage Your Lock-In:

## Discharge (cont) :

The discharge form(s) W-404, W-404S or revocation form(s) W-405, W-405S should not be sent to DSS unless the reason for discharge is “Just cause”, discharge code 5:

The following messages were generated:

### Message Description

Hospice discharge/revocation successfully submitted for client ID 003569 . Please retain completed form(s) W-404,W-404S and/or W-405, W-405S on file for auditing purposes. **Do not send W-405 or W-405S to DSS, unless the reason for the discharge is 5, just cause.**

Panel	F
Hospice Request Form	

Just cause (discharge code 5) – This reason for discharge requires DSS approval. Discharge forms for this reason must be faxed to 860-424-5799.

The following messages were generated:

### Message Description

Hospice discharge/revocation successfully submitted for client ID 003569 . Please retain completed form(s) W-404,W-404S and/or W-405, W-405S on file for auditing purposes. This discharge requires DSS approval for Medicaid only clients. **The W-404, 404S must be faxed immediately to DSS at fax number (860)424-5799**

Panel	Field	Row
Hospice Request Form		

# Hospice Transfer Transaction

## Important Points to Remember in Order to [Effectively Manage Your Lock-In](#):

### Transfer:

A transfer transaction is entered by the Hospice Agency directly receiving a client from another Hospice Agency.

A transfer transaction may be submitted up to three (3) days prior to the transfer date or three (3) days after the transfer date.

Submission of the transfer transaction does not automatically update the lock-in on the client's eligibility file. Entry of the transaction may take up to two (2) business days.

Hospice transfer transactions may be updated until the transfer transaction appears on the eligibility file.

A discharge from the transferring Hospice will not occur until the transfer transaction is received by the receiving Hospice.

The Hospice Transfer form(s), W-403 or W-403S, should not be faxed to DSS, they should be retained by the provider for audit purposes.

# Hospice Extension Transaction

## Extension:

An on-line extension transaction is entered by a Hospice Agency to extend the lock-in of a client that will exceed the initial twelve (12) month election period or subsequent twelve (12) month extension period.

A Hospice extension may be submitted up to thirty (30) days prior to the end date of the most current Hospice lock-in segment.

A Hospice extension cannot be submitted more than three (3) business days after the end date of the current Hospice segment.

Submission of the extension transaction does not automatically update the lock-in on the client's eligibility file. Entry of the transaction may take up to two (2) business days.

Hospice Election form(s) W-406 or W-406S **should not** be faxed to DSS for extensions, they should be retained by the provider for audit purposes.

# Claim Submission Overview



# Claim Submission Overview

DSS reimburses for Hospice services at one of four [Levels of Care](#) (routine, continuous, respite or general inpatient):

- [RCC 651 – Hospice/RTN Home](#)
  - [RCC 652 - Hospice/CTNS Home](#)
  - [RCC 655 – Hospice/IP Respite](#)
  - [RCC 656 – Hospice/IP Non-Respite](#)
- The fee for routine, inpatient respite or inpatient non-respite services represents the per diem reimbursement for the client and is payment for all services provided by the provider on that day.
  - The fee for continuous hospice care (CHC) is paid on an hourly basis. A minimum of eight hours must be medically necessary in a 24-hour period to qualify for continuous hospice care.
  - Only one level of care may be billed on any day.

# Claim Submission Overview

## Routine Home Care (RHC) Per Diem Rates

Claims for Routine Home Care (RHC) are reimbursed using the two-tiered payment system:

- Days 1 - 60 are paid at the RHC **“High”** rate;
- Days 61 + are paid at the RHC **“Low”** rate.

The **“High”** rate will apply to the first 60 days within each episode and the **“Low”** rate will apply to days 61 and beyond **from the beginning date of each episode**. *This calculation will be based on the start of episode even if days are **not submitted or not submitted in chronological order.***

RCC Code	RCC Description	Region	Rate Type	High Amount	Low Amount	Effective Date	End Date
651	Hospice/RTN Home	1	MSA	\$239.09	\$188.93	10/01/2022	12/31/2299

# Claim Submission Overview

## Service Intensity Add-On (SIA):

Claims for the RHC level of care for patients may also be eligible for an End of Life (EOL) *Service Intensity Add-On (SIA)* payment in addition to the per diem rate in the last seven (7) days of life when the following criteria are met:

- The service day billed is an RHC level of care day.
- The service day occurs during the last seven days of life.
- The service is provided by a registered nurse (RN) or a social worker that day for at least 15 minutes (one unit), up to 4 hours total (16 units).
- The service cannot be provided by a social worker via telephone.

**Note:** The SIA payment will be paid at the continuous home care (CHC) hourly rate divided by four, multiplied by the number of units. This reimbursement will be based on the CHC rate for the appropriate geographic region.

Hospice agencies can provide more than the maximum allowed number of units reimbursed for SIA services; however, Medicaid will only reimburse up to the maximum of 16 units per day for services provided by an RN and/or social worker combined.

# Claim Submission Overview

## Service Intensity Add-On (SIA) cont.

Hospice claims that qualify for the EOL SIA payment [must be billed with occurrence code 55, the date of death](#) and the applicable following Revenue Center Code (RCC) and Healthcare Common Procedure Coding System (HCPCS) code(s):

RCC	HCPCS	Description
551	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting
561	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes

Reference Provider Bulletin: PB-16-03 for additional information on slides 33 – 36

# Claim Submission Overview

**DSS reimburses for Hospice physician services, [RCC 657](#) billed by the Hospice agency for both HUSKY only and crossover claims when the following criteria are met:**

- These claims must be billed with at least one procedure code per date of service by the physician employed by or contracted by the Hospice agency.
- Service must be related to the terminal illness.

If the client is on Hospice in a Nursing Home or an Intermediate Care Facility for the Intellectually Disabled (ICF/IID), the “pass through” payment for the facility is made to the Hospice agency under [RCC 658](#) to cover room/board at 95% of the facility’s rate on file. The Hospice agency then reimburses the Nursing Home or ICF/IID for the [room/board](#).

DSS may approve extraordinary costs associated with [escort services](#) on a case-by-case basis and reimburse under [RCC 659](#) billed along with procedure code S9381.

# Claim Submission Overview

## Hospice Reimbursement for Client in Community:

Location of Service	Private Home		End of Life (EOL) Service Intensity Add-On (SIA)
	Hospice per Diem	Room and Board RCC 658	
Routine home RCC 651	Yes	No	Yes
Continuous home RCC 652	Yes	No	No
Respite RCC 655	Yes	No	No
General Inpatient RCC 656	Yes	No	No

*Please refer to Hospice Chapter 8 of the Provider Manual for slides 38 – 40*

# Claim Submission Overview

## Hospice Reimbursement for Client in Nursing Home or ICF/IID:

Location of Service	Hospice per Diem	Room and Board RCC 658	End of Life (EOL) Service Intensity Add-On (SIA)
Routine home RCC 651	Yes	Yes	Yes
Continuous home RCC 652	No	No	No
Respite RCC 655	No	No	No
General Inpatient RCC 656	Yes	No	No
Nursing Home/ICF/IID bed hold 183, 185		Paid to nursing facility or ICF/IID	No

# Claim Submission Overview

## Other Services Billed by Hospice Agency:

<b>Other Billable Codes</b>	<b>Description</b>	<b>Additional Comments</b>
RCC 657 + HCPC	Physician/APRN services	May be billed in conjunction with any hospice RCC
RCC 658	Room and board in NF or ICF/IID	Payable to hospice when client has been authorized for admission to that facility
RCC 659 + HCPC S9381	Add-on code for escort service in accordance with §17b-262-845(b) of the Regulations of Connecticut State Agencies	Approved by DSS on a case by case basis for extraordinary costs associated with escort services
RCC 551 + HCPC G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	Hospice services are eligible for an EOL SIA payment in addition to the RHC level of care when specific criteria are met. Reference Section 8.1.

# Remittance Advice Overview



# Remittance Advice Overview

**All claims processed by Gainwell Technologies are reported to the provider on a bimonthly Remittance Advice (RA)**

- RAs are available electronically via the secure Provider Web site at <https://www.ctdssmap.com>. RAs are available in either the ASC X12N 835 Payment/Advice standard transaction format or in the Portable Document Format (PDF) which provides the paper RA version.
- The PDF RA via the secure Provider Web site [\*will be available to providers on the check date indicated on the financial cycle schedule\*](#). **The cycle schedule may be downloaded from the Web site portal under Provider > Provider Services > Schedules.** The provider will have access to their last ten (10) RAs.
- The ASC X 12N 835 Payment/Advice via the Secure Provider Web site [\*will be available the Wednesday following each claims processing cycle\*](#). The last ten (10) 835 Payment/Advices will be available.
- Gainwell Technologies encourages providers to save a copy of their ASC X12N 835 Payment/Advice and/or their PDF RAs to their local computer system for future access, since **only the last ten (10) RAs are maintained on the DXC Technology Web site.** RAs older than the last ten (10) will **no longer** be available.

# Remittance Advice Overview cont.

## Banner Page

REPORT: CRA-BANN-R  
RA#: 8076760

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
PROVIDER BANNER MESSAGES

Date: 11/08/2022  
PAGE: 1

VALLEY CARE  
MILL LANE  
SIMSBURY, CT 06070-1932

PAYEE ID  
ISSUE DATE 11/08/2022  
TAXONOMY 251G00000X  
P. AVRS ID 008

## Claim Information (Hospice Claims Paid)

REPORT: CRA-HHPD-R  
RA#: 8073881

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
HOME HEALTH CLAIMS PAID

Date: 11/08/2022  
PAGE: 39

SERVICES INC  
HIGH ST  
EAST HARTFORD, CT 06118-4001

PAYEE ID  
ISSUE DATE 11/08/2022  
TAXONOMY 251E00000X  
P. AVRS ID 004

FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED	ALLOWED	TPL	CO-PAY	PATIENT	PAID
REV CD	HCPCS/RATE	SRV DATE	MODIFIERS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	LIABILTY	AMOUNT
580	S9123	102522	UNITS 1.00	BILLED AMT 150.00	ALLOWED AMT 98.53	DETAIL E OBS 9918			
CLIENT NAME: JUNE QUICK			CLIENT NO.:						
1	2022307251266	NPI 00010753	101622 102922	1,680.00	752.92	0.00	0.00	0.00	752.92

# Remittance Advice Overview cont.

## Claim Information - Denied

REPORT: CRA-HHDN-R RA#: 8073881	interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE HOME HEALTH CLAIMS <b>DENIED</b>	Date: 11/08/2022 PAGE: 109		
Your SERVICES INC HIGH ST HARTFORD, CT 06118-4001		PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		
		NPI 11/08/2022 251E00000X 004		
--ICN-- ATTEND PROV. --PATIENT NUMBER--	SERVICE DATES FROM THRU	BILLED AMOUNT	TPL AMOUNT	PATIENT LIABILITY
CLIENT NAME: BENJAMIN 2022307253003 NPI 1104824275 00007466	CLIENT NO.: 101222 102722	300.00	0.00	0.00
REV CD HCPCS/RATE SRV DATE MODIFIERS	UNITS	BILLED AMT	DETAIL	E OBS
580 S9123 101222	1.00	150.00	9918 4980	5001
580 S9123 102722	1.00	150.00	9918 4980	5001

## EOB Code Descriptions

REPORT: CRA-EOBM-R RA#: 8073881	interChange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVICE <b>EOB CODE DESCRIPTIONS</b>	Date: 11/08/2022 PAGE: 128
Your SERVICES INC HIGH ST HARTFORD, CT 06118-4001		PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID
		NPI 11/08/2022 251E00000X 004

# Remittance Advice Overview

cont.

**Positive Claim Adjustment:** When the adjustment results in a higher payment.

CLIENT NAME: Sally Waters	CLIENT NO.:								
1 2022202255534 NPI 1184692089 00010248	071022 071622	(1,560.00)	(699.14)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(699.14)
1 5922306005129 NPI 1184692089 00010248	071022 071622	1,680.00	752.92	0.00	0.00	0.00	0.00	0.00	752.92
REV CD HCPCS/RATE	SRV DATE	MODIFIERS	UNITS	BILLED AMT	ALLOWED AMT	DETAIL	EOBS		
580 T1502	071022		2.00	240.00	107.56	9918			
580 T1502	071122		2.00	240.00	107.56	9918			
580 T1502	071222		2.00	240.00	107.56	9918			

**Negative Claim Adjustment:** When the adjustment results in a lower payment. Negative adjustments which result in an accounts receivable are reported in the Accounts Receivable section of the RA.

REPORT: CRA-HHAD-R RA#: 8073881

interChange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
HOME HEALTH CLAIM **ADJUSTMENTS**

Date: 11/08/2022  
PAGE: 125

Your SERVICES INC  
HIGH ST  
HARTFORD, CT 06118-4001

PAYEE ID  
ISSUE DATE  
TAXONOMY  
P. AVRS ID

NPI  
11/08/2022  
251E00000X  
004

FP	--ICN--	ATTEND PROV.	SERVICE DATES	BILLED AMOUNT	ALLOWED AMOUNT	TPL AMOUNT	CO-PAY AMOUNT	PATIENT LIABILITY	PAID AMOUNT
	--PATIENT NUMBER--		FROM THRU						
CLIENT NAME: Mary Brown			CLIENT NO. : 123456789						
1 202223250481 NPI xxxxxxxxxxxx 00008809			080122 080522	(216.00)	(119.68)	(0.00)	(0.00)	(0.00)	(119.68)
1 5922308014136 NPI xxxxxxxxxxxx 00008809			080122 080522	216.00	119.68	0.00	0.00	0.00	119.68
REV CD HCPCS/RATE	SRV DATE	MODIFIERS	UNITS	BILLED AMT	ALLOWED AMT	DETAIL	EOBS		
570 T1004	080122		8.00	72.00	0.00	9918	3328 4021 4227 4980		
570 T1004	080422		8.00	72.00	59.84	9918			
570 T1004	080522		8.00	72.00	59.84	9918			

# Remittance Advice Overview cont.

## Financial Transaction

REPORT : CRA-TRAN-R  
RA#: 7308400

Interchange MMIS  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
**FINANCIAL TRANSACTIONS**

Date: 11/08/2022  
PAGE: 195

HEALTHCARE CORPORATION ATLANTIC  
CORPORATE WAY  
MIRAMAR, FL 33025-6547

PAYEE ID  
ISSUE DATE  
TAXONOMY  
P. AVRS ID

NPI  
10/08/2019  
251G00000X  
008

-----NON-CLAIM SPECIFIC PAYOUTS-----

TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE
100121629		702.92	8396	OOXXXXXXX	Autumn Leaves October	07/01/2019
TOTAL PAYOUTS:		702.92				

-----REFUNDS/CASH RECEIPTS FROM PROVIDER-----

--CCN--	REFUNDS/CASH RECEIPTS --AMOUNT--	REASON CODE
		NO REFUNDS FROM PROVIDER

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL -RECOUPED-	--BALANCE--	REASON CODE	APPLICANT/ CLIENT NO.	APPLICANT/ CLIENT NAME	LIAB DATE/ PGM YEAR
2219268250303	09/25/2019	20.78	20.78	20.78	0.00	8496	OOXXXXXXX	Autumn Leaves October	12/01/2018
5319268004442	09/26/2019	0.29	0.29	0.29	0.00	8496	OOXXXXXXX	Autumn Leaves October	07/01/2019
2019269251515	09/26/2019	197.84	197.84	197.84	0.00	8496	OOXXXXXXX	Autumn Leaves October	12/27/2018

## Financial Transaction Reason Codes

**FINANCIAL TRANSACTIONS REASON CODES**

RSN CODE	EXPENDITURES REASON CODES	REASON CODE DESCRIPTION
8396		Patient Liability Payout

**ACCOUNT RECEIVABLES REASON CODES**

RSN CODE	REASON CODE DESCRIPTION
8400	Result of claim adjustment
8496	Patient Liability or Applied Income

# Remittance Advice Overview cont.

## Summary

	---NEW DAY CLAIMS---		---POSITIVE ADJUSTMENTS---		---TOTAL ALL CLAIMS---	
	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT	NUMBER	PAID AMOUNT
Medicaid	2,022	294,967.21	1	14.01	2,023	294,981.22
HUSKY B-3	3	379.63	0	0.00	3	379.63
HUSKY B 1 and 2	41	5,577.61	0	0.00	41	5,577.61
CADAP	0	0.00	0	0.00	0	0.00
ConnPACE	0	0.00	0	0.00	0	0.00
SAGA	0	0.00	0	0.00	0	0.00
Charter Oak	0	0.00	0	0.00	0	0.00
MLIA	310	45,263.10	0	0.00	310	45,263.10

	CURRENT		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
CLAIMS PAID	2,376	346,187.55	5,557	809,655.63	29,311	4,268,250.86
POS. CLAIMS ADJUSTMENTS	1	14.01	13	118.02	142	222.03
TOTAL CLAIMS PAYMENTS	2,377	346,201.56	5,570	809,773.65	29,453	4,268,472.89
CLAIMS DENIED	301		750		6,745	
CLAIMS IN PROCESS	0		0		0	

	CURRENT		MONTH-TO-DATE		YEAR-TO-DATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
PAYMENTS:						
CLAIMS PAYMENTS		346,201.56		809,773.65		4,268,472.89
PAYOUTS		0.00		0.00		0.00
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(730.05)		(730.05)		(730.05)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(876.06)		(7,880.14)
NON-CLAIM SPECIFIC		(0.00)		(0.00)		(0.00)
NET PAYMENT		345,471.51		808,167.54		4,259,862.70
REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON-CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
OTHER FINANCIAL:						
MANUAL PAYOUTS		0.00		0.00		0.00
CHECK VOIDS		(0.00)		(0.00)		(0.00)
NET EARNINGS		345,471.51		808,167.54		4,259,862.70

**Note:** For additional information about the ASC X12N 835 Payment/Advice, refer to Chapter 6, section 6.4 “Electronic Remittance Advice”. For additional information about PDF RAs, refer to Chapter 5, section 5.9 “Provider Remittance Advice and Electronic Funds Transfer (EFT).”

# Non-Covered Hospice Services



# Non-Covered Hospice Services

- Reference section 17b-262-842 of the regulation.
- These services are not covered when the client elects the Hospice benefit:
  - ✓ **Treatment to cure the illness.**
    - Except for children under the age of 21 (HUSKY A, C, and D)
    - Except for children under age 19 (HUSKY B)
  - ✓ **Hospice services by more than one Hospice provider.**
  - ✓ **Drugs that are anti-emetics and narcotic analgesics billed by pharmacy providers.**

# Prior Authorization Requirements



# Prior Authorization Requirements

## Hospice Services Requiring Prior Authorization

General **inpatient** care in a Hospital or Nursing Home which extends beyond the *fifth day* of care for **HUSKY only clients**.\*

- Community Health Network (CHN) PA request for Hospice Services

### **Hospice care extending for more than 12 months for HUSKY only clients:**

- Complete on-line extension and
- CHN PA request for Hospice Services
- Retain the revised W-406 or W-406S in the clients' records, do not fax to DSS.

### **Hospice Care extending for more than 12 months for Dually eligible clients:**

- Complete on-line extension
- Retain the revised W-406 or W-406S in the clients' records, do not fax to DSS.

**Refer to Chapter 9 on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site for prior authorization information**

# Patient Liability



# Patient Liability

- *Patient Liability* represents the amount of funds a client in a Nursing Home is responsible to contribute toward their care each month.
- Patient liability amounts are calculated and determined by DSS based on the client's income (pension, Social Security, etc.) and healthcare expenses.
- If a claim is submitted where the patient liability exceeds the Medicaid allowed amount, an accounts receivable (A/R) is created for the difference.
- If a claim is recouped, an A/R is created to take back the patient liability.
- **If the claim is resubmitted, the system will pay the claim and include the patient liability in the claim payment.**

# Patient Liability cont.

- **Patient liability is deducted from the first claim processed for the month in which patient liability is due.**

For Example:

- Client resides in a Nursing Home.
- From 1/1/2022 – 1/5/2022 the client is in the hospital.
- On 1/6/2022 the client returns to the Nursing Home and elects the Hospice Benefit.
- Nursing Home submits a claim for the client's bed reserve 1/1/2022 – 1/5/2022.
- The Hospice submits a claim for Nursing Home room and board for 1/6/2022 – 1/31/2022.
- Patient liability is deducted from the first claim that processes; at the header of the claim, not the detail.

❖ **Hospice agency and Nursing Home providers must make arrangements to reconcile patient liability.**

# Patient Liability cont.

Mass adjustments due to patient liability changes within clients' profiles are processed the first cycle of the following month in which the change occurred; adjustments will appear on the remittance advice (RA) with an internal control number (ICN) beginning with region code 53.

- Providers **should not** perform claim adjustments for retroactive changes made to a client's profile.

Providers that submit their own claim adjustments for retroactive changes made to a client's profile, negate the systematic mass adjustment process from properly functioning, resulting in increased provider calls and manual payouts when decreases to the patient liability has occurred.

- Changes **do not** require claim adjustments to be performed by providers.
- Claims will be automatically adjusted by Gainwell Technologies and the necessary A/Rs, payouts and reimbursements will be generated.

# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution



# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution

Reference Chapter 12 of the Provider Manual “Claim Resolution Guide” for further information

**EOB Code 0702** – Hospice room and board not covered without Nursing Home authorization

➤ **Cause/Resolution**

- Once the Nursing Home authorization has been added to the client’s eligibility file, the claim can be resubmitted.

**EOB Code 0710** – Revenue not covered for client enrolled in Medicare Hospice

➤ **Cause/Resolution**

- ***Only RCC 655 or 658 is valid when billing a Hospice claim for a client with a Medicare Hospice lock-in.*** Correct the RCC and resubmit the claim, otherwise, the claim is not payable.

**EOB Code 1024** – Provider is not authorized to bill for this client

➤ **Cause/Resolution**

- The claim is not payable until the eligibility system is updated with a Hospice lock-in for the client to be serviced by the billing provider. ***To determine if the eligibility system has been updated, perform a client eligibility verification transaction. Once the eligibility system has been updated, resubmit the claim.***

# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution

**EOB Code 0711** – Claim denied. Client does not have Hospice lock-in.

➤ **Cause/Resolution**

- Perform a client eligibility verification transaction to determine if the client has been locked-in to the billing Hospice agency. If the lock-in is in place, resubmit the claim to DXC Technology.
- If the lock-in is **not authorized** for the date(s) of service:
  - And services provided is RCC 658, the Nursing Home may bill these charges as a routine room and board claim;
  - And services provided are either RCC 651 or 652, the Hospice agency may bill comparable Home Health services under their Home Health agency provider number;
  - And services provided are RCC 656, either the Hospital or Nursing Home must bill charges as a routine Hospital or Nursing Home stay.

**Note:** If the lock-in is not in place within two (2) business days of a valid submission of the on-line election transaction, please contact the Provider Assistance Center. Once election is confirmed, the request will be escalated to DSS for expedited entry.

# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution cont.

## **EOB Code 0722** – Occurrence code 55 **Required**

### ➤ **Cause/Resolution**

➤ Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must have occurred within the last seven days of life to receive SIA payment.

***Resubmit the claim with occurrence code 55.***

## **EOB Code 0723** – Occurrence code 55 **Missing** Date

### ➤ **Cause/Resolution**

➤ Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must have occurred within the last seven days of life to receive SIA payment. If the client does not have a date of death in the eligibility system or the date of death on the claim is ***missing***, the detail will deny. ***Resubmit the claim with the date of death.***

## **EOB Code 0724** – Occurrence code 55 **Invalid** Date

### ➤ **Cause/Resolution**

➤ Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must have occurred within the last seven days of life to receive SIA payment. If the client does not have a date of death in the eligibility system or the date of death on the claim is ***invalid***, the detail will deny. ***Resubmit the claim with a valid date of death.***

# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution cont

## EOB Code 0725 – Date of Death not Within 7 Days

### ➤ Cause/Resolution

- Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must have occurred within the last seven days of life to receive SIA payment. If the client has a date of death in the eligibility system, we will confirm that the SIA details occurred within seven days of the date of death. If the client does not have a date of death in the eligibility system and the date of death on the claim is **more than seven days from the date of service of the SIA**, the detail will deny. **If the SIA services did occur within the last seven days of life, resubmit the claim with correct dates of service.**

## EOB Code 6290 – Hospice RN-SW Services are Limited to 16 Units Per Day

### ➤ Cause/Resolution

- A combination of up to four (4) hours (16 units) are allowed for the combination of Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 per date of service within the last seven days of life. If **more than 16 units are billed for the RN and/or social worker**, those units **will not** be included in the SIA payment. **No additional action is needed.**

# Explanation of Benefit (EOB) Code Descriptions, Cause & Resolution cont.

**EOB Code 5220** – RHC RCC Must be Billed with RN-SW SVC For the Same Client/Provider/Date of Serv

➤ **Cause/Resolution**

- Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must be billed with RHC on the **same claim, same client, same provider and date of service**. The SIA detail will deny, when claims with either the RN G0299/551 and/or social worker service G0155/561 are billed without RHC. **Resubmit the claim adding the RHC detail.**

**EOB Code 5040** – No Paid Routine Home Care Service

➤ **Cause/Resolution**

- Claims that contain either the Skilled Nurs/Visit – 551/G0299 and/or Med Soc Servs/Visit – 561/G0155 must have a **paid** detail with RHC **on the same claim**. If there isn't a **paid** detail for RCC 651 on the **same claim**, the SIA detail will deny. **Resubmit the claim adding the RHC detail and/or adjust a previously paid claim that contains a paid RHC detail to add the SIA detail.**

Important: **Claims in history with a paid RHC detail must be adjusted to add the SIA detail**, the resubmission of a claim adding the SIA detail will result in a denial with the following EOB codes:

**5001 – Exact Duplicate of a Paid Claim or a Claim That is Currently in Process**

**5402 – Only 1 Hospice Level of Care Allowed Per Date**

# Hospice Reminders



# Hospice Reminders cont.

- Instructions for the Completion of Hospice Forms:
  - All transactions related to the election of hospice, change of hospice provider, the revocation of hospice or the patient's discharge must be submitted online via the hospice provider's secure Web account.
  - Completed W-403, W-403S, W-404, W-405, W-405S, W-406 and W-406S must be retained in the member's file and the form(s) must be available for DSS review upon request.
  - Providers are required to fax hospice form W-404 only when the member is being discharged for "just cause".

*Reference: Hospice Chapter 8 "Hospice Forms"*

# Hospice Reminders cont.

- Exceptions to Untimely Submission of the Notice of Election (NOE):
  - Fire, floods, earthquakes, or other unusual events that inflict extensive damage to the Hospice's ability to operate.
  - An event that produces a data filing problem due to a DSS systems issue that is beyond the control of the Hospice.
  - Retroactive client eligibility.
  - Other circumstances determined by DSS to be beyond the Hospice's control.

**NOTE: The Hospice provider must call the Provider Assistance Center at 1-800-842-8440 if one of the above qualifying circumstances prevents you from submitting your NOE within the timely filing requirements.**

*Reference Provider Bulletin: PB14 - 80 for additional information*

# Hospice Reminders cont.

As a reminder, based on ICD-10-CM coding guidelines, the following diagnosis codes should not be used as the primary diagnosis when submitting Hospice Services:

R53.81 (Other malaise)

R62.7 (adult failure to thrive)

**Additional dementia diagnosis codes:**

F02.80 (Dementia in diseases classified elsewhere without behavioral disturbance)

F02.81 (Dementia in diseases classified elsewhere with behavioral disturbance)

NOTE: Claims submitted with any of the above-mentioned diagnosis codes as the primary diagnosis will be denied.

***Reference the Hospice Chapter 8 “Claim Submission Instructions”***

# Hospice Reminders cont.

## Retroactive Rate Changes

Hospice providers are reminded to always bill their usual and customary charge for services rendered. If retro rate changes occur, paid claims where the detailed billed amount is greater than the new allowed amount will be identified, selected and mass adjusted during the second cycle of each month; adjustments will appear on the remittance advice (RA) with an internal control number (ICN) region code beginning with 55.

*Please note: Claims where the billed amount is less than the new allowed amount will not be selected for the mass adjustment. Providers will need to adjust these claims on their own.*

# Program Resources/Contacts/Wrap Up & Questions



# Program Resources

CMAP Web site [www.ctdssmap.com](http://www.ctdssmap.com) Information > Publications > **Bulletins**



Information

### Bulletin Search

Year  Provider Type




Number  Title

### Search Results

Bulletin Number	Title	Published Date
PB22-87	Outpatient Crossover Claims - New Web Claim Submission Panel	11/03/2022
PB22-66	Hospice Rates for Federal Fiscal Year 2023	09/21/2022
PB22-60	CMAP COVID-19 Response Bulletin 61: COVID-19 Vaccine Administration: Additional ...	07/18/2022
PB22-56	Covered CT Program	07/29/2022
PB22-52	New Coverage of Community Violence Prevention Services Under Medicaid	07/05/2022
PB22-43	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	06/06/2022
PB22-34	New Eligibility Group HUSKY B Prenatal Care	04/12/2022
PB22-33	Extension of Postpartum Care	04/12/2022
PB22-25	New Medical Authorization Portal	03/22/2022
PB22-24	CMAP COVID-19 Response Bulletin 60: Administration of the Pfizer-BioNTech COVID-...	03/30/2022
PB22-20	Changes to Provider Application Requirements	03/18/2022
PB22-19	Reinstatement of Multi-Loading for NEMT Transportation	03/16/2022
PB22-09	Coverage of Outpatient Dialysis Services under Emergency Medicaid for Non-Citize...	04/07/2022

# Program Resources cont.

CMAP Web site [www.ctdssmap.com](http://www.ctdssmap.com) Information > Publications > Provider Manuals

Provider Manuals	
Chapter	Title
1	<a href="#">Introduction</a>
2	<a href="#">Provider Participation Policy</a>
3	<a href="#">Provider Enrollment and Re-enrollment</a>
4	<a href="#">Client Eligibility</a>
5	<a href="#">Claim Submission Information</a>
	<b>Additional Chapter 5 Information</b> <ul style="list-style-type: none"> <li>• <a href="#">Carrier Listing Sorted by Name</a></li> <li>• <a href="#">Carrier Listing Sorted by Code</a></li> </ul>
6	<a href="#">Electronic Data Interchange Options</a>
7	Specific Policy / Regulation
	Hospice <input type="text"/>  <a href="#">View Chapter 7</a>
8	Provider Specific Claims Submission Instructions
	Hospice <input type="text"/>  <a href="#">View Chapter 8</a>
9	<a href="#">Prior Authorization</a>
10	<a href="#">Web Portal / AVRS</a>
11	Other Insurance and Medicare Billing Guides
	Select a claim type <input type="text"/>  <a href="#">View Chapter 11</a>
12	<a href="#">Claim Resolution Guide</a>

# Program Resources cont.

**CMAP Fee Schedules** are available for download from the Web site [www.ctdssmap.com](http://www.ctdssmap.com):

Select Provider Fee Schedule Download from the Provider drop-down menu.



Connecticut Provider Fee Schedule End User License Agreements

I Accept

Provider Fee Schedules are listed by provider type and specialty.

Hold down the **control key** and **click** the **Hospice CSV link** to download the fee schedule.

**\*\*\* Click here for the Fee Schedule Instructions \*\*\***

### Provider Fee Schedule Download

- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Ambulatory Detoxification [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Autism Waiver Fiscal Intermediary [CSV](#)
- Autism Waiver Service Provider [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Clinic and Outpatient Hospital Behavioral Health [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- CT Home Care [CSV](#)
- DDS Specialized Services NF Fee Schedule [CSV](#)
- Dental Adult [CSV](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Hospital DRG Organ Acquisition [PDF](#)
- Hospital Outpatient Flat Fee [CSV](#)
- Independent Audiology and Speech and Language Pathology [CSV](#)
- Independent Physical Therapy and Occupational Therapy [CSV](#)
- Independent Radiology [CSV](#)

# Program Resources cont.

The fee schedule provides the rate by region. The Hospice provider must refer to the crosswalk located at Publications>Forms>Hospice Forms to determine the regional rate associated to the client's county and town of residence on file at the time of claim submission.

## Hospice Forms

- [Cambio de Solicitud entre Proveedores de Hospicio, W-403S](#)
- [Change Request between Hospice Providers Form, W-403](#)
- [Eleccion de Hospicio, W-406S](#)
- [Election Form, W-406](#)
- [Medicaid Hospice Discharge Form, W-404](#)
- [Medicaid Hospice Revocation Form, W-405](#)
- [Town/Metropolitan Statistical Area Regions Codes Crosswalk](#)

**Note:** Refer to Provider Bulletin 2015-77 for the reconfiguring of the Hospice regions.

Town Code	Town Description	Regional Area or Metropolitan Statistical Area	Effective Date	End Date
1	Andover	02	01/01/2009	12/31/2299
2	Ansonia	03	01/01/2009	12/31/2299
3	Ashford	05	01/01/2009	09/30/2015
3	Ashford	06	10/01/2015	12/31/2299
4	Avon	02	01/01/2009	12/31/2299
5	Barkhamsted	05	01/01/2009	12/31/2299
6	Beacon Falls	03	01/01/2009	12/31/2299
7	Berlin	02	01/01/2009	12/31/2299
8	Bethany	03	01/01/2009	12/31/2299
9	Bethel	01	01/01/2009	12/31/2299
10	Bethlehem	05	01/01/2009	12/31/2299
11	Bloomfield	02	01/01/2009	12/31/2299
12	Bolton	02	01/01/2009	12/31/2299
13	Bozrah	04	01/01/2009	12/31/2299
14	Branford	03	01/01/2009	12/31/2299
15	Bridgeport	01	01/01/2009	12/31/2299
16	Bridgewater	05	01/01/2009	12/31/2299
17	Bristol	02	01/01/2009	12/31/2299
18	Brookfield	01	01/01/2009	12/31/2299
19	Brooklyn	05	01/01/2009	09/30/2015
19	Brooklyn	06	10/01/2015	12/31/2299
20	Burlington	02	01/01/2009	12/31/2299
21	Canaan	05	01/01/2009	12/31/2299
22	Canterbury	05	01/01/2009	09/30/2015
22	Canterbury	06	10/01/2015	12/31/2299
23	Canton	02	01/01/2009	12/31/2299
24	Chaplin	05	01/01/2009	09/30/2015
24	Chaplin	06	10/01/2015	12/31/2299
25	Cheshire	03	01/01/2009	12/31/2299
26	Chester	02	01/01/2009	12/31/2299
27	Clinton	02	01/01/2009	12/31/2299
28	Colchester	04	01/01/2009	12/31/2299
29	Colebrook	05	01/01/2009	12/31/2299
30	Columbia	02	01/01/2009	12/31/2299

**Fairfield County – Region 1**  
**Hartford/Middlesex/Tolland Counties –**  
**Region 2**  
**New Haven County – Region 3**  
**New London County – Region 4**  
**Windham Urban – Region 5**  
**Litchfield Rural – Region 6**

# Program Resources cont.

[Home](#) > [Important Messages](#)

## Important Messages

[Hospital Monthly Important Message \(Posted 11/7/2022\)](#)

[Attention Home Health Agencies: Electronic Visit Verification \(EVV\) Implementation Update \(Updated 11/4/22\)](#)

[Medical Authorization Portal - Instant Approvals \(Posted 10/21/22\)](#)

[Attention Home Health Agencies: Change in Value Based Payment Requirement for Participation in Racial Equity Training \(Posted 10/13/22\)](#)

[Attention DSS Home and Community Based Waiver Providers: 1% Value Based Payment - Immediate Action Required \(Posted 10/13/22\)](#)

[Hospital Monthly Important Message \(Posted 10/6/22\)](#)

[Attention All Providers: New State Resources Available for Providers and Patients Regarding Abortion Rights \(Posted 8/9/22\)](#)

[COVID-19 Information and FAQs \(Updated 7/18/22\)](#)

[Attention All Providers: Use of Medical Authorization Portal for Emergency Inpatient Admissions \(Posted 7/12/22\)](#)

[Attention: Dentists, Dental Hygienists and Dental FQHCs: Termination of Commissioner of Public Health's Order Allowing Dental Hygienists to Administer COVID-19 Vaccinations \(Posted 4/27/22\)](#)

[HUSKY Health Primary Care Payment Program Extension Notification](#)

[Click here for Archived Messages](#)

# Program Resources cont.

Information > Publications > **Forms > Hospice Forms**

## Hospice Forms

- [Cambio de Solicitud entre Proveedores de Hospicio, W-403S](#)
- [Change Request between Hospice Providers Form, W-403](#)
- [Eleccion de Hospicio, W-406S](#)
- [Election Form, W-406](#)
- [Medicaid Hospice Discharge Form, W-404](#)
- [Medicaid Hospice Revocation Form, W-405](#)
- [Town/Metropolitan Statistical Area Regions Codes Crosswalk](#)

Information > Publications > **Provider Newsletters**

## Provider Newsletters

- [September 2022 interChange Newsletter](#)
- [June 2022 interChange Newsletter](#)
- [March 2022 interChange Newsletter](#)
- [December 2021 interChange Newsletter](#)
- [Provider Newsletter Archives](#)

Information > Publications > **Claims Processing Information**

## Claims Processing Information

- [Eligibility Response Quick Reference Guide](#)
- [Internet Claims Submission FAQ](#)
- [Hospice Procedure Code Exception List](#)
- [ICD-10 Diagnosis Codes Not Allowed as Primary Diagnosis](#)
- [ICN Region Code List](#)
- [CT Medical Assistance Program EOB Crosswalk - Pharmacy and Non-Pharmacy](#)
- [Medically Unlikely Edit \(MUE\) Updates](#)
- [OPR Enrollment FAQ](#)

# Contacts

➤ [Gainwell Technologies Provider Assistance Center \(PAC\)](#)

1-800-842-8440 – Monday through Friday, 8:00 AM – 5:00 PM (EST), excluding holidays.

➤ [Gainwell technologiesElectronic Data interChange \(EDI\) Help Desk](#)

1-800-688-0503 – Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST), excluding holidays

➤ [CHNCT Provider Relations \(prior authorizations\)](#)

1-800-440-5071 – Monday through Friday, 9:00 a.m. to 7:00 p.m. (EST).

➤ [CTDSSMAP](#)

[provideremail@gainwelltechnologies.com](mailto:provideremail@gainwelltechnologies.com)

➤ [www.huskyhealthct.org](http://www.huskyhealthct.org)

➤ [www.ctdssmap.com](http://www.ctdssmap.com)

# Wrap Up & Questions

## Questions & Answers



***Thank you for attending  
today's workshop!***

***Please complete the workshop evaluation,  
your comments are appreciated!***