



Medicaid Hospice Webinar – August 17, 2022

Frequently Asked Questions and Answers

- 1. Q: Is there a deadline or late penalty for submitting the initial Form 3071 and Form 3074? Medicare gives five days after hospice is selected. Will Medicaid implement this rule?**

A: Both the 3071 Election/3074 Certification forms must be submitted and processed prior to receipt of payment. Per [Texas Administrative Code \(TAC\), Title 26, Chapter 266, RULE §266.203](#) - Certification of Terminal Illness (a)(1) For the initial election period, a hospice must obtain a signed, dated Physician Certification of Terminal Illness form that meets the requirements of this section before the hospice submits an initial request for payment, but no more than 15 days before the election period begins.

- 2. Q: What happens if an individual is discharged in order to receive aggressive therapy and then decides to choose hospice again 10 days later? Is each admission counted as a new certification? Or would the second admission be approved in the next certification period?**

A: If an individual cancels hospice services, for any reason, a new 3071 Election/3074 Certification is required and is considered a new initial certification period.

- 3. Q: If an individual is discharged or transferred from one hospice to another and we know they are in their second benefit period, do we still bill as initial, or will this complicate billing?**

A: A new 3071 Election/3074 Certification would need to be completed and submitted for this scenario, which will automatically begin a new 90-day initial election period. This will not complicate billing.

4. Q: What happens if an individual has more than two prior benefit periods of hospice with Medicare, but starts a new 90-day benefit period under Medicaid?

A: There is no overlap in services. When the individual begins a new 90-day benefit period under Medicaid, the Medicare benefit period will end, and the Medicaid period will be treated as a new election period.

5. Q: If someone is admitted to a facility with prior hospice, can we choose to start with a 60-day period after ending the previous hospice benefit to line up with Medicare?

A: No, a hospice provider cannot choose to start with a 60-day period to line up with Medicare. Each new 3071 Election/3074 Certification form submitted to Medicaid will automatically create a new 90-day initial election period.

6. Q: When an individual is discharged from a hospice, will the individual go back to benefit period 1?

A: Yes, if an individual discharges from a hospice provider, each new 3071 Election/3074 Certification submitted will automatically create a new 90-day initial election period.

7. Q: How do we determine the benefit period when an individual transfers from one hospice provider to another hospice provider?

A: There is no need for a hospice provider to determine what benefit period an individual is in when transferring from one provider to another. Each time a new 3071 Election/3074 Certification is submitted, it will automatically create a new 90-day initial election period. A new Election and Certification are required to transfer an individual to a new hospice provider.

8. Q: Will individuals that have been in hospice prior to the current election period, start over with an initial 90-day period; a

subsequent 90-day period; or an unlimited number of subsequent 60-day periods (90/90/60-day rule)?

A: Each new 3071 Election/3074 Certification submitted will create a new 90-day initial election period.

9. Q: The hospice TAC rules show the duration of hospice care coverage elections are initial/recertification for a 90/90/60-day period. How do providers find out what certification period a individual is in before we admit?

A: Each time a provider completes and submits a new form 3071 Election/3074 Certification, a new 90-day initial election period begins.

10. Q: Will we receive notification for any authorizations where you are decreasing the number of dates covered?

A: Due to an error in processing, service authorizations that should have been 90 or 60 days were created as 6 months minus 1 day. HHSC has corrected this error. Please monitor service authorizations using MESAV and contact Provider Claims Services (512-438-2200) if you need assistance.

Q: If hospice admits an individual after 07/26/22, will all service authorizations for room and board be good for 90-days?

A: Yes.

11. Q: Do room and board policies follow the 90/90/60-day rule?

A: Yes, service authorizations will now follow the new certification and recertification periods of 90/90/60-day periods.

12. Q: How will the hospice provider know the status of an individual admitted to hospice prior to 7/26/2022 stands as far as the 90/90/60-day certification/recertification periods?

A: For individuals admitted to hospice prior to 7/26/2022, the first Recertification effective on or after 7/26/2022 will be for 60-days. Each new 3071 Election/3074 Certification effective on or after 7/26/2022, will create a 90-day initial election period. Each election is treated as a new admission.

13. Q: If an individual chooses to end hospice and then wants to restart services, does the individual start back at the 1st benefit period?

A: Yes, each new 3071 Election/3074 Certification effective on or after 7/26/2022 will create a new 90-day initial election period. Per TAC, Title 26, Chapter 266, Rule §266.207 when an individual revokes the election of hospice care for a particular election period, they are no longer covered under Medicaid hospice care. The individual may, at any time, elect to receive hospice coverage as long as the individual meets eligibility requirements.

14. Q: Will we be able to submit claims electronically soon?

A: Providers continue to be able to submit claims electronically.

15. Q: Will there be any changes to hospice services for room and board?

A: There are no impacts on room and board. All services will follow the new certification/recertification periods of 90/90/60-day periods.

16. Q: When will MESAV reflect the new changes and show qualifying dates?

A: Due to an error in processing, service authorizations that should have been 90 or 60 days were created as 6 months minus 1 day. HHSC has corrected this issue. Please monitor service authorizations using MESAV and contact Provider Claims Services (512-438-2200) if you need assistance.

17. Q: Where can new providers find resources for billing or authorization training and assistance?

A: Please contact TMHP at 800-626-4117 for assistance with claim and form submission. Links to training materials for the TMHP Long-Term Care Online Portal and TexMedConnect can be found here:
<https://www.tmhp.com/programs/ltc>.

18. Q: When will the nursing facility (NF) submit new Long-term Care Medicaid Information (LTCMI) for Minimum Data Set (MDS)?

A: No changes have been made to the NF requirements for MDS and LTCMI submission. The provider should complete the LTCMI section within the 92 days anticipated quarter time frame to submit the MDS assessment into TMHP workflow for review.

19. Q: Will a provider be able to see in TMHP if a individual has previously received hospice services?

A: No.

20. Q: What is the timeframe to receive the Informal Review notice?

A: Please refer to [TAC, Title 26, Chapter 266, RULE §266.225](#) - Informal Review which states a hospice's request for an informal review must (1) be received by HHSC within 10 calendar days after the hospice receives the description of the alleged violation and amount of the proposed recoupment from HHSC; and (2) contain documentation that refutes the alleged violation.

21. Q: What is the timeline for notices from State to provider?

A: This varies by review type. Service intensity add-on (SIA) Authorization Requests are processed within 60 days, all other reviews are generally completed within 90 days of receiving all the records requested. The review timeframe extends when HHSC must send additional letters reminding Hospice Providers to send the records requested.

22. Q: Medicare allows for a verbal certification to be received 15 days before admission until two days after. Will Medicaid now allow hospices to receive verbal certification before admission?

A: Please refer to [TAC, Title 26, Chapter 266, RULE §266.203](#) - Certification of Terminal Illness. Oral certification states if a hospice does not obtain the written certification required by subsection (a)(1) of this section within two days after an initial election period begins, the hospice must obtain an oral certification that meets the requirements of this section no later than two days after the initial election period begins. The hospice must obtain a written certification before it submits a claim for payment. An election period is described in TAC, Title 26, Chapter 266, Rule §266.201 relating to Duration of Hospice Care Coverage: Election Periods.

23. Q: Are Service Intensity Add-on (SIA) payments going to be automated the way they are for Medicare?

A: The current process for SIA submission is via US Mail system. Please refer to [TAC, Title 26, Chapter 266, RULE §266.217](#) (related to Medicaid Hospice Payments and Limitations). It states the hospice provider is paid an SIA in addition to the routine home care rate for visits provided by an RN or social worker during the last seven days of a hospice election ending with an individual discharged due to death. The SIA is the CHC hourly rate, multiplied by the number of hours of care provided by the RN or social worker, up to 4 hours during a 24-hour day that begins and ends at midnight. To claim the SIA, a hospice must submit:

- (A) documentation of the in-person, skilled services provided by the RN, the social worker, or both;
- (B) the times the services were provided; and
- (C) the Individual Election/Cancellation/Update Form indicating the hospice election was canceled due to death.

24. Q: What happens if the face-to-face requirement is obtained late? Do providers consider this a readmission with a new benefit period or how would it be handled?

A: The face-to-face assessment is part of a valid certification. The certification is not valid until it is obtained. The dates which are not covered by a valid certification will be recouped.

25. Q: Since each individual will have a new initial 90-day election period, then Medicare and Medicaid will not match up with certification periods for dual individuals. Will this require 2 face-to-face and 2 physician narratives?

A: No. The provider does not need to provide additional documentation if the individual is dual eligible per [TAC, Title 26, Ch. 266, RULE §266.203 \(d\)\(2\)](#) which states a Medicare face-to-face encounter satisfies the requirements for a face-to-face assessment.

26. Q: In the presentation, there was no mention of face-to-face requirements, expectations, or timeframes. Can someone provide clarification on this component?

A: The newly updated Medicaid hospice rules effective July 2022 did not update or extend the flexibility for face-to-face requirements during a public health emergency. That information letter expired on November 9, 2021. [TAC, Title 26, Chapter 266, RULE §266.203](#) (relating to Certification of Terminal Illness) notes the requirements, expectations, or timeframes on face-to-face and aligns with the updates to the hospice election periods. HHSC will consider addressing this area in future rule projects.

27. Q: Will HHSC also match the federal regulations on notification of discharging an individual being 2 days instead of 5 days?

A: HHSC has not made any changes to the notification of discharge for an individual.

28. Q: Since the addition of the PEMS process, is anything in the works regarding credentialing/contracting?

A: The HHSC hospice webpage should direct providers to the following HHS website for more information regarding Medicaid Enrollment: [Medicaid Provider Enrollment | Texas Health and Human Services.](#) Beginning December 13, 2021, all hospice provider interested in becoming a Medicaid provider must enroll via TMHP PEMS.