Provider Bulletin

No. 07-14

June 14, 2007

TO: Hospice Providers Participating in the Nebraska Medicaid Program

FROM: Heather Leschinsky, Program Specialist

RE: Hospice Prior Authorizations

Beginning June 5, 2007, Hospice Agencies will no longer be required to obtain prior authorization for Hospice services for Nebraska Medicaid covered clients.

Hospice Agencies are still responsible for complying with all regulations regarding Hospice services including but not limited to a signed Election Statement, Physician certification of terminal illness and six month or less life expectancy, a Hospice Plan of Care, a listing of all medications, biologicals, supplies, and equipment for which the hospice is responsible, and clinical criteria to support terminal status. These regulations are found in 471 NAC Chapter 36.

1) Hospice Agencies must keep all records of services provided, in accordance with 471 NAC regulations

2) Hospice Agencies may be subject to random reviews of claims and services for monitoring and quality purposes

3) Claims for Hospice services after June 5, 2007, will not require a prior authorization number. Claims for services prior to June 5, 2007, will still require a prior authorization number

4) For questions regarding claim status, use the Medicaid Inquiry Line, 1-877-255-3092

If you have any questions regarding the information in this bulletin, please call the Hospice Program Specialist, Heather Leschinsky, at 402-471-9389.

Hospice Prior Authorization Request Form

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

Prior Authorization Number (For HHSS Use Only)

This fax from agency listed below sent to HHSS and returned to said agency by HHSS Medicaid Prior Authorization Department after approval. Attached transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., section 68-31. If this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

Type of Prior Authorization request:
☐ Initial ☐ Recertification ☐ Additional service request to PA

Client Medicaid Number	Client Name
Agency Provider Number	Provider Name/Location
Provider Phone/Fax Number	
County of Client	Email Address
Primary Diagnosis/ICD9 Code	Six-month Authorization Period: to

This authorization includes the following services at the indicated number of units:

Service	Code	# of Units
Routine Home Care	T2042	180/certification period
Continuous Home Care	T2043	72 hours
Inpatient Respite Care	T2044	5 days/month
General Inpatient Care	T2045	10 days/month

Does the Client have Medicare A? ☐ Yes ☐ No
If "Yes", list date and reason Medicare A hospice benefits exhausted_____

Have the following been notified of Hospice involvement?
Pharmacy? ☐ Yes ☐ No comments_____
Equipment? ☐ Yes ☐ No comments_____
Other suppliers ☐ Yes ☐ No comments_____

Is Client on Managed Care? ☐ Yes ☐ No
Is Client on Medicaid Waiver? ☐ Yes ☐ No

If Client resides in or moves to a long term care facility (NF, AL, CDD, ICF/MR or IMD):
Facility Name/location:_____
Hospice provider number for that facility (if applicable):_____
Has facility billing office been notified of Hospice involvement? ☐ Yes ☐ No
Is there a signed contract between facility and hospice provider? ☐ Yes ☐ No
List effective date of contract_____
Other Medicaid services provided to client _____

Attachments to this request (Required):
- ☐ Signed election statement
- ☐ Physician certification of terminal illness with life expectancy of 6 months or less
- ☐ Hospice plan of care
- ☐ Listing of all medications, biologicals, supplies, and equipment for which hospice is covering
- ☐ Clinical Criteria to support terminal status or supportive documentation for functional decline

*Prior authorization: void if client not Medicaid enrolled
*Not valid until Share of Cost is met if client has excess income
*If client is on Medicaid Waiver, please contact Services Coordinator for continued coordination