
WISCONSIN MEDICAID UPDATE

UPDATE 96-43

TO:
Hospices
Nursing Homes

Hospice Services: Patient Liability, Required Forms, and Commonly Asked Questions - Effective January 1, 1997

Wisconsin Medicaid will deduct patient liability for hospice recipients residing in nursing homes

Effective for hospice claims with dates of service on and after January 1, 1997, Wisconsin Medicaid will deduct patient liability for hospice recipients residing in nursing homes. (Patient liability is the amount of an individual recipient's income that is available to apply on a monthly basis toward the recipient's cost of care.)

If you collected liability payments from a hospice recipient residing in a nursing home for dates of service prior to January 1, 1997, and that money was not transferred to Wisconsin Medicaid, return it to the recipient or the recipient's estate.

Wisconsin Medicaid requires hospices to submit form when recipient elects hospice benefit

Effective for dates of service on and after January 1, 1997, Wisconsin Medicaid will deny hospice claims if the "Notification of Medical Assistance Hospice Benefit

Election" form is not on file at EDS. When a Medicaid recipient elects the Medicaid hospice benefit, Wisconsin Medicaid requires hospices to submit the form to its fiscal agent, EDS.

Wisconsin Medicaid requires that the hospice submit this form within 30 calendar days of the recipient's election of the Medicaid hospice benefit. You no longer need to submit a copy to the Bureau of Quality Assurance (formerly known as Bureau of Quality Compliance), Division of Supportive Living. Send the form to:

EDS - Attn: Recipient Services
6406 Bridge Road
Madison, WI 53784-7636

Wisconsin Medicaid requires hospices to keep completed copies in the recipient's medical record of the following forms:

1. Physician Certification/Recertification of Terminal Illness form (or equivalent).
2. Recipient Election of Medical Assistance Hospice Benefit form (or equivalent).

These requirements are specified in the hospice handbook, Part S, Section II-C.

Commonly Asked Questions

Hospices provide services to recipients regardless of where they reside. When a recipient lives in a nursing home, the hospice contracts with the nursing home for room and board.

What is the process for collecting patient liability for Medicaid hospice recipients residing in a nursing home?

The nursing home, hospice, and Wisconsin Medicaid each have specific responsibilities.

1. The nursing home must:

- Collect patient liability from all Medicaid recipients, including hospice recipients, residing in their facility. There is no change in the procedures for doing this.
- Transfer the monthly available income to the recipient's hospice.
- Bill the hospice its contracted amount for room and board.

2. The hospice must:

- Pay the nursing home its contracted amount for room and board.
- Accept as income the amount received from the nursing home. Report this amount on the claim form.

- Continue to bill Wisconsin Medicaid its usual and customary amount for nursing home room and board using procedure code 00169.

- Only bill Wisconsin Medicaid once per calendar month for nursing home room and board.

3. Wisconsin Medicaid must:

- Deduct the patient liability, as reported to the state by the county, from the amount to be reimbursed to the hospice.
- Reimburse the hospice ninety-five percent of the nursing home's SNF (skilled nursing facility) Medicaid rate minus the patient's liability.

How are retroactive adjustments to the nursing home room and board rate handled between the hospice and the nursing home?

Hospice rates for Medicaid recipients residing in nursing homes do not include retroactive increases or decreases in nursing home rates. Since Wisconsin Medicaid pays the hospice, not the nursing home, it would be inappropriate to give the hospice a retroactive rate change that reflects nursing home rate changes.

Every hospice with recipients residing in a nursing home must have a contract with that facility to provide services. Rate negotiations for this contract are between the nursing home and the hospice. Wisconsin Medicaid does not dictate rates

for the contract. The negotiated rate does not affect the amount of Medicaid reimbursement to the hospice.

May a nursing home have a contract with a hospice and charge the hospice more or less than 95% of the nursing home rate?

Rate negotiations are between the nursing home and the hospice. Wisconsin Medicaid does not specify rates for the contract. If a hospice wishes to reimburse a nursing home more or less than 95% of that facility's daily rate, it may do that. The negotiated rate does not affect the amount of Medicaid reimbursement to the hospice.

Does Wisconsin Medicaid reimburse the hospice for the Medicaid bedhold if a Medicaid nursing home resident enters acute care and is also a hospice patient?

No. Wisconsin Medicaid does not pay bedhold to the hospice. Wisconsin Medicaid does not reimburse general inpatient care for the same date of service as room and board in a nursing home for the same recipient.

Does the Medicaid hospice benefit have four benefit periods like the Medicare benefit?

Wisconsin Medicaid does not limit the number of benefit periods to four as Medicare does.

May a nursing home charge a hospice for DME and DMS used by the hospice recipient in the nursing home?

Wisconsin Medicaid does not allow a nursing home to bill the hospice for durable medical equipment (DME) and disposable medical supplies (DMS) included in the Medicaid nursing home daily rate.

A nursing home may bill the hospice for medically necessary DMS and DME *not* included in the Medicaid nursing home daily rate. The Medicaid DME and DMS Indices indicate whether items are included in the Medicaid nursing home daily rate.

The DME and DMS Indices are available on the EDS bulletin board. You may access EDS-EPIX using an IBM-compatible personal computer, modem, and communications software package. See Appendix 11 of Part A, the all-provider handbook, for downloading instructions.

You may also purchase copies of the DME Index from EDS. Copies are available on paper, tape cartridge, magnetic tape, or diskette. See Appendix 38 of Part A, the all-provider handbook, for ordering instructions.

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