

PROTOCOLS FOR HOSPICE PROVIDERS

CenCal Health members may access hospice services so that they may receive palliative care and assistance with the physical, emotional, social, and spiritual discomfort associated with the last phases of life due to the existence of a terminal disease.

The Hospice Provider will be responsible for first determining the eligibility of the recipient, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

Types of Services Provided

SBHI, SLOHI, HF, HK and PP2 Members – The following Hospice services are Covered Benefits for Santa Barbara Health Initiative (SBHI), San Luis Obispo Health Initiative (SLOHI), Healthy Families (HF), Healthy Kids (HK) and Prenatal Plus 2 (PP2) members:

- Services connected to the medical management of the pain and symptoms associated with a terminal illness and its related conditions;
- Skilled nursing services, certified health aide services, and homemaker services under the supervision of a qualified registered nurse;
- Physician services;
- Physical, occupational, and speech therapy services, for the purpose of symptom control, or to enable members to maintain activities of daily living and basic functional skills;
- Short-term inpatient care arrangements related to the terminal illness; and
- Pharmaceuticals, medical equipment and supplies that are reasonable and necessary for the management of the terminal illness and related conditions.

IHSS Members – The following Hospice services are Covered Benefits for In-Home Supportive Services (IHSS) Healthcare members:

- Services connected to the medical management of the pain and symptoms associated with a terminal illness and its related conditions;
- Skilled nursing services, certified health aide services, and homemaker services under the supervision of a qualified registered nurse;
- Physician services;
- Physical, occupational, and speech therapy services, for the purpose of symptom control, or to enable members to maintain activities of daily living and basic functional skills;
- Short-term inpatient care arrangements related to the terminal illness;
- Pharmaceuticals, medical equipment and supplies that are reasonable and necessary for the management of the terminal illness and related conditions;
- Nursing care services covered on a continuous basis for as much as twenty four (24) hours a day during periods of crisis as necessary to keep the Member at home; and
- Respite care services for up to five (5) consecutive inpatient days to provide relief to families.

A separate payment will not be made for the following Hospice services:

- Hospital, Nursing Facility (Level A & B), and Home Health Agency care;
- Medical equipment and supplies, and pharmaceuticals;
- Medical transportation;

- Social services, counseling services with medical social services provided by a qualified social worker or
- Any other services related to the individual's terminal diagnosis.

Non-Covered Services

SBHI & SLOHI Members – The following services are Non-Covered Benefits for SBHI and SLOHI members:

- Services rendered by a provider who is not enrolled with Medi-Cal as a hospice provider
- Services rendered by a provider who is not contracted with CenCal Health
- Services rendered for a member whose life expectancy is more than twelve (12) months
- Treatment which is intended to cure the member's terminal disease

HF, HK, PP2 and IHSS Members – The following services are Non-Covered Benefits for HF, HK, PP2 and IHSS members:

- Services rendered for a member whose life expectancy is more than twelve (12) months
- Treatment which is intended to cure the member's terminal disease

Eligibility

The Hospice Provider will be responsible for verifying the recipient is eligible with CenCal Health for the date of service. Eligibility can be verified through one of CenCal Health's systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the recipient is not eligible under any program administered by CenCal Health, payment for any services provided to the recipient will not be the responsibility of CenCal Health.

Co-payment

SBHI, SLOHI, HF, HK, PP2 and IHSS Members – There is no co-payment provision for any approved benefit.

Documentation of Services

The Hospice Provider will submit a copy via facsimile of the Member Election Statement to CenCal Health's Member Services Department at (805) 685-2767 within forty-eight (48) hours of the member's election for hospice services. In doing so, CenCal Health can monitor requests for services and/or authorization of such services during the time period that the Member's case is being reviewed. The Hospice Provider shall also document services by completing a claim form and submitting the form to CenCal Health.

Authorizations

Providers must obtain pre-authorization for all levels of hospice care via an approved **Treatment Authorization Request (TAR)** for SBHI and SLOHI members or a **Medical Authorization Request Form (AR)** for HF, HK, PP2, and IHSS members.

Providers must include with the TAR/AR the member's signed **Election Statement**, along with a certificate from a physician that the member's life expectancy is six months or less (**Certification of Terminal Illness or CTI**) to CenCal Health. The member's statement must acknowledge that they understand that the hospice care

relating to the illness is intended to alleviate pain and suffering rather than to cure, and that certain medical benefits are waived by this election. The Plan of Care is not required to be submitted with the TAR/AR.

Inpatient services will be authorized when symptoms related to the terminal illness cannot be controlled in the outpatient setting. These services also require authorization through a TAR/AR as well as a chart review.

Billing for Covered Services

SBHI & SLOHI Members – Provider shall bill CenCal Health for Hospice services provided to an eligible member. Claims shall be submitted according to established protocols set forth in the EDS Medi-Cal Provider Manual. Claims must be submitted within one (1) year from the date of service, in accordance with the provisions of their Agreement. Claims submitted after six (6) months will be reduced to 75% of the allowable, and those submitted after nine (9) months from the date of service will be reduced to 50% of the allowable.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

HF, HK, PP2 and IHSS Members – Provider shall bill CenCal Health for Hospice services provided to an eligible member. Claims must be submitted within one hundred and eighty (180) days of the date of service.

In the event the member has other health coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

Procedure Codes for Hospice Providers

SBHI & SLOHI Members – Hospice providers should use the procedure codes set forth in the EDS Medi-Cal Provider Manual.

HF, HK, PP2 and IHSS Members – Hospice providers may bill for services within the range of Hospice CPT codes as established by the American Medical Association’s most recently published Current Procedural Terminology (CPT) book and the Healthcare Common Procedure Coding System (HCPCS) book as compiled and published by the Department of Health and Human Services (DSS).

Reimbursement for Hospice Providers

A Hospice Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in Exhibit A of the provider’s Allied Amendment Agreement.

A provider cannot “balance bill” any member for the difference between their billed charges and the compensation rate, nor can they impose a surcharge of any kind.