

TO: Local District Commissioners, Medicaid Directors

FROM: Cherlyn Fay
Bureau of Medicaid Long Term Care Policy
Division of Program Management and Development

SUBJECT: Coordination of Hospice Services for Fee for Service Recipients and Medicaid Managed Care Enrollees

EFFECTIVE DATE: Immediately

CONTACT: hospicebilling@health.ny.gov

INCLUDES: **Attachment 1 Hospice Care RR/E Code Update Form**
Attachment 2 Medicaid Enrolled Hospice Providers

The purpose of this General Information System (GIS) message is to provide information and guidance on the coordination of hospice services.

Identifying Medicaid Recipients in Receipt of Hospice Care

A new recipient restriction/exception (RR/E) code, C2-HOSPICE-MM, for Medicaid recipients who elect hospice care went live in eMedNY February 24, 2022. The C2 RR/E code is systematically added to a dual eligible Medicaid recipient's record and returned on the ePACES eligibility response when a hospice election period is received on the Medicare Modernization Act (MMA) file. The MMA file includes Medicare Parts A, B, C, and D eligibility and enrollment data including the hospice election date period. For non-dual Medicaid recipients, the C2 RR/E code needs to be manually added by the Department of Health (DOH).

The C2 RR/E code will also appear in the exceptions section of the individual's summary page in eMedNY:

Exceptions									
Add Exception									
Change Date	Trans Dist	RE/EXC	Provider ID	Provider Name	From Date	Thru Date	Status	User ID	
10/27/2022		<input type="text"/>	<input type="text"/>		<input type="text"/>	12/31/9999	1-ACTIVE	KFL01	
<input type="button" value="X Remove"/> <input type="button" value="+ Add"/> <input type="button" value="Cancel"/>									
Change Date	Trans Dist	RE/EXC	Provider ID	Provider Name	From Date	Thru Date	Status	User ID	
07/27/2022	66-NY CITY	C2-HOSPICE-MM			06/12/2022	12/31/9999	1-ACTIVE	TM05900	

If the LDSS becomes aware of a dual or non-dual Medicaid recipient receiving hospice care, the LDSS must verify that the recipient's eMedNY file appropriately indicates the C2 RR/E code. If the recipient's file does not indicate "C2-HOSPICE-MM", the LDSS must:

Request DOH add the C2 RR/E code by completing Attachment 1 and sending it to hospicebilling@health.ny.gov via a HIPAA compliant email.

If the LDSS becomes aware that a dual or non-dual Medicaid recipient has withdrawn their hospice election, the LDSS must verify that the C2 RR/E code Thru Date coincides with the end date of their hospice election, i.e., it is not "12/31/9999" but is the actual date the hospice election ends. If it has not been end-dated, or the end date is "12/31/9999", the LDSS must complete Attachment 1 and send it to hospicebilling@health.ny.gov via a HIPAA compliant email with the subject: Hospice End-Date Needed.

As a reminder, Medicaid fee-for-service recipients in receipt of hospice services are excluded from enrolling in Medicaid managed care including Mainstream, HARP, HIV Special Needs Plan, MLTC Partial Capitation, Medicaid Advantage Plus, Programs for All-Inclusive Care for the Elderly (PACE), and Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD).

However, current already enrolled Medicaid managed care enrollees, excluding PACE enrollees, who elect to receive hospice care can remain enrolled in the managed care plan of their choice for the duration of their hospice election.

Coordination of Hospice Services

When a Medicaid fee-for-service recipient is in receipt of hospice services, the LDSS is responsible for coordinating services and financial obligations with the hospice provider, particularly for personal care/consumer directed personal assistance services (CDPAS) and DME and supplies. To assist in this coordination, DOH issued [DHCBS 22-15](#) instructing hospice providers to complete form DOH-5778, *Entity/Facility Notification of Hospice Non-Covered Items, Services, and Drugs*, and to share it with other healthcare providers, LDSS, Medicaid Managed Care Organizations (MMCOs), from which the hospice recipient may seek items, services, or drugs.

LDSS are to:

1. Ensure receipt of DOH-5778 from the hospice provider, documenting in their records when DOH-5778 was received.
2. Incorporate DOH-5778 into their records for appropriate care planning throughout the duration of treatment and be able to provide the form upon request of DOH and/or other entities (e.g., the Office of the Medicaid Inspector General, Centers for Medicare and Medicaid Services, etc.) for purposes of audit and/or surveillance to ensure there are no overlaps in services.
3. Document in their progress/case notes the reason a service is provided outside of the hospice benefit (e.g., diagnoses, medical conditions) not related to the recipient's terminal illness.

Personal care services (PCS)/CDPAS may be authorized by the LDSS only if the individual meets the PCS/CDPAS eligibility criteria and the services:

- Are determined necessary and part of the plan of care unrelated to the terminal illness, or
- Preceded the terminal illness

Allowed Hospice Services

Hospice services may be provided in the home, a nursing home, assisted living facility, free standing hospice, hospital or hospice residence; and must be provided according to a written plan of care and are focused on easing the symptoms rather than curing the disease. The individual and family receive medical, psychological and social services, and bereavement and pastoral care related to the individual's terminal diagnosis. Hospice includes the following services as the needs of the patient dictate:

- Nursing
- Physical Therapy
- Speech and Language Pathology
- Medical Supplies and Equipment
- Home Health Aide and Homemaker
- Pastoral Care
- Social Work
- Psychological
- Physician
- Occupational Therapy
- Bereavement
- Pharmaceutical/Laboratory
- Nutrition
- Audiology
- Respiratory Therapy

Disallowed Services

The following Medicaid services/programs are not allowed in combination with the hospice benefit:

- Private Duty Nursing
- Certified Home Health Agency Services
- Adult Day Health Care service

Overpayment resulting from duplication of services will be recouped from the hospice provider.

Questions

Questions related to this guidance document may be sent to hospicebilling@health.ny.gov.

Attachment 1 – Hospice Care RR/E Code Update Form

Attachment 2 – Medicaid Enrolled Hospice Providers as of December 5, 2022