

Hospice

Per Medicaid Policy, hospice services require an authorization for services provided. Request must be submitted within 8 business days. Please note: The request must meet medical necessity and there is no guarantee the service will be authorized.

To request a Hospice services authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Hospice prior authorization request form to the fax number included on the form. Please Note: the system will need to be accessed to obtain the status of your request.

How to submit a Hospice Request

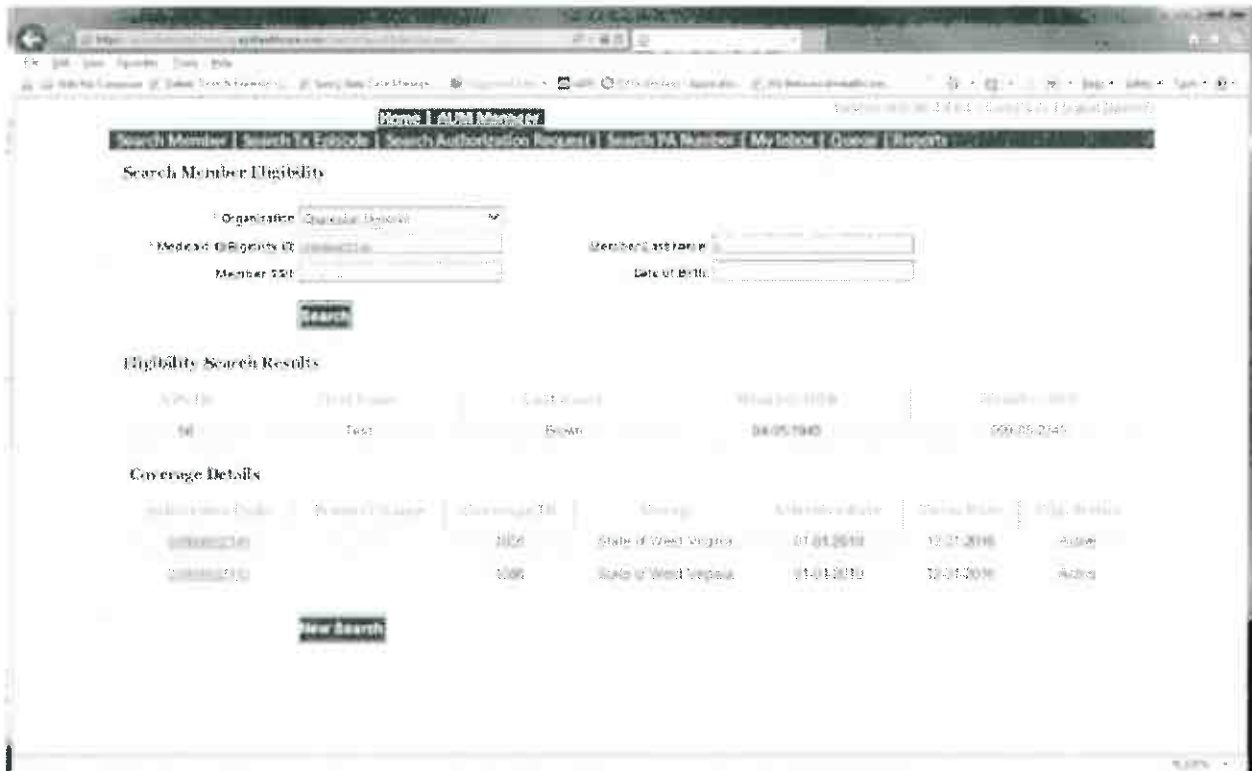
Go to <https://providerportal.kepro.com> and enter you login ID and password



Click on AUM Manager Tab

Click on Search member and enter the WV Medicaid ID number and the member's last name then click Search.
(Hint: you can enter the first initial of the last name and click search)

Under "Coverage Details," click on the subscriber code that matches the one you entered on the Search Member screen that has not termed.



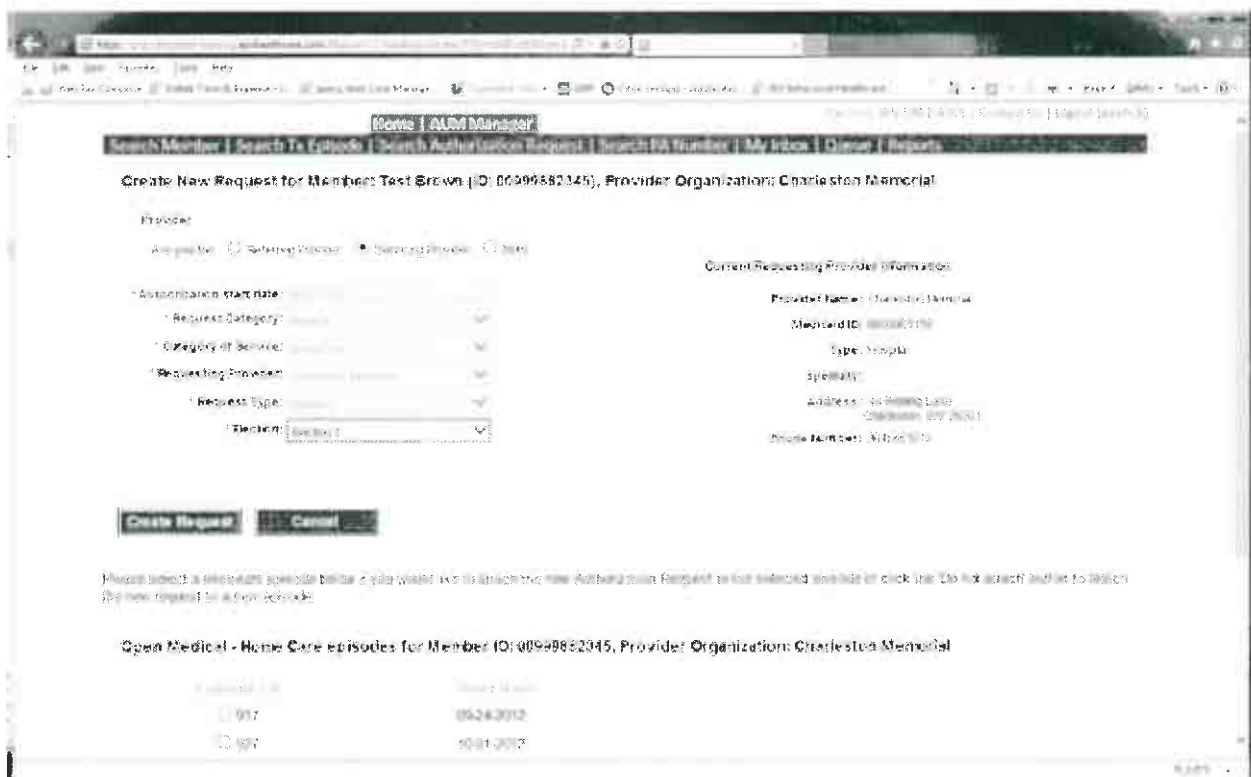
This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.



This brings you the Create New Request Screen. Under 'Provider,' you will need to choose rather you are the referring provider, servicing provider or both.

- Referring- Choose if requestor will **NOT** be billing WV Medicaid for requested service. (ex. Physician's office will not bill for hospice services)
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service.(ex. Agency provider of hospice services)
- Both- Please **DO NOT CHOOSE** this option

Next, enter the start date (the date the admission), the request category (Medical), the category of service (Home Care), choose the requesting provider(there will only be a list available if your registration is complete and your provider NPI numbers have been attached), enter the request type(Hospice), and enter Election (Please see Hospice section of Provider Manual for help in determining which election period to choose in the KEPRO system)scroll to the end of screen and click "Create Request"



If the member has previous treatment episodes, it will ask you if you want to Attach or Do Not Attach, just choose Do Not Attach. If the member does not have any previous treatments, click Continue

You are now ready to begin the application.

Member Demographics

Search Member | Search by Address | Search by Insurance | Search by Provider | My Info | Change | Logout

Member Name: [Field] APB Member ID: [Field] Auth Request ID: [Field] Status: [Field] Reason for Request: [Field] Request Category: [Field] Request Type: [Field] Lifecycle: [Field] Original: [Field] Created by: [Field] Auth Start Date: [Field]

Demographic Information

Address Line 1: [Field] Address Line 2: [Field] City: [Field] State: [Field] Zip Code: [Field]

Annotations

Notes: [Field]

Save and Continue

If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

Provider

Search Member | Search by Address | Search by Insurance | Search by Provider | My Info | Change | Logout

Provider Information

Member Name: [Field] APB Member ID: [Field] Auth Request ID: [Field] Status: [Field] Reason for Request: [Field] Request Category: [Field] Request Type: [Field] Lifecycle: [Field] Original: [Field] Created by: [Field] Auth Start Date: [Field]

Referring Provider

Referring Provider: [Dropdown] Referring Provider: [Field]

Contact Information

Address Line 1: [Field] Address Line 2: [Field] City: [Field] State: [Field] Zip Code: [Field] Phone Number: [Field] Office Contact: [Field] Contact Phone: [Field]

Save and Continue

This brings you to the Provider Information screen. If you chose the referring provider option, this will auto-populate. This information cannot be changed.

If you are the servicing provider, you will need to attach the referring physician information to the request. To find physician:

- Click on the Search provider
- Enter the physician's name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the physician you are looking for, click the paper clip to attach.
- Enter your direct phone number where you can be reached in the Contact Phone field
- Click Save and Continue.

Administrative

The screenshot shows the 'Home I AUM Management' web application. The main form area contains the following fields:

- Date of Receipt: [Text Input]
- Procedure Type: [Dropdown Menu]
- Authorization Type: [Dropdown Menu]
- Type of Admission/Procedure: [Dropdown Menu]
- Admission Date: [Text Input]
- Request Start Date: [Text Input]

At the bottom of the form, there are buttons for 'Previous', 'Next', and 'Save & Continue'.

Answer all questions with the red *. Procedure Type(Community Based for home services or Facility Based for services provided in a nursing home setting). Type of Admission/Procedure=In-Home Services. If your start date is within 10 business days of admission date, the authorization type will be Prior. Please note: If the service start date is within 8 business days of the date you are submitting, please choose Prior authorization and not retrospective. This will ensure your request does not pend incorrectly for eligibility to process prior to UM review.

Administrative

The screenshot shows the 'Home I AUM Management' web application with the 'Retrospective Reason' dropdown menu expanded. The menu options are:

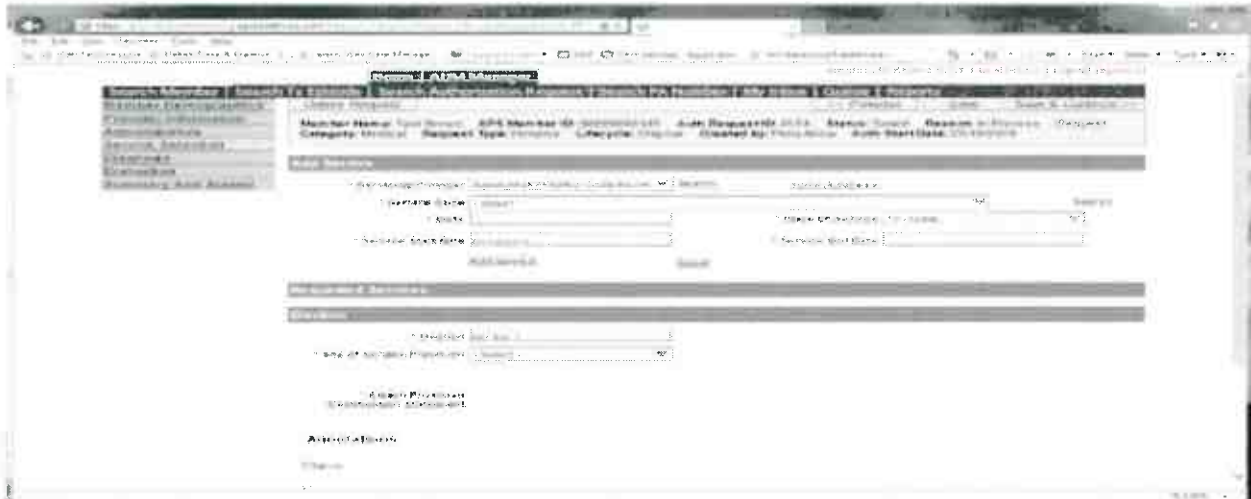
- Failure to Request Prior Authorization
- Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided
- Other: If this reason is chosen, please make sure to provide as much information as possible.
- Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

At the bottom of the form, there are buttons for 'Previous', 'Next', and 'Save & Continue'.

If any other time span, the authorization type will be 'Retrospective Request.' Per BMS policy, there are timelines to request an authorization. If a request is submitted outside of the designated 10 day timeline, a retrospective policy denial letter will be issued. A retrospective reason will need to be selected and there are four options

- Failure to request prior authorization
- Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided
- Other: If this reason is chosen, please make sure to provide as much information as possible.
- Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

Service Selection

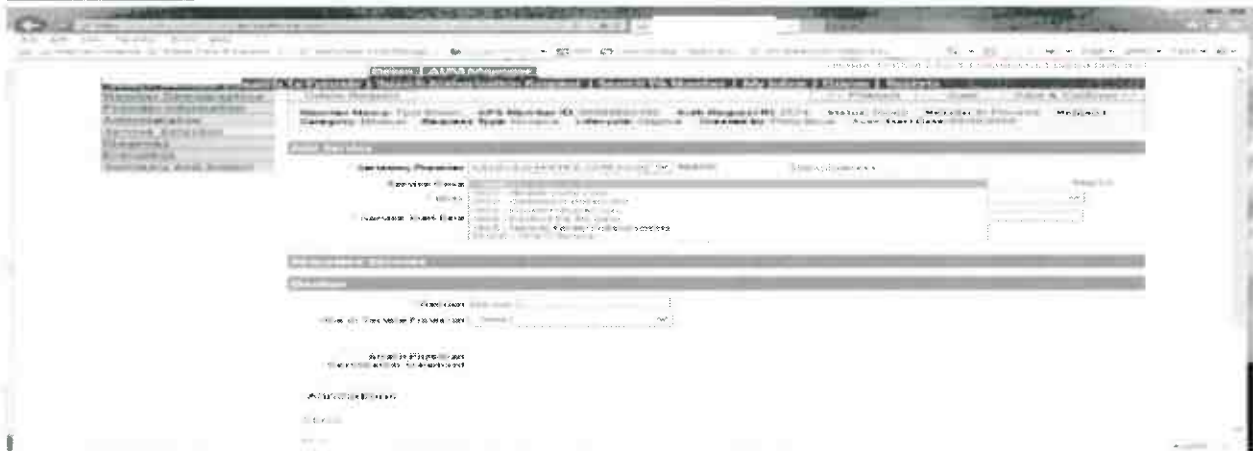


If you chose the servicing provider option, this will auto-populate. This information cannot be changed. If you are the referring provider, you will need to attach the Servicing Provider information to the request.

To find Servicing Provider:

- Click on the Search provider
- Enter the name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the provider you are looking for, click the paper clip to attach.
- Click Save and Continue.

Service Selection



You are now ready to choose your service code. There are six services to choose from depending on the type of your request. If there are multiple services, the following steps will need to be for each one.

- Choose your Service
- The units will auto populate. Please do not change Units
- Place of Service=Home
- For facility based Hospice Care-Place of service=Nursing facility
- The service end date auto populate. Please DO NOT CHANGE service end date.
- Click Add Service
- Repeat for each Service needed

If facility based hospice care, the nursing home name will need to be added at a later time.

Diagnosis

Home | AUM Manager

Search Member | Search To Estimate | Search Annotations History | Search RA History | My Info | Groups | Reports

Diagnosis

Diagnosis	Symptoms
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Search Options:

Diagnosis Code Type: ICD10 ICD9

Save Cancel

Symptoms/Service Date

Symptoms/Description

Add Save

Annotations

None

None

The Diagnosis screen is the next mandatory screen. **ICD-10 coding is required.** The diagnosis code should be in the correct format for the date of service submitted. If your date of service requires an ICD-9 diagnosis code, prior to entering the letter and numbers before the decimal, click the search options button, select ICD-9 and click save.

Home | AUM Manager

Search Member | Search To Estimate | Search Annotations History | Search RA History | My Info | Groups | Reports

Diagnosis

Diagnosis	Symptoms
<input type="text" value="E11.9"/>	Symptoms

Annotations

None

None

Search Document Save **Save**

Notes and Attachments

No Annotation Data to File

Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have.

Evaluation

Home | AUM Member

Delta Street Supportability

Member Information

Member Name: [Field] HEP Number: [Field] AUM Member ID: [Field] Auth Request ID: [Field] Status: [Field] Request ID: [Field] Request Type: [Field] Request: [Field] License: [Field] County: [Field] County: [Field] Priority: [Field] Auth Start Date: [Field]

Annotations

Please answer all questions with a red * and all required fields. The HEF-01 should be attached to request. If you are unable to attach, please indicate Will Fax in the annotations box and faxed to designated fax number. Click Save and Continue

Facility Based Hospice:

Home | AUM Member

Delta Street Supportability

Member Information

Member Name: [Field] HEP Number: [Field] AUM Member ID: [Field] Auth Request ID: [Field] Status: [Field] Request ID: [Field] Request Type: [Field] Request: [Field] License: [Field] County: [Field] County: [Field] Priority: [Field] Auth Start Date: [Field]

Add Service

Service Code: [Field] Name: [Field] Place of Service: [Field] Service Start Date: [Field]

Annotations

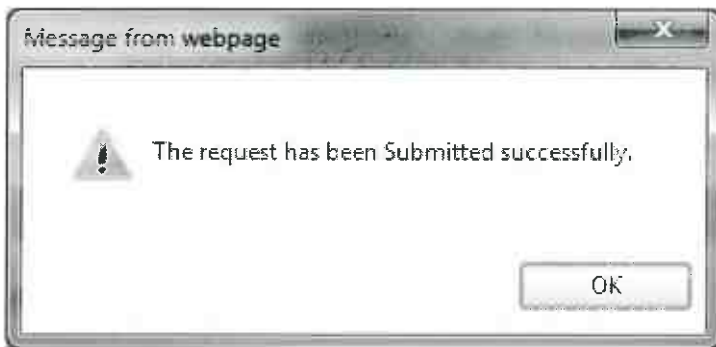
For facility based hospice, after the evaluation screen has been complete, click on the Service Selection tab in your options to the left. You will now need to complete the name of the nursing home.

Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.

A warning box may be received. If so, click continue.

And then Click OK, once the message that your request was successfully submitted has displayed.



Hospice Helpful Tips

- KEPRO only authorizes elections periods. Molina Healthcare prices and processes claims for nursing home reimbursement.
- Once Hospice care is elected, a flag is added to the Member profile in Molina that does not allow for any other services other than Hospice care to be billed to WV Medicaid.
- Please be aware of what election period has already been approved in the provider portal. Skipping of election periods can cause delays with an authorization number being provided.
- Member can revoke Hospice care services. After revocation four times, the member is no longer eligible for hospice care.
- If a member discharges or revokes from Hospice Care, the hospice agency is required to notify KEPRO Healthcare. If KEPRO is not notified, the patient will not be able to use Medicaid for any services. ***We see this happen a lot with medication and pharmacies cannot dispense medication as long as the hospice flag is still active in Molina system***
- A signed and dated certification, signed and dated plan of care and a signed and dated HEF-01 form are required within 8 days of the election period
- Sending a HEF-01 after discharge, revocation or death notification to KEPRO is required.
- If an error is received when an agency is attempting to key in election one, this indicates that election one has already been entered. Please contact Molina Healthcare to inquire of the previous hospice provider.
- Hospice agencies are not reimbursed for the last day of care if a patient discharges from service

WV Medicaid policy Manual for hospice can be accessed here:

http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/bms_manual-Chapter_509_Hospice%2020115.pdf