Hospice Provider Training
Provider Types: 64 and 65
Objectives
Objectives

— Understand changes to the Nevada Medicaid Services Manual Chapter 3200
— Understand how to complete new Hospice Prior Authorization Request form (FA-95)
— Identify common mistakes of additional forms and successfully complete all forms
— Properly navigate EVS Web Portal
— Understand how to submit Prior Authorization requests via the Web Portal
Policy Changes
Policy Changes

New Policy effective February 23, 2017

- Reference Chapter 3200 of the Medicaid Services Manual (MSM)
  - Section 3206.6 for Prior Authorization Information

- Updated language to better coincide with the Code of Federal Regulations

- Conditions of Participation for Non-Cancer Terminal Illness

- Clarify criteria for pediatric hospice recipients
Policy Changes for Prior Authorization for Hospice Services

— The hospice agency will not be reimbursed for hospice services unless all signed paperwork has been submitted to the Quality Improvement Organization (QIO)-like vendor (DXC Technology, which is referred to as Nevada Medicaid) and prior authorization has been obtained. It is the responsibility of the hospice provider to ensure that prior authorization has been obtained for services unrelated to the hospice benefit. Authorization requests for admission to Hospice services must be submitted as soon as possible, but not more than eight business days following admission.

— Please note: if the authorization request is submitted after admission, the Hospice provider is assuming responsibility for program costs if the authorization request is denied. Prior authorization only approves the existence of medical necessity, not recipient eligibility.
Policy Changes for Prior Authorization for Extended Hospice Care

- Medicaid hospice benefits are reserved for terminally ill recipients who have a medical prognosis to live no more than six months if the illness runs its normal course.

- When an adult recipient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required. Independent reviews are subsequently required every 12 months thereafter if the recipient continues to receive extended hospice care. Hospice agencies should advise recipients of this requirement and provide the “Nevada Medicaid Independent Physician Review for Extended Care” form to take with them to each independent review.
  - Prior authorization requests for extended hospice care will be denied if this form is not submitted along with the PA request or if this form indicates the recipient does not continue to meet program eligibility requirements.

- The following medical professionals may conduct the Independent Physician Review:
  1. Physician (MD)
  2. Doctor of Osteopathic Medicine (D.O.)
  3. Physician’s Assistant (PA)
  4. Advanced Practice Registered Nurse (APRN)
Policy Changes for Prior Authorization for extended Hospice Care, continued

- The Independent Physician Review can occur at a physician’s office or at the recipient’s place of residence, whether it be a private home or a nursing facility.

- The review must be completed no sooner than 30 days before the end of the recipient’s 12-month certification period.

- In cases when the independent physician reviewer claims the recipient should no longer be appropriate for hospice services, the hospice provider will be notified. The hospice physician has seven days to submit a narrative update on the recipient to staff at the DHCFP Long Term Services and Supports (LTSS) unit for further review.

- The Independent Physician review is not required for dual-eligible recipients.

- Due to concurrent care allowed for the pediatric recipient of hospice services, the Independent Physician Review is required for the pediatric hospice recipient who has elected not to pursue curative treatment.
Policy Changes for Non-Cancer Terminal Illness

Please review MSM Chapter 3200 Section 3209.1 (Non-Cancer Terminal Illnesses) for guidance on the following:

- Adult Failure to Thrive Syndrome
- Adult HIV Disease
- Adult Pulmonary Disease
- Adult Alzheimer’s disease, Dementia & Related Disorders
- Adult Stroke and/or Coma
- Adult Amyotrophic Lateral Sclerosis (ALS)
- Adult Heart Disease
- Adult Liver Disease
- Adult Renal Disease
Policy Changes for clarification of pediatric hospice recipients

- Pediatric hospice care is both a philosophy and an organized method for delivering competent, compassionate and consistent care to children with terminal illnesses and their families. This care focuses on enhancing quality of life, minimizing suffering, optimizing function and providing opportunities for personal and spiritual growth, planned and delivered through the collaborative efforts of an interdisciplinary team with the child, family and caregivers as its center.

- Recipients under the age of 21 are entitled to concurrent care under the Affordable Care Act (ACA); that is curative care and palliative care at the same time while an eligible recipient of the Medicaid Hospice Program, and shall not constitute a waiver of any rights of the child to be provided with, or to have payment made for services that are related to the treatment of the child's terminal illness.

- Upon turning 21 years of age, the recipient will no longer have concurrent care benefits and will be subject to the rules governing adults who have elected Medicaid hospice care. Upon turning 21 years of age, the recipient must sign a Nevada Medicaid Hospice Program Election Notice -Adult (FA-93), continuing in the certification period currently in place.
New Hospice Prior Authorization Request Form (FA-95)
Hospice Prior Authorization Request Form (FA-95)

Reminders:

— Sections I, II, IV, V, VI, date of request and request type must be fully completed

— Section III should be completed only if the recipient is in a nursing facility

Required Attachments:

— Individualized Plan of Care and Measurable Treatment Goals

— FA-92 Hospice Program Election Notice (Adult) or FA-93 Hospice Program Election Notice (Pediatric)

— FA-94 Hospice Program Physician Certification of Terminal Illness (CTI)

— For subsequent benefit periods: Labs, assessments, documented decline (or improvement) of recipient health, mandating further hospice care.
Hospice Prior Authorization Request Form (FA-95)

If any information on the prior authorization request form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within 5 days.
New Hospice Extended Care
Physician Review Form (FA-96)
Hospice Extended Care Physician Review Form (FA-96)

When an adult recipient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required.

If any information on the form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within 5 days.

Required Attachments:

- FA-95 Hospice Prior Authorization Request Form
Hospice Program Action Form (FA-91)

Reminders:

• Each section must be filled out according to the purpose of the form.

• Must indicate Purpose of Request: Discharge from Hospice Services (includes recipient death), Change of Hospice Provider or Revocation of Hospice Services

• This form must be signed and dated by the recipient or legal representative/DPOA

• The Hospice provider representative must also sign and date accordingly

• Please do not forget:
  • Discharge Date
  • Requesting provider NPI
  • Recipient/Responsible Party signature
  • Recipient ID number
Nevada Medicaid Hospice Program Election Notice – Adults (FA-92)
Hospice Program Election Notice – Adults
(FA-92 Form)

- Be sure to use this required form. Nevada Medicaid will return requests to provider when old forms are submitted.
- Sections I, II, III and IV must be filled out completely.
- This form must be signed and dated by the recipient or legal representative/DPOA and Hospice representative.
- The original notice of election can be resubmitted for all subsequent PA/benefit periods. Recipient/responsible party/hospice representative does not need to sign a new FA-92 for each certification period. Be clear on the benefit period being requested.
Hospice Program Election Notice – Adults (FA-92)

- Section I: Recipient information (ID, name, date of birth)
- Section II: Initials
- Section III: LTC information (if the nursing facility box is checked, include LTC name and NPI)
- Section III: Transfer from another agency information
- Section III: Certification period designation or start date of hospice service
- Section IV: Elected hospice provider and NPI, date to begin
- Section IV: Names and signatures

### Hospice Program Election Notice – Adults (FA-92)

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>Recipient Medicaid ID</th>
</tr>
</thead>
</table>

**SECTION IV**

<table>
<thead>
<tr>
<th>Services currently being provided to recipient by other Agencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Services</td>
</tr>
<tr>
<td>Private Duty Nursing Services</td>
</tr>
<tr>
<td>Personal Care Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elected Hospice Provider</th>
<th>NPI #</th>
</tr>
</thead>
</table>

Date Hospice Election to Begin:

**Recipient and/or Legal Representative/Agent Statement**

1. (Recipient's Name), have read and understand the statements in this document.
   
   Recipient Signature: ___________________________ Date: ____________

2. (Legal Representative/Agent Name), as the Legal Representative/Agent for (Recipient's name), have read and understand the statements in this document.
   
   Relationship to Recipient: ___________________________ Date: ____________

   Legal Representative/Agent Signature: ___________________________ Date: ____________

**Hospice Provider Statement**

1. (Hospice Representative Name), Hospice Representative for (Hospice Provider's Name), understand that the Hospice provider is responsible for the coordination of services to ensure there is no duplication of services.
   
   Hospice Representative Title: ___________________________ Date: ____________

   Signature: ___________________________ Date: ____________
Nevada Medicaid Hospice Program
Election Notice – Pediatric
(FA-93)
Reminders:

- Be sure to use this required form. Nevada Medicaid will cancel requests back to provider when old forms are submitted.

- Sections I, II, III and IV must be filled out completely.

- This form must be signed and dated by the recipient or legal representative/DPOA and Hospice Representative.

- Section IV: Services currently being provided to recipient by other agencies must be entered.
Nevada Medicaid Hospice Program
Physician Certification of Terminal Illness
(FA-94)
FA-94 - Physician Certification of Illness

This form must indicate the Purpose of Request (Initial Certification, 60 Day Certification, 1st 90 Day Certification or 2nd 90 day or Subsequent Certification) and the Effective Date of Certification

• Sections I, II and III: Must be filled out completely if not completed the prior authorization will be pended for five business days requesting additional information.

• Section II, PHYSICIAN EVALUATION RESULTS: Must include a brief narrative explanation of the clinical findings that supports a life expectancy of six months or less as part of the certification and recertification.

• Section III PHYSICIAN CERTIFICATION STATEMENT: The face-to-face encounter must occur no more than 30 calendar days prior to the 180th day benefit period recertification and no more than 30 calendar days prior to every subsequent recertification thereafter.

• Must include Attending Provider license #, signature and date. If no attending provider, then Exclusion Statement must be signed and dated by Hospice Medical Director and Hospice Representative.
FA-94 Physician Certification of Illness, continued

– Purpose of recertification and start date
  – Needs to be checked and date listed. If certification period requested does not correspond with Medicaid service history (recipient has already received hospice and new provider is asking for 1st 90 days), prior authorization will be pended for five business days requesting additional information.

– Section I Patient Information
  – If the request is missing information, such as hospice name and National Provider Identifier (NPI), prior authorization will be pended for five business days requesting additional information.

– Section II Physician Evaluation Results
  – If FA-94 is not completed as required, and agency CTI with detailed information NOT attached, prior authorization request will be pended for five business days requesting additional information.

– Section III Physician Certification Statement
  – One of the two physicians (attending or hospice medical director) have to timely sign and date the FA-94 within two calendar days of initiation of care. If a signature cannot be obtained, a verbal order must be obtained within this two calendar day timeframe and a written order obtained no later than eight calendar days after care is initiated. If not signed within eight calendar days, only the signature date forward will be considered allowable days.
  – If agency CTI is signed/authenticated timely, but provider did not sign FA-94 timely, the prior authorization will be pended for five business days requesting additional information.
Prior Authorization (PA) Submission
How to submit a PA via the Web Portal
Accessing the Provider Web Portal EVS System

- Navigate to Provider Web Portal at www.medicaid.nv.gov
- Select “EVS” tab from blue tool bar at top
- Highlight and select either User Manual or Provider Login (EVS)
Accessing the provider web portal EVS System

Select “User Manual” to access step-by-step instructions concerning the use of the EVS and its benefits

---

**EVS User Manual**

The Nevada Medicaid HIPAA-compliant Electronic Verification System (EVS) provides Internet access to:

- Recipient eligibility
- The status of submitted claims
- Prior authorization requests and inquiries, including pharmacy prior authorizations
- Provider payment amounts and remittance advice (RA) access

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1: Getting Started</td>
</tr>
<tr>
<td>Chapter 2: Eligibility Benefit Verification</td>
</tr>
<tr>
<td>Chapter 3: Claim Status Verification</td>
</tr>
<tr>
<td>Chapter 4: Prior Authorization</td>
</tr>
<tr>
<td>Chapter 5: Searching Payment History and RA Access</td>
</tr>
<tr>
<td>Chapter 6: Search Fee Schedule</td>
</tr>
<tr>
<td>Chapter 7: Search Provider</td>
</tr>
<tr>
<td>Chapter 8: Upload Files</td>
</tr>
<tr>
<td>Chapter 9: Treatment History</td>
</tr>
</tbody>
</table>
Accessing the provider web portal EVS System

Select “Provider Login (EVS)” to bring up secure web portal for providers.
Tips Before You Begin

- When submitting the Prior Authorization via the secure web portal, fill out all necessary forms and save them to your computer in a folder that is easily accessible so that the forms can be attached onto the Prior Authorization.
- Be sure that you save the forms with the required signatures.

Remember the forms to submit are:
- FA-92 or FA 93 Hospice Program Election Notice – Adult or Pediatric
- FA-94 – Hospice Program Physician Certification of Terminal Illness
- FA-95 – Hospice Prior Authorization Request Form
- FA-96 – Extended Care Physician Review Form

Please note, your current paperwork submission for prior authorization will no longer be accepted via fax as of April 1, 2017.
Secure Web Portal – Eligibility Information

The **Member Focus Search** page displays two tabs. If you have previously viewed members, the **Last Member Viewed** tab displays up to the last 10 searches. If no members have been previously viewed, then only the **Search** tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page, and summary information below, including their recent activity.

2. Click the name that is listed on the **Member Focus Search** screen.

   **OR**

3. Click the **Search** tab and enter in required information.

![Image of Member Focus Search](image)

The **Search** tab allows you to search for members and select a member to view. When searching for members, you must enter complete information. Partial information will not generate a search.

> To avoid generating a large number of search results, you should enter as much information as possible to limit your searches.
Secure Web Portal – Eligibility Information, continued

<table>
<thead>
<tr>
<th>Member Focus Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Members Viewed</td>
</tr>
</tbody>
</table>

* Indicates a required field.
Enter the Recipient ID or Last Name, First Name and Birth Date.

<table>
<thead>
<tr>
<th>Recipient ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doe</td>
<td>Jane</td>
<td>02/23/1954</td>
</tr>
</tbody>
</table>

Search results display on the **Search Results** screen.

5. Click member’s name in the search results for Member in Focus details.
Secure Web Portal – Recipient Information

Member Details

Recipient ID
Name
Birth Date
City
State
Gender
Primary Language

Coverage Details

Eligibility Verification Information for MARY POPPINS from 06/01/2016 to 06/30/2016

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>06/01/2016</td>
<td>06/30/2016</td>
<td>0000000000</td>
</tr>
<tr>
<td>ic-14</td>
<td>06/01/2016</td>
<td>06/30/2016</td>
<td>1234560000</td>
</tr>
</tbody>
</table>

Other Details

Secure Communication
Review previously sent messages or send new secure messages.

Your Member Claims

Medical/Dental

There are no claims for this member.

View more claims for this member

Your Member Authorizations

Submit an Authorization
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid FFS</td>
<td>09/01/2016</td>
<td>09/30/2016</td>
<td>0000000000</td>
</tr>
<tr>
<td>XIX HOSP SVC</td>
<td>09/15/2016</td>
<td>09/30/2016</td>
<td>0000000000</td>
</tr>
<tr>
<td>XIX HOSP R&amp;B</td>
<td>09/15/2016</td>
<td>09/30/2016</td>
<td>0000000000</td>
</tr>
<tr>
<td>XIX NF</td>
<td>09/01/2016</td>
<td>09/15/2016</td>
<td>0000000000</td>
</tr>
</tbody>
</table>

Other Insurance Detail Information
Secure Web Portal – Creating a Prior Authorization

Create Authorization: Step 1

* Indicates a required field.

Requesting Provider Information

General Provider Header Instructions

Provider ID

ID Type  NPI  Name

Member Information and Authorization Type

General Member and Auth Type Instructions

*Recipient ID: 000001234567

*Last Name: Poppins

*First Name: Mary

*Birth Date: 01/01/1900

*Authorization Type: M/S Inpatient

Facility Information

General Facility Header Instructions

Select from Favorites

*Provider ID

*ID Type

*Name

Add to Favorites

*Facility Type: Hospice (hospital based)

Continue  Cancel
## Secure Web Portal – Recipient Diagnosis Information

### Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed. Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Click to collapse.</td>
<td><em>Diagnosis Type: ICD-10-CM</em></td>
<td><em>Diagnosis Code θ</em></td>
</tr>
</tbody>
</table>

- **Add**
- **Cancel**

### Bed Information

Click ‘+’ to view or update the details of a row. Click ‘-’ to collapse the row. Click Copy to copy or Remove to remove the entire row.

<table>
<thead>
<tr>
<th>From Date</th>
<th># of Days</th>
<th>Through Date</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Click to collapse.</td>
<td><em>From Date θ</em></td>
<td><em># of Days</em></td>
<td><em>Code Type: Revenue</em></td>
<td><em>Code θ</em></td>
</tr>
</tbody>
</table>

- **Add**
- **Cancel**
Secure Web Portal – Adding Attachments (Forms)

To include an attachment electronically with the Inpatient prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

Prior Authorization Forms

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Transmission Method</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Upload File</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Attachment Type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add  Cancel
Secure Web Portal – Confirmation Page
Prior Authorization – Tracking Number

Authorization Receipt Page

The Authorization Receipt page will display the Authorization Tracking number; this number is used to track your authorization in the portal.

Authorization Receipt

Your Authorization Tracking Number 200002 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.
General Authorization Receipt Instructions

Print Preview  Copy  New
Resources
Additional Resources

- For forms, including the new FA-95 form: https://www.medicaid.nv.gov/providers/forms/forms.aspx
- For EVS General Information: https://www.medicaid.nv.gov/providers/evsusermanual.aspx
- Chapter 3200 of the Medicaid Services Manual and Fee Schedules located on the DHFCP website: dhcfp.nv.gov

DHCFP CONTACT INFORMATION:
Rosanne Hoff
Health Care Coordinator III RN | Nursing Facilities Unit Supervisor
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy | Long Term Services & Supports
1100 E. William Street, Suite 222 | Carson City, NV 89701
T: (775) 684-3757 | F: (775) 687-8724 | E: rhoff@dhcfp.nv.gov
Contact Nevada Medicaid
Customer Service

Customer Service Center
Telephone: 877-638-3472

EDI Help Desk
877-638-3472
EDI, option 2, then select option 0 and then select option 3 to speak with an EDI Coordinator
Contact Us — Nevada Medicaid
Prior Authorization

Customer Service Telephone: 877-638-3472

Prior Authorization Telephone: 800-525-2395
Contact Nevada Medicaid
Provider Training — Field Service Representatives

Contact the Provider Training Unit Team Territories

Upcoming Training Events 2017 Provider Training Registration Website

Provider Services Email Us NevadaProviderTraining@dxc.com

Onsite training
Virtual instructor-led
Self-paced Web-based course
Thank You