

# Hospice Eligibility

For access to this presentation, please visit: [www.mmis.georgia.gov](http://www.mmis.georgia.gov). Provider Information - Provider Notices and select “Hospice Eligibility”



# Mission

## The Georgia Department of Community Health

**We will provide Georgians with access to affordable, quality health care through effective planning, purchasing, and oversight.**

***We are dedicated to a Healthy Georgia.***

# Agenda

- Hospice Services
- Hospice Certification
- Hospice Qualifications
- Medicaid Eligibility
- Forms
- Service Intensity Add-Ons
- Faxing Documents
- Contacts
- Questions and Answers

# Overview of Georgia Medicaid

## Related Entities:

- **Georgia Department of Community Health (DCH)**

The DCH is designated by the Official Code of Georgia (OCGA) as the single state agency to administer Medicaid. The DCH is the lead planning agency for all health issues in the state, such as health care policy, purchasing, and regulation.

- **Division of Family and Children Services (DFCS)**

The DFCS is responsible for welfare and employment support, protecting children, foster care, and other services to strengthen families. Cooperation with the DFCS is a requirement of receiving certain types of Medicaid. Medicaid is a program that provides health care services to individuals that meet the requirements for income, resources and citizenship.

Individuals may apply for Medicaid at any local DFCS office, by mail, by telephone (1-877-423-4746), or online at [compass.ga.gov](https://compass.ga.gov).

# Overview of Georgia Medicaid

*(continued)*

## Related Entities:

- **DXC Technology (formerly Hewlett Packard Enterprise)**

DXC Technology serves as the fiscal agent for Medicaid and PeachCare for Kids®, which includes providing site updates and maintenance to the GAMMIS portal.

For the quickest response, send an inquiry through the Contact Us page of the GAMMIS Portal.

# Hospice Services

- Hospice services are forms of palliative medical care designed to meet the physical, social, psychological, emotional, and spiritual needs of terminally ill individuals and their families.
- Must be Medicaid eligible.
- Certified as terminally ill with a medical prognosis of life expectancy of six months or less.

# Hospice Certification

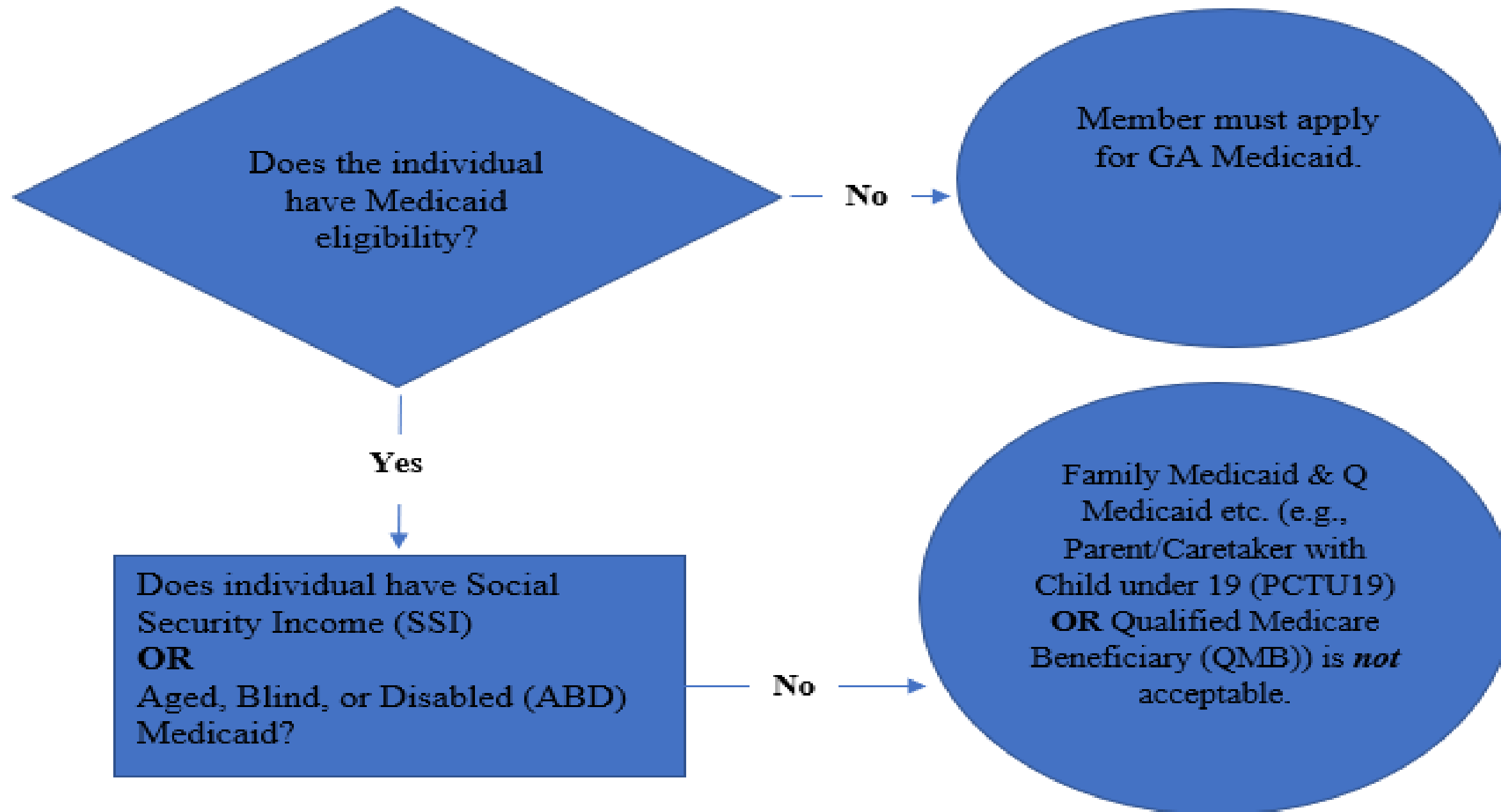
- The certified benefit periods are two initial periods of 90 days each, and subsequent 60 day periods.
- A single election remains in effect through the physician certified benefit periods if the individual does not revoke or discharge out of hospice.

# How does one qualify for Hospice?

- Physician certifies terminal illness of individual with a prognosis of six months or less to live.
- To certify, the attending Physician or Medical Director must sign and date the completed Hospice Election: DMA-579, Hospice Communicator: DMA-527A and DMA-59 (For NF Residents only) forms.



# Medicaid Eligibility





# Medicaid Eligibility

(continued)

## **\*Please Note\***

Member is *not* eligible for Hospice services without **SSI** or an **ABD Medicaid**.

The only time DXC Technology can apply a lock-in without ABD Medicaid, is if the member is SSI Medicaid.

# What aid categories should one look for when verifying Hospice eligibility?

## **ABD Medicaid aid categories:**

280 = Hospice (aged)

281 = Hospice (blind)

282 = Hospice (disabled)

289 = Institutional Hospice (aged)

290 = Institutional Hospice (blind)

292 = Institutional Hospice (disabled)

## **SSI Medicaid aid categories:**

301 = SSI (aged)

302 = SSI (blind)

303 = SSI (disabled)

# Scenario

Mrs. Harris has elected to receive Hospice services and has TXIX with a Family Medicaid aid category (e.g., Low Income Medicaid 104). The provider is receiving a claim denial stating the member is not eligible for Hospice.

Has all necessary documentation been completed legibly signed, sent to both the DFCS and DXC Technology within the 30-day timeframe?

Has it been 14 days after submission of documentation?

**If so, what is my next step?**

Contact your DFCS district administrator for assistance with the concern: **(Reference new Document on GAMMIS)**

# Scenario

(continued)

District	Counties	Administrator
District 1	Catoosa, Chattooga, Cherokee, Dade, Fannin, Gilmer, Gordon, Murray, Pickens, Walker, Whitfield, Bartow, Douglas, Floyd, Haralson, Paulding, Polk, Cobb	Erin Byrd 706-273-1626 Erin.byrd@dhs.ga.gov
District 2	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White, Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, Walton, Jasper, Gwinnett	Barbara Watkins 706-716-2967 Barbara.Watkins@dhs.ga.gov
District 3	Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Pulaski, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox, Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh	Karen Wilkes 912-532-2939 Karen.Wilkes@dhs.ga.gov
District 4	Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson, Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster, Clayton	Machel Harris 770-460-2581 Machel.Harris@dhs.ga.gov
District 5	Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth, Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware	Christy Taylor 229-254-2615 Christy.Taylor@dhs.ga.gov
District 6	Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Putnam, Twiggs, Wilkinson, Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes	Jennifer Rich 706-871-8885 Jennifer.Rich@dhs.ga.gov
District 7	DeKalb, Fulton	Antonio McMillan 770-774-7662 <a href="mailto:Antonio.McMillan@dhs.ga.gov">Antonio.McMillan@dhs.ga.gov</a>  Marcus Mizell 404-206-5588 Marcus.Mizell@dhs.ga.gov

# Medicaid Eligibility

## **\*Please Note\***

If aid categories are not being updated timely, provider is to address concern on their local bi-weekly DFCS District provider calls.

Member eligibility status can be confirmed on GAMMIS by selecting the “Member Eligibility Tab”.

# Providers are encouraged to join the bi-weekly DFCS District meetings.

DFCS District ABD Provider Call Schedules					
District	Weekday	Time	Phone Number	Access Code	Frequency
1	Friday	1:00pm-2:00pm	877-848-7030	1122990#	Bi-weekly
2	Wednesday	11:30am-1:00pm	866-434-5269	9155832#	Bi-weekly
3	Tuesday	2:00pm-3:00pm	888-398-2342	7806346#	Bi-weekly
4	Wednesday	1:30pm-3:30pm	888-808-6929	5198607#	Bi-weekly
5	Wednesday	9:30am-11:00am	888-363-4734	3525342#	Bi-weekly
6	Friday	3:00pm-4:00pm	888-808-6929	5483080#	Bi-weekly
7	Tuesday	11:00am-12:00pm	877-336-1839	7977279#	Bi-weekly

# Scenario

If a provider gets a referral for a member that does not have a Social Security number (e.g., immigrant) how can they apply for Medicaid?

To be eligible for Medicaid the patient **must** be a U.S citizen or a legal resident for five years or more.



# Forms

## SSI Medicaid

Has the agency submitted the initial Medicaid DMA-579, DMA-527A and DMA-59 (For NF Residents only) to both DFCS and DXC?

**Yes**

DXC will apply the Hospice lock-in.

## ABD Medicaid

Has the agency submitted the initial Medicaid DMA-579, DMA-527A and DMA-59 (For NF Residents only) to both DFCS and DXC?

**Yes**

DFCS will apply the appropriate Aid category.

**Yes**

DXC will apply the Hospice lock-in.

# Medicaid Eligibility

*(continued)*

**\*Please Note\***

The Medicare election and certification(s) are required for Medicaid Nursing Facility room and board reimbursement.



# Medicaid Eligibility

(continued)

## **\*Please Note\***

DXC Technology will communicate the status of documentation (e.g. confirming documents received, noting reason(s) for lock-in denial etc.) by mailing a *Member Enrollment Acknowledgement Letter* to the provider. The Acknowledgement Letter is used as proof of timely submission.

Election forms received past the **30-day timeframe** are to be approved on the date of receipt.

# What if the member expires before achieving hospice eligibility?

(continued)

- Member will not receive a Hospice Eligibility update from DFCS.
- Provider should submit lock-in request to DXC Technology for the expired member, as would a normal lock-in request.
- Forms must be *complete, legibly signed, and submitted within 30 days of the member electing to receive Hospice services.* *\*Hospice Lock-In's following Date of Death (DOD) banner posted on 08/31/18\**

# What if the member expires before achieving hospice eligibility?

*(continued)*

## **\*Please Note\***

Providers are encouraged to notate that the member has expired, eligibility will not be updated, and the member needs a lock-in from first date of service through the date of death.

# Service Intensity Add-On (SIA)

*(continued)*

**The last rate is the Service Intensity Add-on (SIA) rate, which is the add-on rate that is billed during the last seven days of life.**

- The SIA service should not be submitted on a claim with other Hospice Services.
- Only one SIA claim is allowed per member for all end-of-life SIAs during the last 7 days of life.
- Multiple SIA claims are not allowed for the same member.
- The SIA must have a distinct DOS, i.e., providers cannot bill multiple days on a single detail line. Multiple detail lines may be billed on a single claim.
- Only Patient Discharge Status (PDS) 40, 41, or 42 may be used for SIA claims.
- The Through Date of Services (TDOS) on an SIA claim must equal the member's DOD.
- The SIA Service is limited to 16 units (4 hours) per day.

# Hospice Reimbursement

(continued)

Pricing Period	Rev Code	Modifier	Days	Rate
Routine Home Care	651 With procedure codes (Q5001-Q5010)	N/A	1-60	Higher
Routine Home Care	651 With procedure codes (Q5001-Q5010)	N/A	61-up	Lower
Service Intensity Add-On	551 with Procedure Code G0299	RN	Last 7 days of life (billed in 15-minute increments)	Add-on (if applicable)
Service Intensity Add-On	561 with Procedure Code G0155	SW	Last 7 days of life (billed in 15-minute increments)	Add-on (if applicable)

# Is the member in a Nursing Home and electing Hospice mid-month?

(continued)

## Eligibility

- Nursing Home Medicaid always takes priority and carries the full month.
- A Hospice eligibility update will occur the first day of following month.

## Lock-in

- Lock-in's will be applied on the date that the member elects hospice, given that all documentation was *complete, legibly signed, and submitted within 30 days of the member electing to receive Hospice services.*



# Is the member in a Nursing Home and electing Hospice mid-month?

*(continued)*

## **\*Please Note\***

- Providers must bill for dates of services rendered only (e.g. no span billing).
- Providers should not wait for Hospice eligibility updates to bill for services rendered.

# Scenario

*(continued)*

The member has Nursing Home Medicaid for the month of April. On April 17 the member elects Hospice (mid-month). The Nursing Facility billed for the entire month of April and received payment.

The Nursing Facility must adjust their claims to reflect only the dates that services were rendered (April 1<sup>st</sup> – 16<sup>th</sup> )

Hospice should bill from April 17<sup>th</sup> – ongoing.

# Faxing Documents to Member Services at DXC Technology

## When faxing documents:

- Must have the Member ID
- Ensure all forms are completed correctly and are legible
- Diagnosis must be clear
- Provider IDs are correct on forms
- Member Services Fax number: 1-866-483-1044

# Policy Information and Updates

- Submission of the Hospice Referral Form DMA-521A for pediatric services is no longer required by non-hospice providers when rendering services for care not related to the *terminal illness*. This includes non-related services (services non-related to the Hospice diagnosis) and Concurrent Care (non-palliative services).
- This change was effective August 1, 2019 for Children from ages 0 to 21 (20 years + 11 months).

## Check for Updates Frequently

- Refer to the Provider Message Center on the secure web portal for the most up-to-date information concerning policy changes, GAMMIS information, and upcoming workshops.
- Refer to Provider Notices under the Provider Information tab on GAMMIS for provider communication messages.

## Check Quarterly Updates

- Refer to the Part II policy manuals on GAMMIS.
- It is not necessary to log in into the secure area of GAMMIS to view this information.

# Contact Sources

## ***DCH***

- Hospice Policy clarifications
- Appeals for Administrative Review

## ***DFCS***

- Administer Ga Medicaid
- Aid category updates
- Eligibility clarifications

## ***DXC***

- Claims processing
- Administer lock-ins
- Provider training

# Contacts

**Medicaid/ Policy and Provider Services  
Shuntae Lawrence, M.J.**

**Program Specialist**

**[shuntae.lawrence@dch.ga.gov](mailto:shuntae.lawrence@dch.ga.gov)**

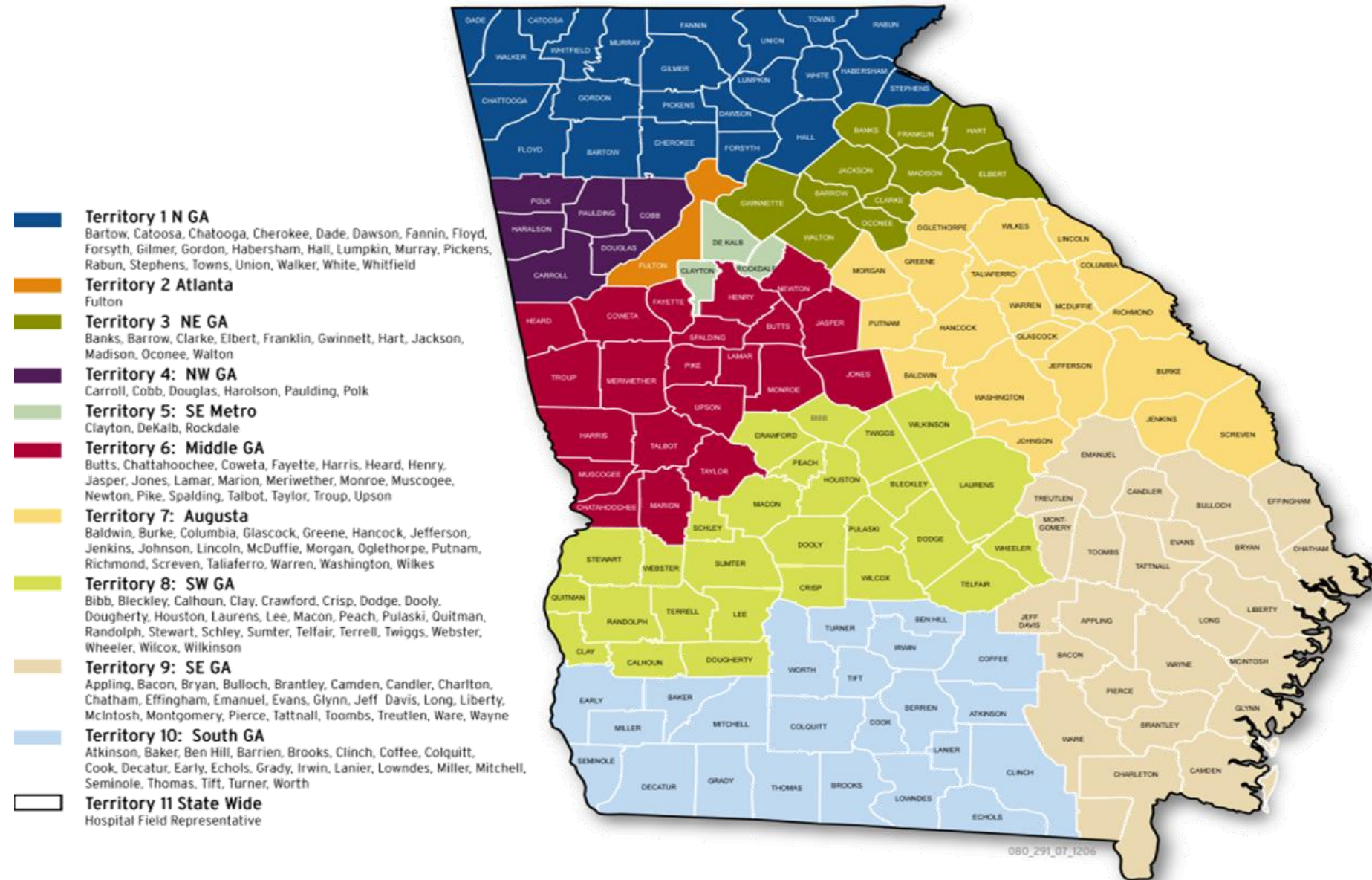
**404-657-9946**

**DXC Technology Provider Services Contact Center (PSCC)**

**1-800-766-4456**

**DXC Technology Field Service Representative Submit a *Contact Us*  
request via GAMMIS [www.mmis.georgia.gov](http://www.mmis.georgia.gov)**

# Georgia Field Territories



# Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Vacant
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Vacant
6	Middle Georgia	Deandre Murray (interim)
7	Augusta	Ebony Hill (interim)
8	SW Georgia	Jill McCrary
9	SE Georgia	Kara Ward
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin



# Provider Relations Field Services Representatives

*(continued)*

## State-Wide Consultants

Brenda Hulette

Sharée C. Daniels

Anita Hester

# Contact Us (Secure)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS  
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

DXC technology

Search

Refresh session | You have approximately 16 minutes until your session will expire. Friday, October 06, 2017

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide

EDI | Pharmacy | HFRD

Home Publication Search Site Map Site Settings Language Selection

★ GAMMIS:Home <- Bookmarkable Link ★ Click here for help and information about bookmarks

(click to show) Alert Message posted 10/5/2017

User Information

Login/Manage Account Login

Members

- Register for Secure Access
- Member Information

Providers

- PIN Activation
- Provider Information

Upcoming Events

ICD-10 Implementation Announcement - DXC Technology will begin accepting ICD-10 diagnoses and surgical procedures on October 1, 2015. Per the federal mandate, claims submitted for services rendered on or after October 1, 2015 must include ICD-10 codes. Claims submitted for services rendered before October 1, 2015 must continue to include ICD-9 codes. Refer to the UB 04 billing manual for ICD-10 rules specific to this claim type. ICD-10 has no direct impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). Please continue to review the announcements provided on the Provider

# Contact Us

(continued)

## Georgia Medicaid Home

Jane Doe

, Welcome to Georgia Medicaid

### Applications

Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a>	Web Portal





# Contact Us

(continued)

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) website. At the top left is the Georgia Department of Community Health logo. In the center is the GAMMIS logo. At the top right is the DXC Technology logo. A blue navigation bar contains a 'Search' button and a session expiration message: 'Refresh session | You have approximately 16 minutes until your session will expire.' The date 'Friday, October 06, 2017' is shown on the right. Below the navigation bar is a menu with links: Home, Contact Information (highlighted with a red arrow), Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. Further down are links for Home, Publication Search, Site Map, Site Settings, and Language Selection. A bookmarkable link for 'GAMMIS:Home' is provided. An alert message box states '(click to show) Alert Message posted 10/5/2017'. Below this is a 'User Information' section with a 'Login/Manage Account' button and a 'Login' button. The main content area is divided into two columns. The left column has sections for 'Members' (with links for 'Register for Secure Access' and 'Member Information') and 'Providers' (with links for 'PIN Activation' and 'Provider Information'). The right column is titled 'Upcoming Events' and contains an announcement about ICD-10 implementation starting October 1, 2015, noting that claims must include ICD-10 codes and that ICD-9 codes will continue to be accepted for services rendered before October 1, 2015.

# Contact Us

(continued)



# Contact Us

(continued)

Select Contact Information and Contact Us

Select a Type of Inquiry item > Select a Contact Method > Choose submit

Requests Requiring PHI

**NOTE:** If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit

cancel

Contact Information

How can we help you?

Select an Item\*

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method\*

Last Name, First Name

Phone Number, Ext

Claim Status Inquiry

Eligibility Inquiry

Contact My Provider Service Rep

Provider Enrollment

Request a Provider Rep Visit

ICD-10 Inquiry

Favors Review Inquiry

MAPIR Inquiry

Web Registration

Member ID Cards

Member PCP Assignments

Customer Service

Complaint about a Provider

Complaint about a Member

Other Complaint

Having a Technical Problem

Other

EDI Submission Problem

Provider PIN Issue

?

^



# Contact Us

(continued)

## The following messages were generated:

Your request has been processed. Your tracking number is 20763193.

Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

## Contact Information



How can we help you?

Select an Item\*

Contact My Provider Service Rep



Enter Category Details

How can we help you?

test



How do you want to be contacted?

Contact Method\*

Telephone



Last Name, First Name

HP

test

Phone Number, Ext

(800)766-4456

# Questions?