

Hospice Refresher December 2024 Questions and Answers

If a client has a managed plan, does SCDHHS provide authorization for hospice? For example, if they have Absolute Total Care.

Yes. Authorization for hospice services should be requested through Acentra Health. Members will be disenrolled from their managed care plan and placed into Healthy Connections Fee For Service upon receipt of the hospice election form.

Can you set the portal up to allow more than 19 pages?

Acentra Health has recently adjusted the data limit for providers to submit via the portal. Please keep in mind, however, the only documents needed for your review are the 149 Election Form, 151 Certification/Recertification, Plan of Care and the most recent clinical information. (examples include progress note from the date of or day before admission to hospice, discharge summary, most recent assessment, etc.). We do not need months of clinical history. If we do need anything else, we will reach out to you.

Why not change/update the policy manual to reflect actual processes that have been in place since the 1990s?

SCDHHS is currently in the process of reviewing policies and procedures.

How can agencies submit forms that the patient and the MD has to sign PRIOR to providing services???

If the patient chooses to elect hospice and the nurse goes to the home, performs the assessment, and obtains the signed 149 form, it would be expected the request for authorization be submitted that day (via fax or portal). If the case is submitted without the 151, Acentra Health will pend the request back to the provider asking for the document and any other information needed. If the document is not received within the 2 business days for pended reviews, Acentra Health will administratively deny the case for lack of required documentation.

Verbal orders may be submitted with the authorization requests. Per SCDHHS Hospice Service Provider Manual, page 16:

"For the first election of hospice coverage, the hospice must obtain, no later than two calendar days after hospice care is initiated, written certification statements signed by the medical director or the physician member of the hospice interdisciplinary team...."

How can we submit the 149 and 151, nursing assessment etc. PRIOR to admitting the patient? A nurse cannot assess a patient and perform care PRIOR to admitting the patient to hospice care.

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A nurse cannot conduct a physical assessment on a patient without them being admitted. We cannot develop a POC without performing a physical assessment. You are requiring a POC be submitted PRIOR to performing care. Please advise??

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The current manual is dated 2019. Providers were not notified in 2019 or ever that the policy manual had been changed. The prior manual allowed 10 days post admission for paperwork.

The policy manual on the SCDHHS website is dated July 19, 2019 and has not changed since that time. It is always recommended that providers frequently visit the SCDHHS website to check for updates, review policy manuals, read notifications and bulletin. Providers may also subscribe to updates under the Communication Section of the SCDHHS website.

For a prior auth before services are provided - how can we provide form 151 before services as that is the physician stating prior to assessment that the patient is certified terminally ill or how can the POC be completed if not admitted to service. How are we to provide signed documents prior to seeing the patient?

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How can a patient sign an election unless they have been seen? Or CTI/POC? If we see the patient it is no longer Prior Auth, so maybe it is just the way it is being worded. Are you saying there is still time granted for the documentation to be signed and submitted timely?

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KePro has been denying my authorizations because the Medical Director signed instead of the Attending Physician. However, a patient has the option not to choose an attending physician. If KePro is denying for this reason, does the SC Medicaid program have any documentation or guidelines that address this issue?

*For any case that was administratively denied solely due to **physician signature** since 10/1/2024 you may submit a reconsideration to Acentra Health, and we will take another look at the case.*

Previously, we had 15 days from the point of admission to submit an auth request and they were eventually approved. For the last month, KePro has denied the requests for timely submission. Again, is there documentation to support that stance?

Unfortunately, nowhere in the Hospice Services Provider Manual Dated July 2019 does it say a provider has 15 days to submit a request for authorization. Acentra Health has acknowledged cases were not being processed according to the provider manual, held conversation and discussion with SCDHHS and will now be following the rules stated in the Provider Manual. Page 17 of the provider manual outlines the timeframe for submitting authorization requests. As stated in the webinar, Acentra Health will begin upholding the rules and regulations 2/1/2025.

To clarify on the submission requirement effective 02/01/2025. Hospice certification and plan of care cannot be done until the patient is admitted to Hospice. How are we able to get authorization prior to services being done?

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If you are approving for 6 months. What is the process of submitting the recertification forms and clinical information? Do we need to open a new case or add the clinical documentation to the existing case?

If a case is approved for 6 months, there is no need to submit any addition documentation to Acentra Health during that authorization period – unless the member revokes or discharges. Within 15 days of the authorization expiring, the provider will submit a new case for continuation of services, if applicable, and at that time will submit the current certification form and relevant clinical information.

Will this power point be available for us?

Yes, the PowerPoint will be loaded to the Acentra Health web portal.

The plan of care includes medications, DME and medical supplies. does the authorization process mean that medications, DME, medical supplies and discipline visits are held until auth is received?

Acentra Health will render a determination no later than 5 business days (6 days if it must be referred to a physician reviewer) from the receipt of an authorization request. Each individual hospice agency will need to determine if/how they choose to deliver services to members during the time the authorization is being reviewed.

If the patient has an attending as well as the medical director, how would all required forms be signed and completed?? The attending would need time to review/sign. This would be an issue and I have recently had authorizations administratively deny, therefore, no reconsideration can be completed. Also, I have had prior authorizations deny but now are approving again within that "15" day window. Please explain.

*Current policy indicates If the patient has an attending and a medical director, the form must be signed by both physicians. For any case that was administratively denied solely due to **physician signature** since 10/1/2024, you may submit a reconsideration to Acentra Health, and we will take another look at the case.*

Acentra Health acknowledges the complexity of the situation and coordinated with SCDHHS to present the information in the Hospice Refresher webinar and will begin officially upholding the policy timelines 2/1/2025.

Please help me understand how to do this. For example, member admitted to hospice in the home on 12/16/24, "admitted" means the nurse goes to the home and does the assessment, has 149 signs, and gets hospice sat up. When do I need to go on the portal and request authorization? If I go by list you provided, the majority of the documentations and clinicals you are requiring will not be available until after the initial admission visits has been completed.

In this example, If the patient chooses to elect hospice and the nurse goes to the home, performs the assessment, and obtains the signed 149 form, it would be expected the request for authorization be submitted that day (via fax or portal). If the case is submitted without the 151, Acentra Health will pend the request back to the provider asking for the document and any other information needed. If the document is not received within the 2 business days for pended reviews, Acentra Health will administratively deny the case for lack of required documentation.

If member admits 12/16/24, I would have until 12/20/24 to go onto the portal and request authorization and upload all forms and information?

The Acentra Health web portal is available 24/7/365. If the member admits on 12/16/2024 it is expected the request for prior authorization be submitted that day.

Exactly when did the 15 days from first date of admission prior authorization requirement change to being on or before?

There has not been a change to the policy manual. We have been unable to locate anywhere in the Hospice Services Provider manual dated July 2019 where it says provider have 15 days from the first date of admission to submit a prior authorization. Please refer to page 17 regarding PA submission rules.

We were told because the 151 has an end date that we should not submit, or they will be unlocked if we do and only submit the 149.

Please contact the SC Help Desk at (855) 326 5219 or scproviderissues@acentra.com for further assistance regarding this statement. We need more context to be able to assist.

Regarding the Plan of Care submitted at time of requesting authorization. Will a certified verbal order be accepted as it typically takes the Hospice Medical Director a few days to sign.

The plan of care should be submitted with the authorization request. Verbal orders may be submitted with the authorization requests. Per SCDHHS Hospice Service Provider Manual, page 16:

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Is the prior auth request still based on business days or are weekends included in counting the number of days?

Authorization determinations are made within 5 business days(6 if it has to be referred to the physician reviewer) from receipt of the case.

How quickly will the prior auth be approved?

Acentra Health will render a determination no later than 5 business days from the receipt date (6 if it must be referred to the physician reviewer for determination).

What type of documentation will be required for approval of an emergency/urgent situation?

The required documentation is the same for all hospice cases. Election Form, Certification Form, Care Plan, and relevant clinical information documenting patient's condition. Specifics can be found in the Hospice Services Provider Manual, page 15.

For the initial request how far back should the clinical information go?

There is no specific timeframe of "how far back clinical should go," however, the information should be recent and clearly outlining the patient's condition and decline to support hospice needs. Typically, if admitting from a hospital setting the D/C summary or daily progress note is sufficient that shows the physician's recommendations, most

recent labs/vitals. If admitting from an outpatient referral like oncology or cardiology recommendations, the most recent office notes outlining the patient's diagnosis, history and prognosis should be submitted. Timeframes should be day of referral, up to 30 days.

For Medicaid pending patients when do we submit forms for Auth and to the State? upon admission or once Medicaid is active?

Providers are not able to submit an authorization request to Acentra Health until a member has ACTIVE Medicaid. While in the pending status, a provider may submit forms directly to SCDHHS. When the member's Medicaid becomes active, a provider may submit a retrospective case to Acentra Health for authorization.

Is a new request needed for a patient with a break in service?

Yes. Anytime a member revokes or is disenrolled during an election period, the Revocation or Disenrollment form must be sent to Acentra Health and SCDHHS. The member will forfeit the remaining days of the election period. Acentra Health will update the current authorization with the end date. If/When the member elects hospice services again, a new authorization will need to be obtained, with updated forms.

I was told Medicaid will be starting F2F before patient goes in the third benefit period?

Currently, Medicaid does not require a Face-to-Face visit. (Medicare requires Face-to-Face visits)

Will there be any workshops for prior authorization, medical billing, and claims that will be available online for next year 2025 for Acentra or SCDHHS websites. When I checked the calendar, there were only workshops available on-site.

Acentra Health will be holding webinars again in 2025 for information related to prior authorizations and our web portal, Atrezzo. Announcements will be placed on the web portal and

sent through fax and email notifications.

SCDHHS provides various education opportunities through their online training resources found at [Healthy Connections Medicaid E-Learning \(https://medicaidelearning.remote-learner.net\)](https://medicaidelearning.remote-learner.net)

Is it possible to send a clinical note with all the patient's diagnosis, information, etc. or is there a specific document that it must be on?

If a provider uses the web portal to submit a case, the system prompts you to submit the information in the required format and documents may then be uploaded. If submitting a new case by fax, please use the Hospice Prior Authorization Request form – fill out completely and submit along with the required forms and clinical documentation. The Prior Authorization Request form can be found at SCDHHS.Acentra.Com

So we have to submit the 149, 151, etc. within 5 days of admission.

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