



COMMISSIONER  
James R. Hine

April 29, 2005

**To:** Hospice Providers  
Nursing Facility Providers

**Subject:** Long Term Care (LTC)  
Hospice Provider Letter No. 05-20  
Dually eligible and Medicaid hospice nursing facility recipients, the Initial Home and Community Support Services Agencies (HCSSA) survey, and submission of hospice forms when contracts are not valid.

This letter updates the May 5, 2004, hospice and nursing facility Provider Letter 04-03. The Department of Aging and Disability Services (DADS) has received requests for clarification regarding the provision of Medicaid hospice services to Medicaid-eligible individuals residing in a nursing facility (NF), billing for those services, and the requirements of the initial Home and Community Support Services Agencies (HCSSA) survey.

**The procedure for obtaining a Medicaid contract is:**

1. An interested provider must become a licensed HCSSA with a hospice license. Any Medicaid-eligible individual may be part of the initial HCSSA survey (Appendix M, Survey Procedures-Hospice, Revision 265, page M-3, Types of Surveys).
2. Once licensed, the provider must obtain certification from the Centers for Medicare & Medicaid (CMS).
3. Once licensed and certified, the provider must obtain a Medicaid hospice contract. Licensed and certified providers may provide hospice services to an individual in a NF without a Medicaid contract. However, to receive Medicaid payment for services provided to Medicaid-eligible individuals, hospice providers must have a Medicaid hospice contract with DADS (Medicaid Hospice Standard §30.30, Requirements for Participation as a Medicaid Hospice Provider). To obtain a contract application packet, contact Institutional Services at (512) 438-2546.
4. Medicaid hospice providers must submit Medicaid hospice eligibility forms: Medicaid Hospice Election Form 3071, and Medicaid Hospice Physician Certification for Terminal Illness Form 3074, to Provider Claims Services to initiate payment for services. The forms cannot be submitted to Provider Claims Services until the hospice provider has a fully executed Medicaid hospice contract with DADS. **Any forms received by DADS from hospice providers without a fully executed Medicaid hospice contract will be returned to the hospice provider and neither hospice per diem nor room-and-board payments will be made.**

No Medicaid hospice payment will be made for services provided before all three of the following requirements are met:

1. **The hospice has a Medicaid hospice contract with DADS. DADS suggests that a copy of the Medicaid contract be shared with the NF.**
2. The NF and hospice sign a contract; **and**
3. The individual elects the Medicaid hospice benefit.

If the NF agrees to contract with the hospice provider, the NF will continue to bill Medicaid directly until all three requirements are met.

If you have any questions, please contact Maxcine Tomlinson, Medicaid Hospice Program Specialist, at (512) 438-3169.

Sincerely,

*Signature on file*

Barry Waller  
Assistant Commissioner  
Provider Services

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