



Date: August 1, 2019

To: Medicaid Hospice Providers

Subject: Information Letter No. 19-14 **(Revised August 29, 2019)**
RHC First 60 Days
Recoupment of Overbilling on Routine Home Care First 60 Days

The purpose of this letter is to inform Medicaid hospice providers that HHSC intends to review billing for routine home care (RHC) and recoup overbilling at the higher RHC rate. On January 1, 2016, HHSC implemented the changes the Centers for Medicare and Medicaid Services authorized to the RHC rates in the "FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements" published August 6, 2015, 80 Fed. Reg. 47142. These changes authorize hospice providers to bill at a higher RHC rate for days 1 through 60 of an individual's initial hospice election. The RHC rate for days 61 and later is a lower RHC rate.

HHSC Information Letter No. 15-79 lists the requirements for billing at the higher RHC rate. These requirements are as follows:

- The day is an RHC level of care day.
- The day occurs during the first 60 days of an election.
- If an individual receiving hospice service is discharged and readmitted to Medicaid Hospice within 60 days of the discharge, the previous hospice days will follow the individual and count toward the individual's initial 60 days of hospice service. The total number of days the individual received hospice service will be used to determine whether the hospice may claim the higher or lower RHC rate.
- If an individual receiving hospice services is discharged from hospice and remains off hospice service for more than 60 days, the re-election of hospice services resets the individual's 60-day window payable at the higher RHC rate; and
- The hospice provider, based on a conversation with the individual or the individual's representative, is required to determine if and when the individual had a prior hospice election to determine whether the hospice provider may bill the higher or lower RHC rate.

HHSC created two billing codes for RHC, one for the higher rate and one for the lower rate. The billing code for the lower rate, which cover days 61 and later, is T0100. The billing code for the higher rate, which covers days 1 through 60, is T0101. Both of these billing codes are under Service Group 8 and Service Code 1.

Beginning October 1, 2019, HHSC will conduct retrospective reviews of RHC billing and seek to recoup overpayments that occurred because a provider billed for RHC at the higher rate for more than 60 days for one individual. HHSC will review all billing for RHC at the higher rate back to January 1, 2016. HHSC will conduct reviews on an ongoing basis. If HHSC identifies overbilling, HHSC will send the provider a letter identifying the overbilling and why the billing was in error. The letter will also include steps to file an appeal as well as contact information if the provider has questions.

If you have any questions or need additional information, please contact the Medicaid Hospice Utilization Review program by email at mhur@hsc.state.tx.us.

Sincerely,

Ryan D. Van Ramshorst, MD, MPH
Chief Medical Director
Office of the Medical Director
Medicaid & CHIP Services
Texas Health and Human Services Commission



Hospice Routine Home Care (RHC) First 60 Days Frequently Asked Questions

1. Question: When addressing the first 60 days, do we count calendar or business days?
Answer: Calendar days are always used to count the total number of days an individual has received hospice services.
2. Question: Which billing codes do I use?
Answer: Use T0101 for RHC days 1-60 and use T0100 for RHC days 61 and later.
3. Question: What is the payment rate, or where can it be found?
Answer: Breakdowns in rate by county can be found at the Texas HHS link below, in the Payment Rate Information section. Link:
<https://rad.hhs.texas.gov/long-term-services-supports/hospice>
4. Question: Who authorized the change to the RHC rate?
Answer: The Centers for Medicare and Medicaid Services (CMS) authorized the two different RHC rates in the "FY2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements" published August 6, 2015. On January 1, 2016, HHSC implemented the changes to the RHC rate.
5. Question: Why did CMS establish a higher and lower rate of RHC?
Answer: CMS increased the RHC rate for the first 60 days after a hospice election to help providers offset the higher costs of service at the beginning of a hospice election.
6. Question: When will the HHSC begin reviewing RHC billing at the higher rate?
Answer: Beginning October 1, 2019, HHSC will begin reviewing all RHC billing from January 1, 2016 to present.
7. Question: How will individuals or hospice agencies be selected for review?
Answer: HHSC will conduct the reviews by individual and will review all billing for RHC beginning January 1, 2016 to current. This applies to all Medicaid eligible individuals with paid claims for billing code T0101.

8. Question: How will hospice agencies be notified of any recoupment? Answer: If a hospice agency bills at the higher rate for more than 60 days for one individual, HHSC will send the hospice agency a recoupment letter identifying the individual, dates overbilled, and reason for recoupment. This letter will include contact information and appeal instructions.

9. Question: How do we know what rate to bill if an individual is discharged from hospice and then readmitted?

Answer: If an individual is discharged from hospice for any reason and is readmitted within 60 days of discharge, the individual's previous hospice days will follow the individual and count toward the individual's initial 60 days of hospice service. The total number of days the individual received hospice service will be used to determine whether the hospice may claim the higher or lower RHC rate.

If an individual is discharged from hospice for any reason and remains off hospice services for more than 60 days before being readmitted to hospice, the readmission resets the individual's 60-day window payable at the higher RHC rate.

10. Question: Will hospice agencies have the opportunity to appeal the recoupment determination?

Answer: Yes, hospice agencies will have the opportunity to appeal the recoupment. To appeal, you must make a request in writing, in the form of a petition or letter, which states the basis of the appeal. HHSC Legal Services must receive your written request to appeal within 15 days after you receive the recoupment letter. HHSC Legal Services contact information:

HHSC Legal Services
(W-615), Office of General Counsel
Texas Health and Human Services Commission
P.O. Box 149030
Austin, TX 78714

Fax: (512) 438-5759

11. Question: Where do we go for more information, or if we have a specific question or issue?

Answer: Please refer to the following:

- HHSC Information Letter 15-79:
<https://apps.hhs.texas.gov/providers/communications/2015/letters/IL2015-79.pdf>
- Texas HHS Rate Analysis:
<https://rad.hhs.texas.gov/long-term-services-supports/hospice>
- Long Term Care Quarterly Bulletin

Send any further questions to the Medicaid Hospice Utilization Review inbox at MHUR@hpsc.state.tx.