USER MANUAL

Hospice Recipient Enrollment

Department of Medicaid

Table of Contents

Introduction

This desk reference provides the steps and functions of completing an application in the PNM system for the enrollment of a hospice recipient. These applications, completed in PNM, are not applicable to managed care hospice service.

This training document also covers completing actions for the hospice enrollment application in PNM. These functions include:

- Hospice Enrollment Search

- Change of Hospice Provider

- Close Current Service Span for a Change of Provider

- Revocation

- Maintain Hospice Record

- Benefit Termination

*Anything mentioned as 'situational' in this document means that information may need to be filled out based on the recipient's situation. If information should be documented, be sure to enter that information in the pertinent section/field.

The Fiscal Intermediary (FI) will be the source of truth for recipient enrollment information and the PNM system will be the source of truth for provider enrollment information.

For a Provider Agent user to maintain hospice enrollments, the role/action *"Hospice Enroll Maintenance"* must be assigned to the Agent by the Provider Administrator for the Medicaid ID under which the hospice recipient enrollments are entered.

For a Provider Agent user to search for hospice enrollments, the role/action *"Hospice Enroll Search"* must be assigned to the Agent by the Provider Administrator for the Medicaid ID.

Provider User Initial Login

In this section of the user guide we will review the initial steps of logging into PNM. All users will log into the PNM system by using IOP (Innovate Ohio Platform).

Step 1: Visit the PNM web address: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx.

Step 2: Click **Log in with OH|ID**.
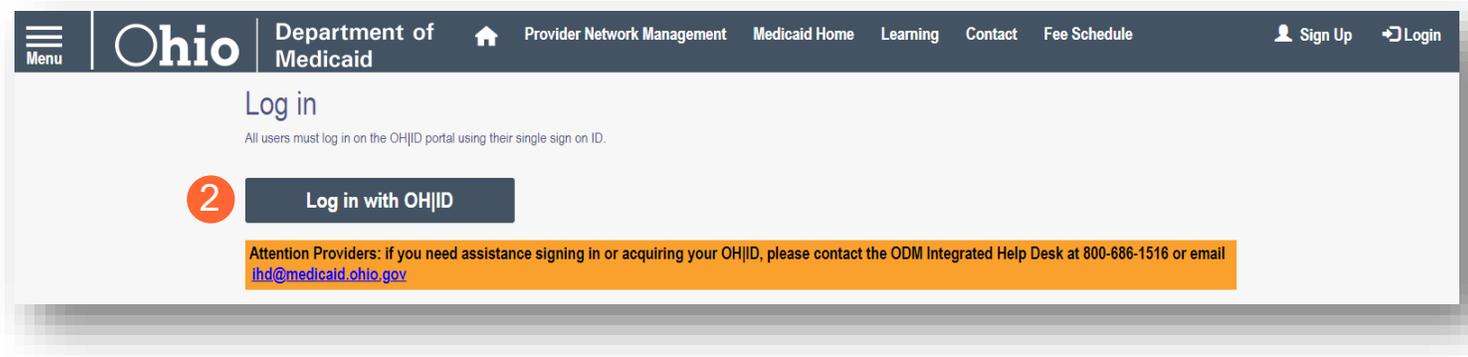
Step 3: The system will prompt you to enter your username and password on the IOP login screen. Once entered, click **Log in**.

- If you have not created an IOP account previously, you can click **Create Account** and follow the steps to create a new account.

Step 4: You will be redirected to the PNM system. Read the Terms of Use and click "Yes, I have read the agreement" to proceed into PNM.

Provider Home Page

There are two provider roles in PNM:

- **Provider Administrator:** *(Also known as CEO Certified for DODD)* A role assigned to a user in PNM that allows that user to create new enrollment applications, update provider records, and complete revalidations among other tasks. The Administrator role will also be able to grant accesses/actions to other users in PNM, known as Agents.
    - o There is one Administrator role per NPI/Medicaid ID. However, a single user with the Administrator role can administer to multiple providers (NPIs/Medicaid IDs).

- **Provider Agent:** *(Also known as Secondary User for DODD)* A role assigned to a user in PNM that allows that user to complete specific actions such as updating a provider record, revalidation, claims submission, prior authorization, the viewing of reports, etc. These actions are assigned to each Agent by the Administrator for the Medicaid ID.

A user must select a role the first time they log into PNM.
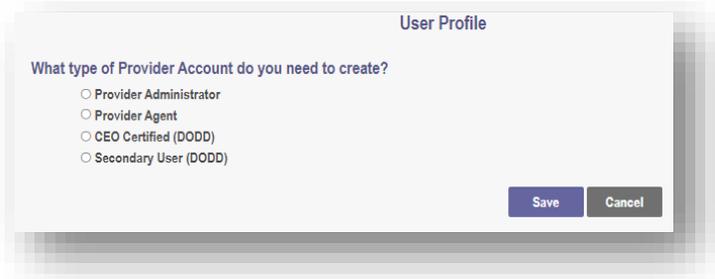
When you first login to the PNM system you will see a variety of buttons to help with administering providers. Some of the buttons, as indicated below, are only accessible to certain user roles.

Menu: The menu can be accessed by clicking on the three bars in the top left corner of the screen. The Menu provides a variety of key topics to choose from such as the Provider Directory, Learning Resources, and Contact Us (A).

Account Administration: This button allows a Provider Administrator to set up Agent users, assign them actions/roles, or transfer the Provider to another Provider Administrator user *(button only displays for users holding the Provider Administrator or CEO Certified role)* (B).

Excel and PDF Icons: These buttons allow you to export the list of providers appearing on your dashboard. Click the 'green' icon to export the list in an Excel format or the 'red' icon to export the list in a PDF format (C).

New Provider?: This button is used to start a New Enrollment Application (first time enrolling with ODM, ODA, or DODD) for any new Ohio Medicaid provider that you will be responsible for administering *(button only displays for users holding the Provider Administrator or CEO Certified role)* (D).

Accessing the Provider Self Service Panel

This section displays the necessary steps for accessing the Self Service functionalites for a provider file.

Step 1: From the Provider Homepage/Dashboard, click the hyperlink under Reg ID or Provider to manage the file of the Provider you wish to access.

Step 2: Under the Manage Application section, click the '+' icon to expand the Self Service Selections.

Step 3: Click the hyperlink for "Hospice."

Self Service

Self Service Selections:

View Provider File

Provider Correspondence

Remittance Advice

Recipient Eligibility

Claims

Prior Authorization

③ Hospice

Provider Financial Self Services

Alternative Payment Model Information

Search an Existing Enrollment

Step 1: To search for an existing Hospice enrollment, enter a Hospice Tracking Number or Medicaid Billing Number in the fields provided.

Step 2: Click **Search**.

Step 3: Results will display at the bottom of the page. Click the "Hospice Tracking Number" hyperlink to view the hospice enrollment details.

Note: Status displays as a letter (A):

- Complete (C) – *not yet processed by PNM.*
- Denied (D)
- Processed (P)

PNM does not allow an update to a denied (D) hospice record. A new application must be created if the previous application is denied.

Step 4: Review the hospice enrollment.

To expand a section, click the '+' icon or to collapse, click the '-' icon (A).

Hospice Application Action Type [New Enrollment ▼] (Changing this selection will result to loose unsaved data.)

④ - * RECIPIENT INFORMATION

Medicaid Billing Number : 108471444444	Date of Birth : 09/05/1948	Submission Date : 04/26/2024
Last Name : Trainer	Street Address : 2401 Ontario Street	County of Record :
First Name, MI : Tom	City, State, and Zip Code : CLEVELAND, OH 44115	

- * ENROLLMENT AND DISENROLLMENT

* Election Date: 02/01/2024	Disenrollment Date:

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed		

[Check Eligibility]

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

Benefit Line No	Benefit Period Type	Benefit Period	State Of Service	County of Service	Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	OH	FRANKLIN	02/01/2024	04/30/2024	

- * ATTENDING PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

- * HOSPICE IDG PHYSICIAN INFORMATION

Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	02/01/2024-04/30/2024	1699249250		02/01/2024	

Ⓐ + HOSPICE OTHER PAYER SPAN

+ HOSPICE EPISODE OF CARE

- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	A150			02/01/2024	04/30/2024	

- * HOSPICE PROVIDER SERVICE SPAN

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	02/01/2024-04/30/2024	ABOVE HOSPICE LLC	02/01/2024	04/30/2024	

+ HLTCF PROVIDER SERVICE

+ ATTACHMENT

- CONFIRMATION

|	
Application Submission Date : 04/26/2024	Hospice Tracking Number : 101029

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

[Submit] [Cancel]

HOSPICE RECIPIENT ENROLLMENT

Note: Hospice application actions appear at the top of the page, allowing you to initiate or complete different processes. Denied applications can be viewed but cannot have any action completed.
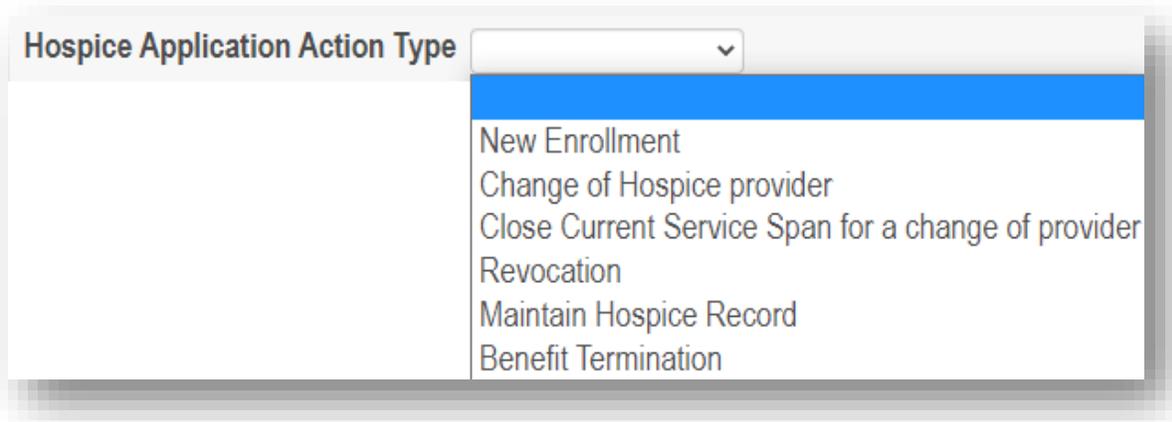
- If no previous hospice application is found, then the following action will display:

  - New Enrollment

- If the current provider searches and finds a previous application belonging to them, that is not in denied status or closed then the following Hospice Application Actions will display:

  - Close Current Service Span for a change of provider

  - Revocation

  - Maintain Hospice Record

  - Benefit Termination

- If the current provider searches and finds a recent application record, but belongs to a different provider and the application is not in denied status or closed, then the following Hospice Application Actions will display:

  - New Enrollment

  - Change of Hospice Provider

Note: When a hospice enrollment is closed due to benefit termination or discharge, limited updates can be made to the hospice enrollments under that hospice tracking number (HTN). If a hospice application is closed for any reason other than death, a new hospice application (new enrollment) can be created from the drop-

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	02/01/2024	04/30/2024	Processed	Death	

Check Eligibility

down options. If the hospice application has not been closed or terminated, updates can be made, and a new benefit period can be added.

Note: If the previous application is found but is deemed to be a closed hospice application with "Death" as reason for update under the last Benefit Period, PNM will only display "Maintain Hospice Record" as an action type. The existing record/data can be edited, however no new benefit period will be allowed.

Hospice Application Actions

The options that appear under the 'Hospice Application Action Type' are situational. Depending on the status or situation of the hospice recipient, all the actions mentioned in this section may not appear in the drop-down menu all at once.

Adding a New Enrollment

These steps cover the process of completing a new hospice recipient enrollment application if the recipient has never been enrolled in Medicaid Hospice (fee-for-service) or the previous enrollment was terminated or updated with a discharge reason.

Step 1: Enter a Medicaid Billing Number (12-digits) in the space provided.

Step 2: Click **Add**.

Provider Medicaid ID: 0463664   Provider NPI: 1740821982   Provider Name: Training Test

HOSPICE ENROLLMENT SEARCH

Hospice Tracking Number ⓘ   Medicaid Billing Number ⓘ

1   121212121212   ☐ This is a change of hospice provider.

Search   Clear   Add   2

Step 3: Enter the recipient's Date of Birth (DOB) or use the calendar to select the correct date.

Step 4: Click **Save**.

X

Please enter DOB of the Recipient

3   07/04/1976   Save   4

◄   **July, 1976**   ►

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Today: April 26, 2024

Step 5: Review the Recipient Information to ensure the correct recipient is displaying. This read-only information populates from the Medicaid Billing Number and Date of Birth that you entered. If the incorrect recipient is displaying, go back to the Hospice search screen to locate the correct recipient.

- * RECIPIENT INFORMATION		
Medicaid Billing Number : 108471444444	Date of Birth : 09/05/1948	Submission Date : 04/26/2024
Last Name : Trainer	Street Address : 2401 Ontario Street	County of Record :
First Name, MI : Tom	City, State, and Zip Code : CLEVELAND, OH 44115	

Note: If the Medicaid recipient has had a previous hospice enrollment and a new enrollment needs to be created to obtain a new hospice tracking number, 'New Enrollment' will need to be selected from the Hospice Application Action Type menu (A).

Hospice Application Action Type ▼

A New Enrollment
Change of Hospice provider
Close Current Service Span for a change of provider
Revocation
Maintain Hospice Record
Benefit Termination

If no previous hospice enrollment is found, PNM will default the application action to 'New Enrollment' and no other selections can be made.

Hospice Application Action Type New Enrollment ▼

Note: Some sections of the new enrollment applications are required sections. Any section or field, within the enrollment application, that displays an asterisk (*) is a required section/field to complete. To expand a section, click the '+' icon or to collapse, click the '-' icon.

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Step 6: Under the Enrollment and Disenrollment section, enter an 'Election Date.' This is the date that the patient elected hospice.

- * RECIPIENT INFORMATION		
Medicaid Billing Number : 108471444444	Date of Birth : 09/05/1948	Submission Date : 04/26/2024
Last Name : Trainer	Street Address : 2401 Ontario Street	County of Record :
First Name, MI : Tom	City, State, and Zip Code : CLEVELAND, OH 44115	

- * ENROLLMENT AND DISENROLLMENT		
6 * Election Date: [ ]	Disenrollment Date: [ ]	

Step 7: Under the Hospice Benefit Period section, the Benefit Period Type will auto-populate. Enter an Effective Date for the benefit period (the End Date will auto-calculate based on what you enter for the Effective Date, however this can be edited if needed).

Note: A 'Complete' status indicates that the information is complete in PNM.

Step 8: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- The **Check Eligibility** button will make a call to the eligibility section of PNM to determine if there is Medicaid eligibility for the dates in this benefit period (B).

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
7	First 90 days period	04/26/2024	7/24/2024	Complete	[▼]	Add New **8**

Check Eligibility

- * HOSPICE BENEFIT PERIOD

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	04/26/2024	07/24/2024	Complete		**A** Edit Delete
	Second 90 days period	[ ]	[ ]	Complete	[▼]	

Check Eligibility **B**

Step 9: Under the County and State Recipient's Hospice Service Location section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- State of Service *(required)*
- County of Service *(required)*
- Effective Date *(required)*
- End Date *(required)*
  - If you wish to divide the time between different locations, you can have the end date be sooner than the end date of the benefit period and then enter a second line for another location for the remaining dates.
  - If dates overlap, an error message will display.

Step 10: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to enter any additional locations.

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Step 11: Under the Attending Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician *(required)*
  - Click "Search" to lookup information if it is unknown.
- Oral Certification Date *(situational)*
- Written Certification Date *(required)*

Step 12: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).

- * ATTENDING PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1 ⌄	First 90 days period	04/26/2024-07/24/2024	1447836944 Search	04/22/2024	04/26/2024	Add New

⑪ ⑫

- * ATTENDING PHYSICIAN INFORMATION

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1447836944	04/22/2024	04/26/2024	Edit Delete
⌄			Search			Add New

Ⓐ

*Display of search panel (results display under the headings after entering criteria and clicking **Search**)*

NPI	Medicaid ID	Business/Last Name	First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name	

X

Step 13: Under the Hospice IDG (Interdisciplinary Group) Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician *(required)*
  - Click "Search" to lookup information if it is unknown.
- Oral Certification Date *(situational)*
- Written Certification Date *(required)*

Step 14: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1 ⌄	First 90 days period	04/26/2024-07/24/2024	1629577077 / Search	04/22/2024	04/26/2024	Add New

*- * HOSPICE IDG PHYSICIAN INFORMATION*

* Benefit Line No	Benefit Period Type	Benefit Period	* NPI	Oral Certification Date	* Written Certification Date	Action
1	First 90 days period	04/26/2024-07/24/2024	1629577077	04/22/2024	04/26/2024	Edit Delete
⌄			/ Search			Add New

*Display of search panel (results display under the headings after entering criteria and clicking **Search**)*

NPI	Medicaid ID	Business/Last Name	First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name	

'Situational' Section/Panel: Under the <u>Hospice Other Payer Span</u> section, enter or select the following:

- Payer Type
  - Medicare, Others, Self-Pay, Private Insurance
- Payer Name
- Effective Date
- End Date

Click **Add New** to add the line (A).

The line can be edited or deleted by clicking the corresponding button (B).

'Read-only panel': Under the Hospice Episode of Care section, no information needs to be entered. The following columns will display information after the enrollment is processed by PNM:

- Episode of Care
- First Date
- Last Date
- No of Calendar Days in Episode
- No of Benefit Days in Episode
- Date of 61st Days

HOSPICE EPISODE OF CARE					
Episode of care	First Date	Last Date	No of Calendar Days in Episode	No of Benefit Days in Episode	Date of 61st Days
1	04/26/2024	07/24/2024	90	90	06/26/2024

Step 15: Under the <u>Hospice Terminal Illness Diagnosis</u> section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- Primary Terminal Diagnosis Code (must be ICD-10) *(required)*
  - Click "Search" to look up code information if it is unknown.
- Terminal Diagnosis Code 2 *(if needed)*
- Terminal Diagnosis Code 3 *(if needed)*
- Diagnosis Effective Date *(required)*
- Diagnosis End Date *(required)*

Step 16: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional diagnosis information.

*Display of search panel (results display under the headings after entering criteria and clicking **Search**)*

Step 17: Under the Hospice Provider Service Span section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type, Benefit Period, Effective Date and End Date.)

Step 18: Click **Add New** to add the line.

- The Provider Name will auto-fill when the line is added.
- The line can be edited or deleted by clicking the corresponding button (A).

- * HOSPICE PROVIDER SERVICE SPAN

*Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024		04/26/2024	07/24/2024	Add New

- * HOSPICE PROVIDER SERVICE SPAN

*Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	Training Test	04/26/2024	07/24/2024	Edit Delete
						Add New

'Situational' Section/Panel: Under the HLTCF (Hospice Long Term Care Facility) Provider Service section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the provider *(required)*
    - Click "Search" to lookup information if it is unknown.
    - The Provider Medicaid ID and Provider Name will auto-populate after the NPI is entered.
- Effective Date
- End Date
    - If you wish to divide the time between different locations, you can have the end date be sooner than the end date of the benefit period and then enter a second line for another location for the remaining dates.
    - If dates overlap, an error message will display.

Click **Add New** to add the line (A).

Benefit Line No	Benefit Period Type	Benefit Period	Provider NPI	Provider Medicaid ID	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	04/26/2024-07/24/2024	1740387740 Search	0740740	DOE JOHN	04/26/2024	07/24/2024	Add New

Step 19: To include attachments to the New Enrollment, add those under the <u>Attachment</u> section:

This section is 'situational' to complete, meaning that attachments are not required to submit the hospice enrollment application. If you do have pertinent documents to attached, please follow the steps below.

- Click 'Choose File.'
- Locate the document on your computer.
  - The maximum allowable file size for a file upload is 10 MB.
  - Accepted File Types:
    - Word: doc, docx
    - Excel: xls, xlsx, xlsm, xlsx
    - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
    - PDF: pdf
    - Other: pi, ec, zip, csv, acrbak, msg

- Enter which Benefit Line Number the attachment belongs to.
- Select the Document Type from the drop-down menu:
  - Declaration of election of hospice benefit
  - Attending physician written certification
  - Revocation of hospice benefit
  - Statement of termination of hospice benefit
  - Selection of a different hospice provider
  - IDG written certification

Step 20: Click **Add New** to upload the attachment.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional attachments (B).
  - Up to 10 documents can be added.

Step 21: After all data has been entered, click 'Submit' at the bottom of the page.

- CONFIRMATION

Application Submission Date :   Hospice Tracking Number :

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

(21) Submit   Cancel

Note: After clicking 'Submit,' the Date of Application Update and Hospice Tracking Number (HTN) will display at the top of Confirmation section. The HTN will be needed for accessing the status of submitted enrollments.

- CONFIRMATION

Application Submission Date : 04/26/2024   Hospice Tracking Number : 101030

A confirmation message will also appear at the top of the page.

Hospice application is successfully submitted.

Note: It is possible error messages may display in PNM after clicking **Submit**. The error messages are located at the top of the page in PNM. Click on the error message displayed and PNM will take you to the section that needs to be updated and highlight the field (A).

Enrollment date is required.
County and State of Recipient's Hospice Location is required information panel.   (A)
Hospice IDG Physician is required information panel.
Hospice Attending Physician is required information panel

Hospice Application Action Type New Enrollment ▾

- * RECIPIENT INFORMATION

Medicaid Billing Number : 108471444444   Date of Birth : 09/05/1948   Submission Date : 04/26/2024

Last Name : Trainer   Street Address : 2401 Ontario Street   County of Record :

First Name, MI : Tom   City, State, and Zip Code : CLEVELAND, OH 44115

- * ENROLLMENT AND DISENROLLMENT

* Election Date: Disenrollment Date:

Close Current Service Span for Change of Provider
This action would be completed by the first/initial provider in a transfer situation.

If the hospice recipient will be changing providers and need to end the service span for the current provider, the first provider can complete this in PNM. Upon selecting the "Close Current Service Span for Change of Provider" action, all other lines/fields on the application will be grayed out, meaning the only panel that can be updated when selecting the above option is the Hospice Provider Service Span.

Step 1: Be sure to search for the existing enrollment first, then select 'Close Current Service Span for a change of provider' from the Hospice Application Action Type drop-down menu.
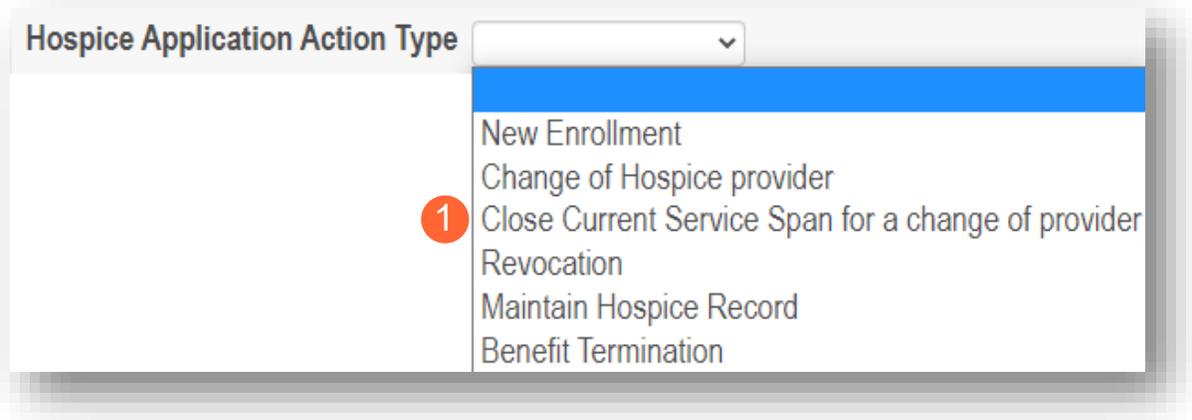
Step 2: Locate the current benefit under the Hospice Provider Service Span section of the recipient's enrollment application.

Step 3: Click **Edit** under the Action column.

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	SOUTHERN CARE INC	01/01/2022	03/31/2022	Edit

Step 4: Change the End Date to the date that service is ending with the provider.

Step 5: Click **Update** under the Action column.

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022		01/01/2022	2/25/2022	Update / Cancel

Step 6: The updated end date displays in the panel. Confirm the information is correct.

Benefit Line No	Benefit Period Type	Benefit Period	Provider Name		Effective Date	EndDate	Action
1	First 90 days period	01/01/2022-03/31/2022	SOUTHERN CARE INC	6	01/01/2022	02/25/2022	Edit

— * HOSPICE PROVIDER SERVICE SPAN

Step 7: Click **Submit** at the bottom of the page for the changes to take effect.

— CONFIRMATION

Date of Application Update :   Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

7 Submit   Cancel

Note: If the recipient is beginning service with a new provider, a new hospice enrollment application will need to be completed using that new provider's details.

Change of Hospice Provider
This action would be completed by the second/transferee provider in a transfer situation.

This action would be selected if the recipient has not consumed all days of the most recent benefit period span. If a transfer is accepted beginning on the first day of a new benefit period, then complete a new enrollment beginning with the appropriate benefit span.

Note: If the second provider initiates the change of hospice provider action prior to the first provider closing the current service span, this action will automatically close the previous provider's span the day prior to the effective date of the second provider's span.

Step 1: Search for the existing enrollment first. Complete this search by entering the Medicaid Billing Number and select the "This is a change of hospice provider" box. Then, click **Search**.

The Medicaid Billing Number must be used as the search criterion, not the Hospice Tracking Number, when checking this box (A).

Step 2: Select 'Change of Hospice provider' from the Hospice Application Action Type drop-down menu.

Note: The information under the Hospice Benefit Period will populate, since days are remaining for the benefit period. Any other panels of information will need to be completed using the effective date of your transfer through the end of the current benefit period. Both providers cannot be paid for the same day.

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Step 3: Review the Hospice Benefit Period that pre-populated.

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	05/16/2024	06/30/2024	Processed		

- * HOSPICE BENEFIT PERIOD

Check Eligibility

Step 4: Under the County and State Recipient's Hospice Service Location section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- State of Service *(required)*
- County of Service *(required)*
- Effective Date *(required)*
    - This is the effective date when the recipient began services with you.
- End Date *(required)*
    - If you wish to divide the time between different locations, you can have the end date be sooner than the end date of the benefit period and then enter a second line for another location for the remaining dates.
    - If dates overlap, an error message will display.

Step 5: Click **Add New** to add the line.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to enter any additional locations.

- * COUNTY AND STATE OF RECIPIENT'S HOSPICE SERVICE LOCATION

* Benefit Line No	Benefit Period Type	Benefit Period	* State Of Service	* County of Service	* Effective Date	* EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	Ohio	Darke	3/16/2021	03/31/2021	Add New

Step 6: Under the Attending Physician Information section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician *(required)*
    - Click "Search" to lookup information if it is unknown
- Oral Certification Date *(situational)*
- Written Certification Date *(required)*

Step 7: Click **Add New** to add the line**.**

Benefit Line No	Benefit Period Type	Benefit Period	*NPI	Oral Certification Date	*Written Certification Date	Action
1 ⌄	First 90 days period	01/01/2021-03/31/2021	1881950103 Search		03/16/2021	Add New

*Display of search panel (results display under the headings after entering criteria and clicking **Search**)*

NPI	Medicaid ID	Business/Last Name	First Name

Search

NPI	Medicaid ID	Business/Last Name	First Name	

Step 8: Under the <u>Hospice IDG (Interdisciplinary Group) Physician Information</u> section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the attending physician *(required)*
    - Click "Search" to lookup information if it is unknown.
- Oral Certification Date *(situational)*
- Written Certification Date *(required)*

Step 9: Click **Add New** to add the line.

Benefit Line No	Benefit Period Type	Benefit Period	*NPI	Oral Certification Date	*Written Certification Date	Action
1 ⌄	First 90 days period	01/01/2021-03/31/2021	1588220495 Search		03/16/2021	Add New

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*Display of search panel (results display under the headings after entering criteria and clicking **Search***)*

'Situational' Section/Panel: Under the <u>Hospice Other Payer Span</u> section, enter or select the following:

- Payer Type
  - Medicare, Others, Self-Pay, Private Insurance
- Payer Name
- Effective Date
- End Date

Click **Add New** to add the line (A).

Step 10: Under the <u>Hospice Terminal Illness Diagnosis</u> section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- Primary Terminal Diagnosis Code (must be ICD-10) *(required)*
  - Click "Search" to look up code information if it is unknown
- Terminal Diagnosis Code 2 *(if needed)*
- Terminal Diagnosis Code 3 *(if needed)*
- Diagnosis Effective Date *(required)*
- Diagnosis End Date *(required)*

Step 11: Click **Add New** to add the line.

- * HOSPICE TERMINAL ILLNESS DIAGNOSIS

Benefit Line No	Benefit Period Type	Benefit Period	* Primary Terminal Diagnosis	Terminal Diagnosis 2	Terminal Diagnosis 3	* Diagnosis Effective Date	* Diagnosis EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	K032 Search	Search	Search	03/16/2021	03/31/2021	Add New

*Display of search panel (results display under the headings after entering criteria and clicking **Search**)*

Diagnosis Code	ICD Version	Code Description	Search
	ICD 10		

Diagnosis Code	ICD Version	Diagnosis Code Description	

Step 12: Under the <u>Hospice Provider Service Span</u> section, select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type, Benefit Period, Effective Date and End Date.)
- This is the effective date when the recipient began services with you.
- <u>Note:</u> If a patient transferred to you during the current benefit period, but you cannot select a Benefit Line No., please contact the previous provider, and have them correct their service span end date.

Step 13: Click **Add New** to add the line.

- * HOSPICE PROVIDER SERVICE SPAN

* Benefit Line No	Benefit Period Type	Benefit Period	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	Training Test	03/16/2021	03/31/2021	Add New

'Situational' Section/Panel: Under the HLTCF (Hospice Long Term Care Facility) Provider Service section, enter or select the following:

- Benefit Line Number (this is based on the lines listed under the Hospice Benefit Period section and will auto fill some information, such as Benefit Period Type and Benefit Period)
- National Provider Identifier (NPI) number for the provider *(required)*
  - Click "Search" to lookup information if it is unknown.
  - The Provider Medicaid ID and Provider Name will auto-populate after the NPI is entered.
- Effective Date
- End Date

Click **Add New** to add the line (A).

Benefit Line No	Benefit Period Type	Benefit Period	Provider NPI	Provider Medicaid ID	Provider Name	Effective Date	EndDate	Action
1	First 90 days period	01/01/2021-03/31/2021	1962680322 Search	2815485	CLIME LEASING CO LLC	03/16/2021	03/31/2021	Add New

Step 14: To include attachments to the New Enrollment, add those under the <u>Attachment</u> section:

- Click 'Choose File.'
- Locate the document on your computer.
    - The maximum allowable file size for a file upload is 10 MB.
    - Accepted File Types:
        - Word: doc, docx
        - Excel: xls, xlsx, xlsm, xlsx
        - Image: mdi, jpe, jpeg, jpg, png, gif, bmp, tif, tiff
        - PDF: pdf
        - Other: pi, ec, zip, csv, acrbak, msg

- Enter which Benefit Line Number the attachment belongs to.
- Select the Document Type from the drop-down menu.

Step 15: Click **Add New** to upload the attachment.

- The line can be edited or deleted by clicking the corresponding button (A).
- Repeat the process to add any additional attachments (B).
    - Up to 10 documents can be added.

- ATTACHMENT

*Attachment	*Benefit Line No	Benefit Period Type	Benefit Period	Document ID	*Document Type	Action
Choose Fil	1	First 90 days period	01/01/2021-03/31/2021		SELECTION OF A DIFFERENT HOS ⌄	Add New

- ATTACHMENT

*Attachment	*Benefit Line No	Benefit Period Type	Benefit Period	Document ID	*Document Type	Action
📄	1	First 90 days period	01/01/2021-03/31/2021	11969408	SELECTION OF A DIFFERENT HOSPICE PROVIDER DOCUMENT TYPE	Edit Delete
📄	1	First 90 days period	01/01/2021-03/31/2021	11969470	IDG WRITTEN CERTIFICATION DOCUMENT TYPE	Edit Delete
Choose Fil	⌄				⌄	Add New

Step 16: After all data has been entered, click 'Submit' at the bottom of the page.

Note: After clicking 'Submit' the Date of Application Update and Hospice Tracking Number (HTN) will display at the top of the page. The HTN will be needed for accessing the status of submitted enrollments.

- CONFIRMATION

Date of Application Update :   Hospice Tracking Number :

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXISTING. Application submitted after 4 PM will not processed until next business day.

Please remember to attach following documents.

16 Submit   Cancel

- CONFIRMATION

Date of Application Update : 5/31/2022   Hospice Tracking Number : 38881

Revocation

This action is completed in PNM when the individual is revoking hospice services.

Step 1: Be sure to search for the existing enrollment first, then select 'Revocation' from the Hospice Application Action Type drop-down menu.

Step 2: Under the Enrollment and Disenrollment panel, enter a Disenrollment Date for the Recipient.

Note: The Disenrollment Date field will be greyed out until you select the 'Revocation' action. Once this is selected, the field will become editable.

Step 3: Click **Submit** at the bottom of the page for the changes to take effect.

Maintain Hospice Record

Select "Maintain Hospice Record" if you need to complete any of the following:

- To make updates to the Hospice Recipient Enrollment Record.
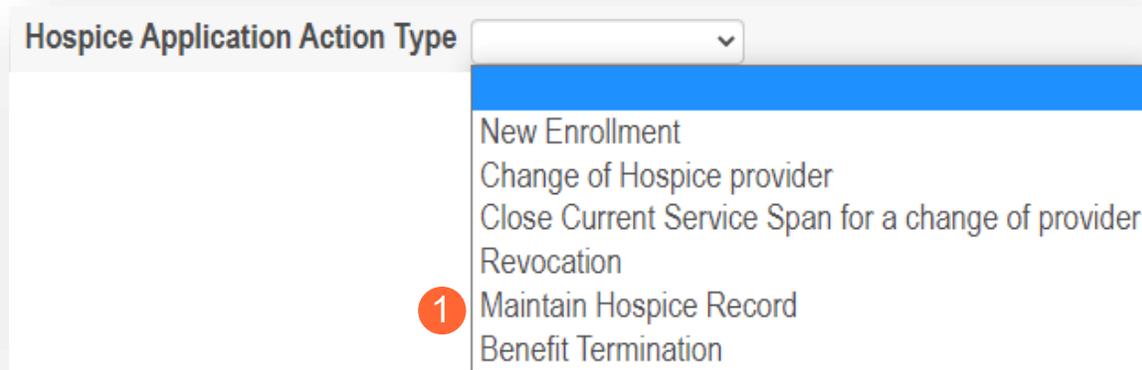- To Add a New Hospice Benefit Period.

Step 1: Be sure to search for the existing enrollment first, then select 'Maintain Hospice Record' from the Hospice Application Action Type drop-down menu.
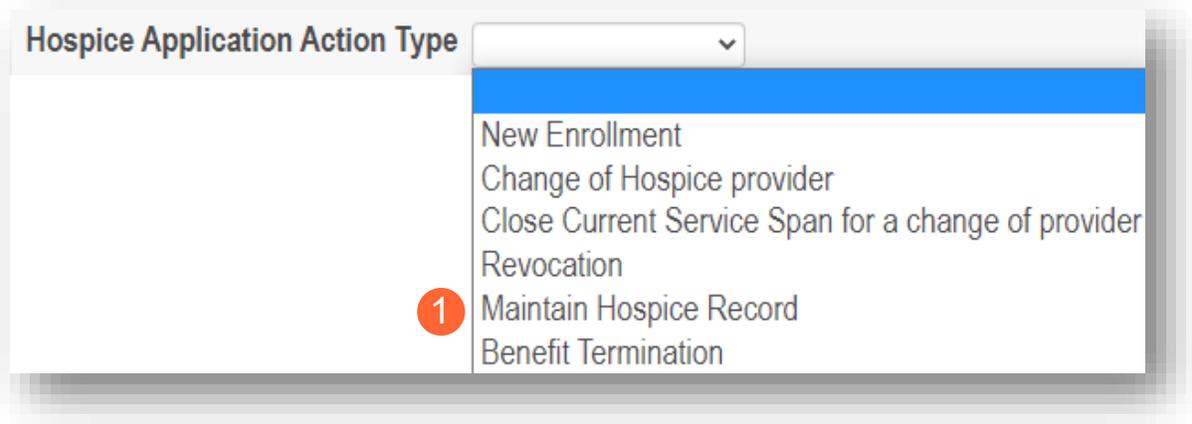
Updating the Recipient's Record

Note: If the update being made to a Hospice Benefit Period is to change the date, such as aligning the date with Medicare, the provider will need to update the end date under each panel, not just under the Hospice Benefit Period.

Step 2: Locate the section/panel of information that you wish to update and then locate the row that needs to be changed.

Step 3: Click **Edit** under the Action column.

Step 4: The fields are editable. Change the information that you wish to update.

Note: Depending on what information is updated (Ex. Hospice Benefit Period), a 'Reason For Update' may be required prior to updating the information.

- o   Death
- o   Individual no longer meets the enrollment criteria
- o   Individual is no longer terminally ill
- o   Individual moved out the service area
- o   Individual entered a non-contracted facility
- o   Individual revoked the Medicaid hospice benefit
- o   Data correction
- o   Alignment with Medicare spans
- o   For cause
- o   Removal of disenrollment date

Step 5: Click **Update** under the Action column.

Step 6: The updated information displays in the panel. Confirm the information is correct (click **Edit** to make changes) and make any additional updates, to other sections/fields, that are needed for the hospice recipient.

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Step 7: Click **Submit** at the bottom of the page for the changes to take effect.

- CONFIRMATION

Date of Application Update :   Hospice Tracking Number :   38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

(7)   **Submit**   **Cancel**

Adding a New Hospice Benefit Period

Step 1: Be sure to search for the existing enrollment first, then select 'Maintain Hospice Record' from the Hospice Application Action Type drop-down menu.

Step 2: Locate the Hospice Benefit Period section of the hospice recipient's enrollment information.

Step 3: The Benefit Period Type will auto-populate (A). Enter an Effective Date for the benefit period (the End Date will auto-calculate based on what you enter for the Effective Date, however this can be edited if needed).

Note: Since a new benefit line is being added, nothing needs to be selected in the 'Reason for Update' drop-down, since this is used for edits of existing benefits lines.

Step 4: Click **Add New** to add the line.

Step 5: The new benefit line appears in the section. Confirm the information is correct (click **Edit** to make any changes).

Note: After adding the new benefit period, make sure to add information to other sections of the hospice enrollment as it relates to the newly added benefit period.

Line No	Benefit Period Type	* Effective Date	* EndDate	Status	Reason For Update	Action
1	First 90 days period	01/01/2022	03/31/2022	Processed		Edit
2	Second 90 days period	05/01/2022	07/29/2022	Complete		Edit
	Subsequent 60-day period			Complete		

- * HOSPICE BENEFIT PERIOD

Step 6: Click **Submit** at the bottom of the page for the changes to take effect.

- CONFIRMATION

Date of Application Update :   Hospice Tracking Number : 38881

IMPORTANT - This Hospice Tracking Number (HTN) is necessary for accessing the status of submitted enrollments. Please write this number down or print this page and keep it for your records PRIOR TO EXITING. Applications submitted after 4 pm will not be processed until the next business day.

Please remember to attach any necessary documents.

Submit   Cancel

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Benefit Termination

This action is completed in PNM when the individual is discharged from services.

Step 1: Be sure to search for the existing enrollment first, then select 'Benefit Termination' from the Hospice Application Action Type drop-down menu.

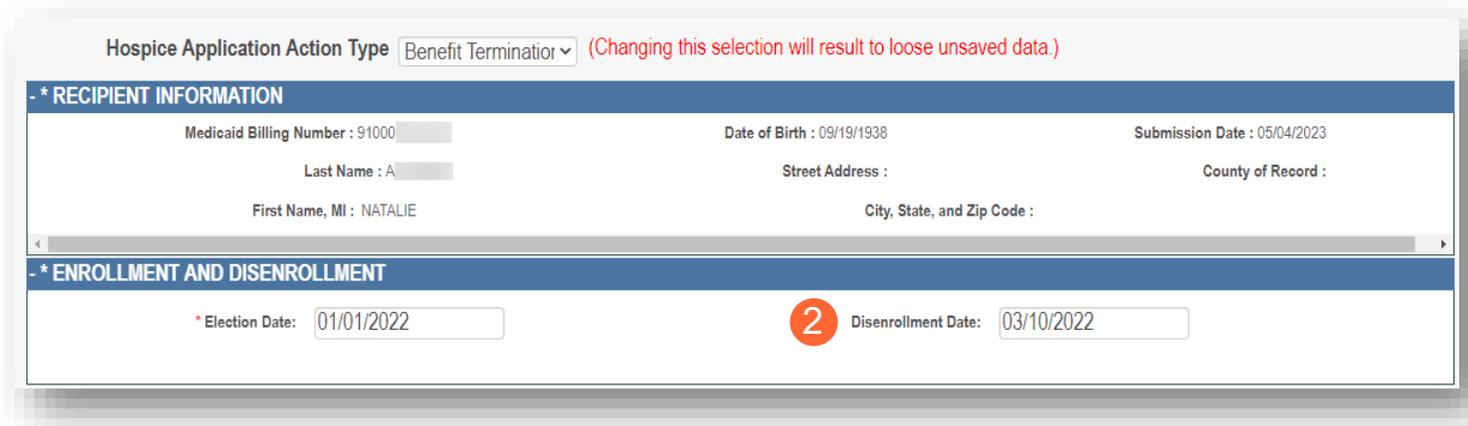**Step 2:** Under the Enrollment and Disenrollment panel, enter a Disenrollment Date for the Recipient.

Note: The Disenrollment Date field will be greyed out until you select the 'Benefit Termination' action. Once this is selected, the field will become editable.

Step 3: Click **Submit** at the bottom of the page for the changes to take effect.

Hospice Application Action Scenarios

Below are listed different scenarios and the Hospice Application Action Types that will be available to select in the drop-down menu, based on the scenario.

New Enrollment (first enrollment ever for Medicaid recipient)

- New Enrollment – there is no other option to select another hospice application type in this scenario.

New Enrollment (for the current provider; the Medicaid recipient has a *previous* enrollment with another provider)

- New Enrollment
- Change of Hospice Provider

New Enrollment (for current provider but there is a gap in services because the previous HTN was closed when the Medicaid recipient revoked hospice services)

- New Enrollment (this option creates a new enrollment under a new HTN)
- Maintain Hospice Record

New Enrollment (for 2nd provider taking over the Medicaid recipient's current benefit period during a transfer between hospice providers – Change of Provider)

- New Enrollment
- Change of Hospice Provider (Provider 2 in the 'change' scenario selects this option)

Adding hospice benefit period for current provider under current HTN.

- Close Current Service Span for Change of Provider
- Maintain Hospice Record
- Revocation
- Benefit Termination

Closing current span due to change of provider.

- Close Current Service Span for Change of Provider
- Maintain Hospice Record
- Revocation
- Benefit Termination

Revocation and Benefit Termination

- Close Current Service Span for Change of Provider
- Maintain Hospice Record
- Revocation
- Benefit Termination