

# *Hospice Tiered Rates for January 1, 2016 – September 30, 2016*

Rules and Rates Training

Policy and Payment Reform Sections  
Colorado Department of Health Care Policy and Financing



**COLORADO**

Department of Health Care  
Policy & Financing

# *Our Mission*

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



# Hospice Rates FY2014-15

**October 1, 2014 - September 30, 2015**

Rev Code	Description	CMS Daily Rate / Hourly Rate	CO HCPF Daily Rate / Hourly Rate <sup>αβ</sup>
<b>0651</b>	Routine Home Care	159.55	176.19
<b>0652</b>	Continuous Home Care	930.27	1,027.30
	hourly*	38.76	42.80
<b>0655</b>	Inpatient Respite Care	173.48	191.57
<b>0656</b>	General Inpatient Care	708.77	782.69

- \* The Department reimburses Continuous Home Care in units of one (1) hour
- α Individual provider rates may vary due to the CMS wage index applied to the wage portion of each rate before the CO rate increase percentage is applied
- β FY2014-15 hospice rates reimbursed at 10.43% above CMS rates per Colorado State Plan Amendment (SPA) # CO-14-0048



# Hospice Rates FY2015-16

**October 1, 2015 - December 31, 2015**

Rev Code	Description	CMS Daily Rate / Hourly Rate	CO HCPF Daily Rate / Hourly Rate <sup>αβ</sup>
<b>0651</b>	Routine Home Care	162.10	179.90
<b>0652</b>	Continuous Home Care	945.16	1,048.94
	hourly*	39.38	43.70
<b>0655</b>	Inpatient Respite Care	176.26	195.61
<b>0656</b>	General Inpatient Care	720.11	799.18

- \* The Department reimburses Continuous Home Care in units of one (1) hour
- α Individual provider rates may vary due to the CMS wage index applied to the wage portion of each rate before the CO rate increase percentage is applied
- β FY2015-16 hospice rates reimbursed at 10.98% above CMS rates per Colorado State Plan Amendment (SPA) # CO-15-0014



# Hospice Rates FY2015-16

**After January 1, 2016**

Rev Code	Description	Care Days	CMS Daily Rate / Hourly Rate	CO HCPF Daily Rate / Hourly Rate <sup>αβ</sup>
<b>0650</b>	Routine Home Care	1-60	187.08	207.62
<b>0651</b>	Routine Home Care	60+	147.02	163.16
<b>0652</b>	Continuous Home Care		945.16	1,048.94
	hourly*		39.38	43.71
<b>0652</b>	Service Intensity Add-on	last 7 days	945.16	1,048.94
	hourly*	last 7 days	39.38	43.71
<b>0655</b>	Inpatient Respite Care		176.26	195.61
<b>0656</b>	General Inpatient Care		720.11	799.18

\* The Department reimburses Continuous Home Care and Service Intensity Add-on in units of one (1) hour

α Individual provider rates may vary due to the CMS wage index applied to the wage portion of each rate before the CO rate increase percentage is applied

β FY2015-16 hospice rates reimbursed at 10.98% above CMS rates per Colorado State Plan Amendment (SPA) # CO-15-0014



# ***New Hospice Policy Rules***

## Routine Home Care (RHC):

- Reimbursed one (1) unit per day regardless of visit duration
- Reimbursed on a two (2)-tiered rate, with a RHC 'high' rate for days 1 - 60 of hospice care and a RHC 'low' rate for days 61 and beyond
- For a hospice patient who is discharged and readmitted to hospice:
  - within 60 days of that discharge – prior hospice days will continue to follow the patient and count toward his/her patient days for the receiving hospice in the determination of whether the receiving hospice may be paid at the 'high' or 'low' RHC rate, upon hospice election
  - after 60 days of that discharge - a new election to hospice will initiate a reset of the patient's 60-day window, paid at the RHC 'high' rate upon the new hospice election



# ***New Hospice Policy Rules***

## Service Intensity Add-on (SIA):

- The day must be a RHC level of care day
- Reimbursable visits include those conducted by a registered nurse (RN) or social worker during the last seven (7) days of a beneficiary's life (and the beneficiary is discharged dead)
- Must be provided in-person, service provided by telephone will not apply toward SIA reimbursable service.
- Reimbursed at a rate equal to the Continuous Home Care (CHC) rate and billed in addition to RHC for that day
- Billed and reimbursed in one hour increments and may total a maximum of four (4) hours per day
- Will apply to beneficiaries receiving hospice in the home, hospice residence or nursing facility settings



# What's New for January 2016

## After January 1, 2016

Rev Code	Description	Care Days	CMS Daily Rate / Hourly Rate	CO HCPF Daily Rate / Hourly Rate <sup>αβ</sup>
0650	Routine Home Care	1-60	187.08	207.62
0651	Routine Home Care	60+	147.02	163.16
0652	Continuous Home Care		945.16	1,048.94
	hourly*		39.38	43.71
0652	Service Intensity Add-on	last 7 days	945.16	1,048.94
	hourly*	last 7 days	39.38	43.71
0655	Inpatient Respite Care		176.26	195.61
0656	General Inpatient Care		720.11	799.18

- Routine Home Care will reimburse on a tiered rate system with a 'high' rate for care days 1 to 60 and a 'low' rate for care days 61 and greater.
- A Service Intensity Add-on reimbursement, equal to the Continuous Home Care rate, will be available for care provided by a Registered Nurse or Social Worker in the last seven (7) days of life (when the client is discharged deceased).
- To be reimbursed for Service Intensity Add-on, bill using the Continuous Home Care revenue code, 0652, in combination with Routine Home Care, 0650/0651, according to criteria defined in the previous slide.



# ***RHC and SIA Billing Notes***

- Routine Home Care (RHC) is now reimbursed in a tiered rate system. Revenue code 0651, previously the only revenue code billable as Routine Home Care, is now the 'low' RHC rate reimbursed for RHC days 61+. Please note the changes and bill the appropriate code as described in previous slides.
- In addition to billing for Continuous Home Care (CHC), revenue code 0652 should be used to bill for the Service Intensity Add-on (SIA) when the SIA is provided on the same day as Routine Home Care, revenue codes 0650/0651. Revenue code 0652 will reimburse as SIA only if followed within seven (7) days by a Patient Status code of 20, 40, 41, or 42, "Expired".



# ***What's Coming for FY2016-17***

## Medicare Hospice Quality Reporting Program

- Providers labeled “noncompliant” by the CMS Hospice Quality Reporting Program for not providing quality data in FY2015-16 will be reimbursed at a reduced rate for FY2016-17
- Revenue codes 0650, 0651, 0652, 0655 and 0656 are affected by the reduced rate methodology
- The provider specific reduced rate will be calculated using the CMS 2% reduced rate for providers that “Have NOT Submitted the Required Quality Data”



# ***For More Information***

- For more information about the CMS hospice rate standards, please view the following documents:
  - [Annual Change in Medicaid Hospice Payment Rates – 9/5/2014](#)
  - [FY 2015 Hospice Wage Index and Payment Rate; Final Rule](#)
  - [Annual Change in Medicaid Hospice Payment Rates - 9/1/2015](#)
  - [FY 2016 Hospice Wage Index and Payment Rate; Final Rule](#)
- For questions regarding Colorado Medicaid hospice policy
  - Contact: Alexandra Koloskus, Esq.  
Medicaid Policy Specialist  
303.866.5578  
[Alexandra.Koloskus@state.co.us](mailto:Alexandra.Koloskus@state.co.us)
- For questions regarding Colorado Medicaid hospice rates
  - Contact: Jay Davenport  
Medicaid Rates Analyst  
303.866.6018  
[James.Davenport@state.co.us](mailto:James.Davenport@state.co.us)



# *Thank You*

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