Nursing Facility Post Eligibility Treatment of Income

Colorado Medical Assistance Program

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Our Mission

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

- Overview of PETI
  - Eligibility Criteria
  - Process
  - Forms required when submitting a PETI Request

- Provider Portal
  - Entering a PETI PAR request
  - PETI Determination and Billing

- Resources www.Colorado.gov/hcpf
General Overview

“Post Eligibility Treatment of Income (PETI)” is the amount of an individual’s income that must be paid to the nursing facility for the cost of care provided to the individual after certain deductions have been applied.

Federally mandated that this income may be used for an incurred medical expense not covered by Medicaid or other third party insurance.

Types of incurred medical expenses (IME) include health insurance premiums, hearing aids, dental, eye glasses and acupuncture.
Reasonable Limits

The State Plan Amendment Supplement 3 to Attachment 2.6-A imposes the following reasonable limits:

- Verification of medical necessity approved by physician
- Validation expense is not a benefit of Colorado Medicaid
- Allowable cost does not exceed the basic Medicaid rate
- Cost will not be allowed for items for cosmetic reasons only
- Expenses are not a duplication of expenses previously authorized
Eligibility Criteria

- Active Medicaid Client
- Nursing Facility Resident
- Monthly Patient Payment
- Documented Medical Necessity
- Potential Payer Sources Exhausted
Activity Log

The nursing facility will document all of the resident’s use of PETI funds on an annual basis.

10 CCR 2505-10, Section 8.482.33 states:
• All allowable costs must be documented in the resident’s record with date of purchase and receipt of payment, whether or not these costs meet the requirements for prior authorization. Lack of documentation shall cause the cost to be disallowed, causing the nursing facility to be overpaid by the Medicaid program.
# ACTIVITY LOG

**Facility Name**

**Provider NPI**

<table>
<thead>
<tr>
<th>Type of Service Requested by Member</th>
<th>Date Service Approved to Provider</th>
<th>Date PA Approved by the Dept</th>
<th>Date NF Payment</th>
<th>Date Service Rendered to Member</th>
<th>PNA Funds Used?</th>
<th>PNA Funds Reimbursed?</th>
<th>Was Member at Facility When Service Rendered?</th>
</tr>
</thead>
<tbody>
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If there is no patient liability amount (patient payment)

There is no PETI
Post Eligibility Treatment of Income

**NF PETI Process**

1. **Does client make a patient payment?**
   - **Yes**: NF initiates the PETI process
   - **No**: NF arranges for alternative funding source

2. NF arranges a client visit with a provider and obtains verification of medical necessity, an itemized bill for services rendered or an estimate for a treatment plan.

3. NF submits the PETI request through the provider web portal. All required documents are uploaded with the request.

4. The Department determines the amount allowed for services. A system generated letter will be sent to the nursing facility with results of determination.

**For authorized PETI Requests**

- NF pays the provider for services rendered
- NF submits claims with the PETI PAR through the provider web portal.
- NF keeps Activity Log of PETI requests for six years.
NF PETI Determination

• Approval of full amount
• Amended amount based on NF PETI fee schedule
• Denial of NF PETI request
NF PETI Requests

- Acupuncture
- Health insurance premiums
- Hearing services
- Dental
- Vision
- Other incurred medical expenses that are not a benefit of Colorado Medicaid
Nursing Facility Post Eligibility Treatment of Income (PETI)
Medical Necessity Certification

I certify that I consider the supplies and/or services included in this request to be medically necessary and that there are no medical or cognitive contraindications to providing these supplies and/or services.

Physician’s Signature (required)        License#        Date

Note: It must be a physician’s signature to verify medical necessity. A Physician’s Assistant (P.A.), Nurse Practitioner (N.P.), or Registered Nurse (R.N.) cannot sign for the physician.

Acupuncturist’s Signature        License#        Date

Audiologist/Otolaryngologist’s Signature        License#        Date

Dental Provider’s Signature        License#        Date

Vision Provider’s Signature        License#        Date

I agree to the purchase of the supplies and/or equipment covered by this request. I understand that NF PETI may not cover the entire cost.

Signature of Client or Responsible Party (required)        Relationship

Note: an actual signature is required. Verbal consent is not an allowable option.

COMPLETE NURSING FACILITY PETI CHECKLIST ON PAGE 2
NURSING FACILITY PETI CHECKLIST
Complete appropriate checklist for each request

Health Insurance Premiums
- Resident's monthly patient payment - $____________
- Medical Necessity Form completed with
  - Signature of Attending Physician
  - Signature of Client Responsible party
- Verification of premium amount
- Insurance Card – front and back
- Months of coverage being requested: ____________________________ from ___ to ___
  not to exceed 12 months

Acupuncture
- Resident's monthly patient payment - $____________
- Medical Necessity Form completed with
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Prescription/Dr. Orders with number of treatments

Dental
- Resident's monthly patient payment - $____________
- Medical Necessity Form completed with
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- DentalQuest EOB verifying $1000 Medicaid benefit is exhausted

Hearing
- Resident's monthly patient payment - $____________
- Medical Necessity Form completed with
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
- Audiogram – performed by licensed audiologist no older than one year (for Hearing Aids only)
  (Note: BC HIS is not an acceptable license to perform the audiogram)

Vision
- Resident's monthly patient payment - $____________
- Medical Necessity Form completed with
  - Signature of Attending Physician
  - Signature of Client Responsible party
  - Signature of Provider
- Provider's invoice with procedure codes and fees
NF PETI - Acupuncture

- Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party

- Nursing Facility PETI checklist

- Itemized invoice

- Prescription/Dr. Orders with number of treatments
NF PETI - Hearing

• Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party

• Nursing Facility PETI checklist

• Itemized invoice

• Audiogram - for hearing aids only
NF PETI - Health Insurance

• Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Client/Responsible Party

• Nursing Facility PETI checklist

• Itemized invoice

• Verification of premium amount

• Insurance card - front and back

• New request each calendar year
NF PETI - Vision

• Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party
• Nursing Facility PETI checklist
• Itemized invoice
NF PETI - Dental

- Medical Necessity form
  a. Signature of Attending Physician
  b. Signature of Provider
  c. Signature of Client/Responsible Party

- Nursing Facility PETI checklist

- Itemized invoice

- DentaQuest, Estimate of Benefits (EOB) verifying $1000 benefit has been exhausted
Adult Medicaid Dental Benefit

In 2013, the state legislature passed Senate Bill 242

- Authorizes the Department to create a new limited dental benefit for adults in Medicaid.
- Provide all Medicaid enrolled adults age 21 years and over, including clients using the PETI program.
- Annual dental benefit up to $1,000 in dental services per state fiscal year which runs from July 1 - June 30.
- Dentures and partials are also covered as a separate benefit. These services must be prior authorized.
The dental provider must be enrolled in Medicaid

- This enables the dental provider to bill directly to Medicaid for reimbursement of services.
- Encourage the dental providers you work with to enroll in Medicaid

- Once the resident’s $1,000 benefit has been exhausted, then for those PETI eligible residents a PETI request can be submitted to the Dept. for additional services.

- The $1,000 benefit for each resident will also be tracked by our Administrative Service Organization (ASO). The ASO duties will include outreach, recruitment, and assisting residents in finding a Medicaid provider.
Prior Authorization (PA)

As of March 1, 2017, all Nursing Facility PETI/IME services must be pre-approved authorized (PA) by the Department.

All PETI/IME services must be submitted through the Online Provider Web Portal for Department review and determination. A PA confirmation number is provided for tracking the status of the request. Once PA is approved by the Department, the provider can bill the PETI/IME service on the next claim containing a patient liability amount greater than zero.
Questions
Instructions for entering a NF PETI on the Provider Web Portal

Log onto the Provider Web Portal


or go to www.colorado.gov/hcpf
Click on: For Our Providers then scroll down to:

Looking for the new Provider Web Portal? Click here to access the new Provider Web Portal!
Welcome Health Care Professional!

We are committed to making it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.
Click on Create Authorization
There are five panels that must be filled out for a NF PETI PAR:

- Requesting Provider Information - will auto populate
- Member Information
- Service Provider Information
- Diagnosis Information
- Service Details
In the Create Authorization box: (required)

- Use the drop down box to select the Authorization Type: **PETI NURSING FACILITY**
In the member information box: (required)

- Type in the **Member ID MEDICAID ID** with a capital letter (example: X123456)
- Press the **TAB KEY**
- Member name and birthdate will display
The auto populate function is not working correctly. Some providers have entered all the information - last name, first name and birth date with success.

DXC Technology (formerly know of Hewlett Packard Enterprise) has created a work-around. Access to “Member Focus” view is required for this work-around.
In the Service Provider Information box: (required)
- Select the Check Box, if you are the requesting provider.
- Or use the drop down box to Select From Favorites.
- Or if a new requesting provider, use the Magnifier Search Icon to locate the provider.

Note: when provider is selected, make sure the taxonomy box populates. If not, try selecting the provider again.

- Use the drop down box to select the Location
  - Skilled Nursing Facility
  - Nursing Facility
  - Intermediate Care Facility
Provider ID Search

- Search by Provider ID
- Search by Name
- Search by Organization

The system will retrieve all possible matches or state no provider matches
- Click on the correct match
- System will auto populate the provider’s information
In the Diagnosis Information Box: (required)

- **Diagnosis Type** should be **ICD-10-CM**
- Select Diagnosis Code from the list below:
  - Y9209 Other Non-Institutional Residence as Place
  - Y9212 Nursing Home as Place
  - Y9219 Other Residential Institution as Place
  - Y92531 Health Care Provider Office as Place
  - Y929 Unspecified Place or Not Applicable

  - Type in the **Diagnosis Code NUMBER** with a capital letter and click **ADD**
  
  **Note**: *only one diagnosis code is required*

- The diagnosis appears in the light blue line under the table headers. If incorrect, use the **Remove Link** to remove the code and add the correct code.
The Service Details box (required) is split into three parts

A) Service Details (top section)
B) Service Provider Information (middle section)
C) Attachments (bottom section)

Only one service request is permitted per NF PETI Request

A) Service Details (required)
   • Using the Calendar Icon, fill in the FROM DATE and the TO DATE
     o This date can be the date of service if provided before today’s date
     o Or the current date
     o Or a date range that is not in the future
   • Use the drop down arrow and change the Code Type to REVENUE ***
   • Select Code from the list below:
     o 0259 - Pharmacy Other Drugs (non-prescription drugs)
     o 0479 - Audiology Other (hearing)
     o 0962 - Professional Fees Ophthalmology (vision/glasses)
     o 0949 - Other therapeutic services (acupuncture)
     o 0969 - Professional Fees Outpatient Services (miscellaneous)
     o 0999 - Patient Convenience Items (health insurance premium)
   • Type ion the Code NUMBER and when the name associated with the number appears, click on the name
   • Options within the service details box will change because the Revenue code type was selected (modifier lines will disappear)
• Fill in the number of Units (cannot be zero)
  o For eyeglasses - units should be 1
  o For hearing aids - units should be 1 or 2
  o For health insurance premium - units should be 1 to 12, the number of months being requested
  o For other type of service - use appropriate unit measurement or 1
• Requested Dollars (cannot be zero)
  o Type in the full amount being requested, should match the invoice total
  o For health insurance premium, it should be the monthly amount times the number of months
• Fill in the Medical Justification (cannot be blank)
  o For health insurance premium - the note should be the monthly premium dollar amount and the number of months being requested (example: health insurance $100 for 6 months)
  o For anything other than health insurance, select from the following list
    ❖ New request for...
    ❖ Replacement for...
    ❖ Second request for...
    ❖ Other Incurrent Medical Expense
B) Service Provider Information (required) (Rendering Provider)
- Select the Check Box, if you are the rendering provider
- Or if a new rendering provider, use the Magnifier Search Icon to locate the provider

Note: when provider is selected, make sure the taxonomy box populates. If not, try selecting the provider again

- Use the drop down box to select the Location from the list below
  - **If the member is in Hospice, choose HOSPICE**
  - For any member not in hospice, select from the following list:
    - Mobile Unit
    - Independent Clinic
    - Rural Health Clinic
    - Skilled Nursing Facility
    - Nursing Facility
    - Intermediate Care Facility
C) Attachments (make sure to upload all required documents or PAR will be denied)
- Click on the + sign on the right side of the blue box titled Attachments
- Attachment box opens and is ready for uploading required documents
- Click on the + sign on the left side, next to Click to add attachment
• Browse for the attachment to upload. This is where the processor has stored the document on their computer
  o Documents to upload should include:
    ▪ Hospice statement from attending physician
    ▪ Signed Medical Necessity form
    ▪ Invoice with procedure codes and fees
    ▪ Audiogram performed by licensed audiologist
    ▪ Verification of health insurance premium
    ▪ Health insurance card - front and back
• Use the drop down arrow to select one of the following Attachment Type options:
  o AT - Purchase Order Attachment (itemized invoice for service/item)
  o B2 - Prescription
  o B3 - Physician Order
  o CK - Consent Forms (signed medical necessity form)
  o DG - Diagnosis Report (audiology/hearing report)
  o 77 - Support Data for Verification
• Type in the Description by selecting one of the following options associated with the Attachment Type
  o AT - Itemized invoice for...
  o B2 - Vision Prescription
  o B3 - Signed Physician’s Order
  o CK - Medical Necessity form
  o DG - Audiology/hearing report
  o 77 - Insurance premium data, supporting documents
• Click the ADD Service button on the bottom left of page
• The attachment(s) appear in the light blue line under the table headers. If incorrect, use the Remove Link to remove the attachment and add the correct attachment.

Once A, B and C have been completed the Service Details section is complete.
• Click the ADD SERVICE button on the bottom left of the page

[Image of Add Service button]

• The Service Details box will change. The service added now appears in the light blue line under the table headers. If incorrect, use the Remove Link to remove the service and add the correct service.

Only one service request is permitted per NF PETI Request

• To view information submitted, click the + sign next to the line number. Click the - sign to close it

After all information has been entered into the authorization form, click the SUBMIT button on the bottom right. Click CANCEL to cancel the authorization request.
If the Submit button doesn’t change to Confirm, error messages will appear in RED somewhere on the page (usually at the top). Work through the errors and click the Submit button again.

If the Submit button changes to Confirm, request is ready for final review by the processor. The displayed page will be a condensed authorization form. Use the + and - signs to open and close the various sections.

Once quality checked by the processor, click the CONFIRM button. Use the BACK button to make corrections or the CANCEL button to cancel the request.

The Authorization Receipt box will appear.

- Make note of the AUTHORIZATION TRACKING NUMBER. This is how you can track the status of the request.

<table>
<thead>
<tr>
<th>Authorization Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Authorization Tracking Number 5170390001 was successfully submitted.</td>
</tr>
</tbody>
</table>
• Click on the PRINT PREVIEW button
  o This will display the PA submitted for Department approval/denial
  o Open all the boxes with + signs to display all the PETI/IME details
  o PRINT this page for your records and for audit purposes. The form and all attachments should be kept for six years.

The PA is now in the Pending - State Review status.

View PA Status
The processor can view the status of the PAR through the Web portal
• Click on the Care Management tab
• Click on the View Authorization Status link
• Type in the Authorization Tracking Number and click Search
• Scroll down the page to see the PAR and its current status
PETI/IME Determination
The Department’s Nursing Facility Operations Specialist or designee will determine if the PETI/IME request meets the requirements necessary to approve the request. The status will change to approved, approved - with revisions or denied. The Online Portal is instantly updated with the determination and a letter is system generated for the next day.

If PETI/IME request is denied. Submit a brand new request and include any missing information. The denied request cannot be re-opened.

Billing Medicaid for PETI/IME
Once the PAR status has been changed to approved or approved - with revisions, the nursing facility can bill Medicaid for the service or item. Please note that PETI/IME services can only be billed on claims that have an accommodation line item revenue code and a patient liability amount greater than zero.
Questions?
Where to find a Medicaid Dental Provider

www.Colorado.gov/hcpf

Click on Find Doctors
Where to find the PETI Fee Schedule

- Click: For Our Providers
- Click: Provider Services (training & more)
- Click: Rates & Fee Schedules
Where to find NF PETI forms

- Click: For Our Providers
- Click: Provider Services (training & more)
- Click: Forms
Where to find NF PETI training

- Click: For Our Providers
- Click: Provider Services (training & more)
- Click: Training
Rule Reference

Code of Colorado Regulations
PETI Rule: 10 CCR 2505-10, Section 8.482.33
Contacts

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