

## Hospice Billing Instructions for Health Care Isolation Center (HCIC) Services (Ohio Administrative Code Rule 5160-3-80)

### *Program Summary*

The Nursing Facility (NF) Health Care Isolation Center Program was established under the authority of section 14 of Amended Substitute House Bill 197 of the 133<sup>rd</sup> General Assembly. Emergency rule 5160-3-80 of the Ohio Administrative Code establishes Health Care Isolation Centers (HCICs) as COVID-19 community providers for the provision of services to individuals with an active or convalescent COVID-19 infection or who have other health care needs and require quarantine following exposure to COVID-19. These specialty services may be used for individuals who might otherwise seek care in a hospital due to COVID, or for individuals who cannot return home following a hospital stay due to their COVID-related health care, quarantine or isolation needs.

The HCIC rule will be in effect during the time period in which the governor of the state of Ohio declares a state of emergency due to COVID-19, when authorized by the director of the Ohio department of Medicaid (ODM), and when federal authority for Medicaid reimbursement is present.

### *Eligibility Requirements*

The Ohio Department of Medicaid will reimburse based on the enhanced HCIC rate for room and board when an individual is enrolled in hospice if the following criteria are met:

- The patient must be in an ODM-approved HCIC
- Individuals eligible for the coverage of HCIC services must be eligible for Medicaid and meet the following additional service requirements for HCIC admission, as outlined in OAC rule 5160-3-80 and summarized below:
  - COVID-19 level of care or Quarantine level of care (LOC) as determined by a Physician's Order; and
  - NF Pre-Admission screening and resident review (PASRR) requirements within 30 days of admission.

### ***Billing Information & Payment Rates:***

The billing guidance in this document applies to Medicaid hospice individuals who are receiving quarantine or isolation services in an ODM-approved HCIC facility. Hospice providers should contact the MCPs and MCOPs to obtain their specific billing instructions for HCIC claims for hospice individuals.

Individuals meeting a Quarantine LOC will be limited to a stay of no more than fourteen consecutive days. Individuals who require more than one quarantine stay due to exposure to COVID more than once during the emergency period will be eligible for coverage of additional quarantine stays of up to fourteen consecutive days.

- Hospice may bill for dates of service on and after the effective date of the provider's HCIC approval.
- Hospice may bill for the dates of service an individual met the qualifications for quarantine and/or isolation services and received those services in the HCIC.
- Billed Charges should reflect the HCIC service flat fee rates listed below.
- Hospice claims for HCIC room and board should be billed separately from other hospice services.
- Providers are to bill HCIC fee-for-service claims to ODM and bill managed care claims to the appropriate Managed Care Organization (MCO) in which the individual is enrolled.
- If an individual is enrolled in hospice, the NF of residence cannot bill for Bed Hold/Leave Days while the hospice resident is temporarily receiving service in an HCIC.

### ***Billing Instructions for Hospice Providers:***

Steps for hospice providers to receive enhanced reimbursement at 95% of the HCIC rates listed below:

1. Enter the claim in the portal as usual, making sure to bill 95% of the appropriate rate according to the chart below.
2. After entering the claims detail and the additional provider information, go to the attachment panel and click "add item". \*NOTE – there are drop downs for type of attachment and type of transmission at the bottom of the attachment panel. \*
3. Go to type of attachment and select "support data for claim". Then go to the type of submission and select mail.
4. Now click on submit button at the end of the claim.

Then the claim will move to process and suspend for manual payment.

Once the claim has been submitted and suspends, please send an email to

[MCDHospice@medicaid.ohio.gov](mailto:MCDHospice@medicaid.ohio.gov) with "Hospice HCIC Payment" in the subject line to notify that the claim has been submitted. Please identify the ICN along with the HCIC service level and the number of day(s) billed for each service level.

<b>HCIC Service Level</b>	<b>COVID-Related Need</b>	<b>Flat Fee Daily Rate</b>
Quarantine Level of Care	Frequent monitoring	\$ 250.00
COVID-19 Level 1	Minor COVID-related symptoms; frequent monitoring	\$ 300.00
COVID-19 Level 2	Requires oxygen or other respiratory treatment and careful monitoring for signs of deterioration	\$ 448.00
COVID-19 Level 3	Requires care beyond the capacity of a traditional NF	\$ 820.00
COVID-19 Level 3 with ventilator	Requires care beyond the capacity of a traditional NF and ventilator care to support breathing	\$ 984.00

For HCIC billing questions for hospice providers, please contact: [MCDHOSPICE@medicaid.ohio.gov](mailto:MCDHOSPICE@medicaid.ohio.gov).