SHORT TERM STAYS

Turquoise Care Joint MCO Training September 09, 2024

SHORT TERM STAYS

This benefit was created to assist Nursing Facilities with payment for Members that did not qualify for Skilled or LTC Custodial Care

This benefit minimizes the risk/liability a Nursing Facility has by accepting a Member with Medicaid coverage and uncertain Level of Care

The MCOs will not issue a Nursing Facility Level of Care or Setting of Care for Short Term Stays

LEVELS OF CARE

SKILLED NURSING FACILITY

SKILLED NURSING FACILITY CRITERIA

- Reviewed under all full Medicaid Categories of Eligibility (COEs)
- Uses Medical Criteria (i.e. InterQual (IQ), MCG Care Guidelines) to establish Medical Necessity
- The Length of Stay/Span authorized is dependent on meeting medical need for Skilled Nursing Facility level of care
- If Member meets criteria, the MCO's Utilization Management team will issue a payable authorization, but not a NFLOC or Setting of Care (SOC) span

SKILLED NURSING DOCUMENTATION REQUIREMENTS

Required Documents:

- History and Physical
  o Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify the date, name, and credentials of the Clinician
- Progress Notes within the last 72 hours
- Care Plan and Interdisciplinary Notes are required for all requests.
- Order for Skilled Nursing Facility Level of Care
- Rehabilitative Therapies (If applicable)
  o Therapy Notes and Goals
  o Therapy Grids with Minutes
- Medication Administration Record (MAR) (If applicable)
- Treatment Administration Record (TAR) (If applicable)

SKILLED NURSING FACILITY SUBMISSION

- The Nursing Facility must submit clinical documentation with all the required documents
- The MCO's utilize MCG or InterQual criteria for Skilled Nursing Facility reviews
  - MCG Care Guidelines: https://www.mcg.com/care-guidelines/recovery-facility-care/
  - InterQual: https://www.changehealthcare.com/clinical-decision-support/interqual/level-of-care-criteria
- These requests must be submitted to the MCO's Utilization Management Teams contact information referenced on slide 32

SKILLED NURSING FACILITY BILLING

- The Nursing Facility must bill based on the Member's Skilled Nursing Level of Care need and using the contracted Revenue Code indicated in your contract with each MCO

SKILLED LEVEL OF CARE SCENARIOS

The Member/Resident was admitted to the NF with an acute condition (i.e., osteomyelitis) and requires Intravenous Medication Administration

The Member/ Resident was admitted due to a right hip and femur fracture. Member requires Physical and Occupational Therapy until their ADL/IADL Goals are met

The Member/Resident was admitted to the Nursing Facility with a Category of Eligibility (COE 091) and requires Skilled Nursing due to requiring Parenteral Nutrition. Member has no intent of being admitted for LTC Custodial Care, but requires ongoing skilled care

The Member/Resident was admitted to the Nursing Facility after an in-patient hospitalization stay. Member requires Skilled Nursing Level of care before Member can be discharged back to their home in a community setting

SHORT TERM STAYS

SHORT TERM STAY CRITERIA

- Reviewed under all full Medicaid Categories of Eligibility (COE)
- Uses HCA Criteria to establish Medical Necessity/appropriate Level of Care
  - Criteria: The MCO's utilize the following criteria to determine Short Term Stays:
    - MCO Policy Manual-Section 6, HCA NFLOC Criteria and Instructions, New Mexico Administrative Code 8.312.2 Nursing Facilities and 8.302.1.7 NMAC
- The span for Short Term Stays is for 90 days or less
- If Member meets criteria, the MCO's UM team will issue a payable authorization, but not a NFLOC span
- The MCO will not submit a Setting of Care (SOC) for this stay

SHORT TERM STAY DOCUMENTATION REQUIREMENTS

Required Documents:

- Minimum Data Set (MDS)- All sections must be completed, and must be the most recent MDS
  o Please note that an MDS must be completed in alignment with CMS guidelines every 90 calendar days
- History and Physical within six (6) months
  o Signed and dated by the Provider. If not signed by the Provider, the note must clearly specify
  the date, name, and credentials of the Clinician
- Care Plan and Interdisciplinary Notes are required for all requests
- Rehabilitative Therapies (If applicable)
  o Therapy Notes and Goals
  o Therapy Grids with Minutes
- Medication Administration Record (MAR) (If applicable)
- Treatment Administration Record (TAR) (If applicable)

*Please note that if the request is for a shortened length of stay in which an MDS, or History and Physical has not been completed, the Nursing Facility will just need to indicate that in their submission for a short term stay authorization.

SHORT TERM STAY SUBMISSION

- The Nursing Facility must submit clinical documentation with all the required documents
- Please reference the Short Term Stay Checklist for more information, it can be found at https://www.hca.nm.gov/providers/nursing-facility-level-of-care/
- These requests must be submitted to the MCO's Utilization Management Teams contact information referenced on slides 29-34

SHORT TERM STAY BILLING

- The Nursing Facility will bill Revenue Code (0190-Subacute Care), as there are not different Levels of Care for Short Term Stays

SHORT TERM STAY SCENARIOS

The Member/Resident was admitted to the NF with an acute condition (i.e., bilateral knee replacement). The Member/Resident was authorized through their Skilled Nursing Facility benefit but exhausted therapies and no longer qualifies for Skilled Care. The Member/Resident has no intention of being admitted under LTC Custodial Level of Care

The Member/ Resident no longer qualifies for Skilled Nursing Facility Care but cannot discharge to the community setting due to unsafe discharge planning

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but passed away prior to the Member residing in the Nursing Facility for 90 days

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but discharged Against Medical Advice (AMA) prior to the Member residing in the Nursing Facility for 90 days

SHORT TERM STAY SCENARIOS

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care but was readmitted to another setting (Hospital, Long Term Acute Hospital) prior to the Member residing in the Nursing Facility for 90 days

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care, but has a Category of Eligibility (COE) 090-094 (Community Waiver). The Member has no desire to apply for Institutional Medicaid (COE 081-084) and has no intention of staying greater than 90 days in the facility

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care, but Member has (COE) 095- Medically Fragile or 096- Developmental Disability Waiver. The Member has no desire to apply for Institutional Medicaid (COE 081-084) and has no intention of staying greater than 90 days in the facility

The Member/Resident was admitted to the Nursing Facility with a Category of Eligibility (COE) 100- Alternative Benefit Plan (ABP) but does not meet ABP Exempt criteria for Medically Frail or Serious Mental Illness (SMI) criteria.

SHORT TERM STAYS: KEY CONSIDERATIONS

Nursing Facilities should review Categories of Eligibility when establishing the Member's appropriate level of care

When submitting a request for Short Term Stay, please send the request to the appropriate department to ensure timely processing of requests

Short Term Stays do not have to be authorized prior to admission. The MCOs will issue a retrospective authorization if the Member meets criteria

LONG TERM CARE/CUSTODIAL

LONG TERM CARE CRITERIA

- Reviewed under Full or Institutional Medicaid Categories of Eligibility (COE) (i.e. COE 001, 003, 081-084, etc.,) or if received on ASPEN for Medicaid Pending
- Members will not qualify for LTC Custodial Care with a Community Waiver COE (090-094), the Member must apply for Institutional Medicaid
  - The MCO's will then review the Member under LTC Custodial once their COE flips to Institutional Medicaid (COE 081-084) or unless received as an ASPEN 112 Medicaid Pending Member
- Uses HCA NFLOC Criteria and Instructions to determine NFLOC and submit for Setting of Care (SOC)
- Member must intend to reside in LTC Custodial care 90 calendar days or greater
  - The NF can submit the request for LTC Custodial Care prior to meeting the 90 calendar days if they are still residing at the Nursing Facility and intend to access LTC level of care. The timeline referenced is below:
    - Initial Determination: Documents must be completed and submitted within 30 calendar days of admission.
    - Redetermination: The medical documentation must be faxed and received by the MCO a minimum of 60 calendar days prior to the start date of the new certification period for LNF and 30 calendar days prior for HNF.

LONG TERM CARE SUBMISSION

- The Nursing Facility must submit a complete NFLOC Packet with all required documents including the NFLOC Notification Form
- Please reference the LTC Nursing Facility Checklist for more information. It can be found at https://www.hca.nm.gov/providers/nursing-facility-level-of-care
- These requests must be submitted to the MCO's Long Term Care Utilization Management Teams-contact information is referenced on slide 33 and 34

LONG TERM CARE BILLING

The Nursing Facility will bill:

- *Low Nursing Facility (LNF)-Revenue Code 0190
- *High Nursing Facility (HNF)-Revenue Code 0199
- *Reserve Bed Days (Home)-Revenue Code 0182
- *Reserve Bed Days (Hospital)-Revenue Code 0185

LONG TERM CARE/CUSTODIAL SCENARIOS

The Member/Resident was admitted to the Nursing Facility under LTC Custodial Care and intends to reside in the Nursing Facility for greater than 90 days

The Member/Resident has been identified as requiring High Nursing Facility (HNF) level of care. Skilled NF and Short Term Stays do not provide High NF Level of Care. This would be submitted under LTC Custodial Care

The Member/Resident has been received on ASPEN 112, this will be reviewed as Long Term Care/Custodial

The Member/Resident meets NFLOC Criteria and Instructions for LNF or HNF, and has a Medicaid Category of Eligibility that qualifies them for LTC Custodial Care (i.e. 001, 003, 004, 081, 083, 084, etc.,)

LONG TERM CARE/CUSTODIAL SCENARIOS

The Member/Resident was previously accessing Community Based Services under a Community Waiver Category of Eligibility (COE) 091 and was admitted to a Nursing Facility. The Member intends to stay long term, and is requesting LTC Custodial Facility Level of Care. The Member has applied for Institutional Medicaid and the Nursing Facility informed ISD of the Member's Long Term/IC status. The Member's COE changed from 091 to 081 (ASPEN utilized previous Community NFLOC span for eligibility purposes), and the Nursing Facility is now requesting an Initial Low Nursing Facility review

The Member/Resident has a Developmental Disability (DD) Waiver Category of Eligibility (COE) 096. The Member was previously receiving services through Skilled Nursing Facility; however, after discussion with the Member's Guardian, Nursing Facility and DD Case Manager, the Member intends to stay in the Nursing Facility Long Term and is aware and agrees to end DD Waiver Services. The Member has applied for Institutional Medicaid and the Nursing Facility informed ISD of the Member's Long Term/IC status.

The Member's DD Case Manager has sent a Client Information Update to inform ISD to end the Member's COE 096. The DD Case Manager has notified the Third Party Assessor (TPA) to close out all Waiver Services. The Member's COE changed from 096 to 084, and the Nursing Facility is now requesting an Initial Low Nursing Facility review

LEVELS OF CARE
CRITERIA

Skilled Nursing Facility

-Reviewed under all Medicaid Categories of Eligibility (COE)

-Uses Medical Criteria (i.e. InterQual (IQ), MCG Care Guidelines) to establish Medical Necessity

-The Length of Stay/Span authorized is dependent on meeting medical need for Skilled Nursing Facility level of care

-If Member meets criteria, the MCO's UM team will issue a payable authorization, but not a NFLOC or Setting of Care (SOC) span

Short Term Stays

-Reviewed under all Medicaid Categories of Eligibility (COE)

-Uses HCA Criteria to establish Medical Necessity/appropriate Level of Care

-The span for Short Term Stays is for 90 days or less

-If Member meets criteria, the MCO's UM team will issue a payable authorization, but not a NFLOC span

-The MCO will not submit a Setting of Care (SOC) for this stay

Long Term Care/Custodial

-Reviewed under Full or Institutional Medicaid Categories of Eligibility (COE) (i.e. COE 001, 003, 081-084) or if received on ASPEN for Medicaid Pending

- Not Reviewed for Members on a Community Waiver COE (090-094)

-Uses HCA NFLOC Criteria and Instructions to determine NFLOC and submit for Setting of Care (SOC)

- Member must reside in LTC Custodial care 90 calendar days or greater

LEVELS OF CARE
SUBMISSION

Skilled Nursing Facility

-The Nursing Facility must submit clinical documentation with all the required documents

-These requests must be submitted to the MCO's Utilization Management Teams contact information referenced on slide 32

Short Term Stays

-The Nursing Facility must submit clinical documentation with all the required documents

-Please reference the Short Term Stay Checklist for more information

-These requests must be submitted to the MCO's Utilization Management Teams contact information referenced on slides 29-31

Long Term Care/Custodial

-The Nursing Facility must submit a complete NFLOC Packet with all required documents including the NFLOC Notification Form

-Please reference the LTC Nursing Facility Checklist for more information

-These requests must be submitted to the MCO's Long Term Care Utilization Management Teams contact information referenced on slide 32

LEVELS OF CARE
BILLING/CLAIMS

Skilled Nursing Facility

-The Nursing Facility will bill based on the Member's Skilled Nursing Level of Care based on the contracted Revenue Code indicated in your contract

Short Term Stays

-The Nursing Facility will bill Revenue Code (0190-Subacute Care), as there are not different Levels of Care for Short Term Stays

Long Term Care/Custodial

-The Nursing Facility will bill either

*Low Nursing Facility (LNF)-Revenue Code 0190

*High Nursing Facility (HNF)-Revenue Code 0199

*Reserve Bed Days (Home)-Revenue Code 0182

*Reserve Bed Days (Hospital)-Revenue Code 0185

REMINDERS

- If you have any questions about billing and/or contracts, please contact the MCO's Provider Network Team on slide 32

For Reference, here is the link to the Managed Care Policy Manual:

https://www.hsd.state.nm.us/wp-content/uploads/2020/12/Centennial-Care-Managed-Care-Policy-M.pdf

SHORT TERM STAY SUBMISSION FOR EACH MCO

BLUE CROSS BLUE SHIELD

- For short term stay authorizations, please submit the required documentation to the Long Term Care Utilization Management department
  - Email: NFLOCPackets@BCBSNM.com
  - INF Fax: 505-816-2093
- BCBS will not issue a NFLOC for a short-term stay
- BCBS will review the submitted documentation for Medical Necessity and will issue a payable authorization for a short-term stay

MOLINA HEALTHCARE

- To facilitate timely payment of claims please ensure the following:
- A Valid NFLOC is in place to cover all dates of service.
- NPI on the NFLOC must match the NPI on the claim that is being billed
- All In Patient days require a bed day authorization in addition to the NFLOC
- Do not bill the original admit date if it is outside of the member's effective date.
- **Important:** If the Medicaid Portal is not showing the current NFLOC and/or you have not received the bed day authorization; Please Contact the UM department/ Do Not Contact ISD/HCA.
- Email for LTC Nursing Facility Packet Requests: NM_LTSSDocuments@molinahealthcare.com
- LTC Fax: 1-833-813-2812

PRESBYTERIAN

- The Nursing Facility shall submit all Short Term Stay requests to the Inpatient Utilization Team via Tom Rigirozzi trigirozz@phs.org; Tahnee Lonjose tlonjose2@phs.org; fax: 505-843-3107
- The Nursing Facility will send all required documents referenced on the Short Term Stay Checklist
- PHP will review for medical necessity and will issue an authorization for Short Term Stay. PHP will not issue a NFLOC for a Short Term Stay review
- The Nursing Facility will bill for a Short Term Stay under Revenue Code 0190 (Subacute Care)

UNITED HEALTHCARE

- For Short Term, Skilled Nursing Facility, LTAC, Acute Rehabilitation authorization issued upon member meeting medical criteria
- EDI: This digital solution allows you to automate prior authorization and notification tasks
- Provider Services: If you're unable to use the provider portal, call NM Medicaid - Phone: 866-604-3267 to submit a request
- Fax: You can submit requests by fax to 877-239-0231
- Short Term Stay authorization issued upon member meeting medical criteria, Rev code 0190 subacute Care Level 1
- UHC will not issue a NFLOC for a short-term stay
- UHC will review the submitted documentation for Medical Necessity and will issue a payable authorization for a short-term stay

MCO CONTACT INFORMATION

Blue Cross Blue Shield

- Provider Network: https://www.bcbsnm.com/docs/provider/nm/network-contacts.pdf
- Long Term Care Utilization Management:
  - Email: NFLOCPackets@BCBSNM.com
  - Contact: Fax: 505-816-2093; Phone: 505-816-3149

Molina Healthcare

- Provider Network: Marlene D Driscoll Marlene.Driscoll@MolinaHealthCare.Com
- Long Term Care Utilization Management: Miriam Rivera, LTSS Director Miriam.Rivera@molinahealthcare.com
  - Email: NM_LTSSDocuments@molinahealthcare.com
  - Contact: Fax: : 1-833-813-2812
  - Inpatient Utilization Management (for short term stay requests): MHNM.UtilizationManagement@MolinaHealthCare.Com
  - fax: 1-833-813-2812

MCO CONTACT INFORMATION

Presbyterian

- Provider Network: www.phs.org/providers/contact
- Long Term Care Utilization Management:
  - Email: hsauthltcefax@phs.org
  - Contact: Fax: 505-843-3195; phone: 505-923-8145
- Inpatient Utilization Management (for short term stay requests):
  - Tom Rigirozzi trigirozz@phs.org; Tahnee Lonjose tlonjose@phs.org; fax: 505-843-3107

United Healthcare

- Provider Network: Sandi Howard sandi.howard@optum.com
- Long Term Care Utilization Management: Rozana Lopez Rozana_lopez@uhc.com
  - Email: UHC_care.coordination@uhc.com
  - Contact: Fax: 844-662-2119
- Physical Health Utilization Management:
  - Email: UHC_care.coordination@uhc.com
  - Contact: Fax: 844-662-2119; phone: **1-877-236-0826**

QUESTIONS?