



Skilled Nursing Facilities – Long Term Care (LTC) Training

December 15, 2022



Community • Partnership • Wellness

Meeting Agenda

Topic/Objectives	Discussion/Facilitator
Welcome and Introductions	Christina Villar
Quick Announcements	Ana Aranda
Authorization Requests for Long Term Care (LTC) <ul style="list-style-type: none">• Transition population• Continuity of Care (CoC)• Authorization requirements and request process for new and re-authorization	<ul style="list-style-type: none">• Mike Shook, RN• Jaymie DeWitt, RN, BSN
Bed holds	<ul style="list-style-type: none">• Mike Shook, RN• Jaymie DeWitt, RN, BSN
Leave of Absence	<ul style="list-style-type: none">• Mike Shook, RN• Jaymie DeWitt, RN, BSN
Claims	Phillip Whitehurst
Pharmacy	Matthew Garrett
Closing/Final Comments	Christina Villar



Authorizations

Mike Shook, RN

Director, Care and Utilization Management

Jaymie DeWitt, RN, BSN

Manager, Inpatient Services & Care Coordination



Transition Authorizations

- Effective 1/1/2023 all LTC with HPSJ members will require an authorization
- Census verification will be conducted to confirm all HPSJ members in the LTC
 - DHCS will provide a list of all members in LTC transitioning to HPSJ
 - HPSJ will reach out to each facility via fax and phone call to validate that the members are currently residing in the LTC
 - Based on the census verification, authorizations will be created and the LTC provided the authorization information
 - Members currently residing in the LTC will be provided an automatic continuity of care for 12 months (see criteria slide)
 - Any HPSJ members that are not on the list from DHCS will need to request an authorization for that member
- All other services for members with an approved TAR from DHCS will be authorized for 90 days or until HPSJ is able to reassess the member to and ensure provision of medically necessary services
 - These are services that are outside of the authorizations for room and board at the facility identified above
 - DHCS will be providing a TAR file that HPSJ will review and authorize as appropriate
 - For any services LTC members are receiving that were not part of this authorization process, the LTC will need to submit an authorization request to HPSJ



Continuity of Care (CoC)

- Members currently residing in an LTC that are effective 1/1/23 will be automatically provided with 12 months of Continuity of Care, or for the length of the DHCS TAR on file, which ever is shorter
 - The LTC will not need to request CoC for those members new to HPSJ from 1/1/23 through 6/30/2023
 - The following criteria must be met to receive automatic CoC:
 - Meet medical necessity criteria for SNF services
 - Facility is enrolled and licensed by CDPH
 - Facility is Medi-Cal enrolled as a provider
 - Facility and HPSJ agree upon rates
 - Facility meets HPSJ professional standards and there are no disqualifying Quality of Care (QoC) issues
 - Member has pre-existing relationship with facility, or has resided in the facility at some point during past 12 months
 - Member may request an additional 12 months of CoC
- Members who are newly enrolled with HPSJ after 6/30/23 and currently residing in a SNF will need to request CoC



Authorization Requirements

- Whenever it is necessary to submit a request for LTC members, the following information will be required:
 - A completed PASRR
 - Documentation to support the authorization request
 - MD Progress Notes to validate medical necessity for the service
- Re-authorization of services should be submitted no later than 2 – 4 weeks before the current authorization expires
 - Include the most current provider progress note
 - Include MDS
- A new authorization will be issued, and notification faxed to the facility for all authorization requests
 - For those who have access to the provider portal, authorization status can be viewed by logging into the portal



Submitting an Authorization Request

- Authorization requests must be submitted by provider portal at <https://www.hpsj.com/providers> or by sending the authorization request form by facsimile to (209)-762-4702 for San Joaquin county and (209) 762-4703 for Stanislas County
 - For fax submissions, please include the authorization request form
 - The authorization request form can be found at: [Microsoft Word - Auth Form 1 13 2014 \(hpsj.com\)](#)
 - Clinical documentation to support medical necessity must also be submitted
- A notice will be faxed to the facility indicating the authorization status
 - For any denials of service, a peer-to-peer discussion can be requested by the facility
 - All denials will include appeal rights



Bed Holds

- Notify HPSJ LTC staff the date that the member is transferred/discharged to an acute care facility
 - Requests for bed holds not less than seven calendar days for acute care admissions should be submitted via provider portal at <https://www.hpsj.com/providers> or by sending the authorization request form by facsimile to (209)-762-4702 for San Joaquin county and (209) 762-4703 for Stanislas County
 - The LTC facility is responsible to ensure that a member/member's authorized representative is informed regarding the right to exercise the bed hold provision
- Bed holds will be up to seven days, for those who are admitted to the acute care facility for > 7 days:
 - HPSJ's LTC staff will coordinate discharge planning with the acute care facility to ensure the appropriate level of post-acute care, and return to the originating LTC facility if the discharge occurs within seven calendar days.
 - If the member is not discharged from the acute care facility for seven days or longer, the LTC staff will coordinate on discharge planning for the Member back to the previous SNF or to a new SNF that will meet the members care needs.
 - If the LTC SNF claims an exception under the bed hold regulations or fails to comply with regulations regarding bed holds, HPSJ LTC staff will provide transition assistance and care coordination to the new LTC facility



Leave of Absence

- A member residing in an LTC may request a leave of absence from the LTC facility for personal reasons, such as visiting family or friends.
 - The member is entitled to 18 days per calendar year and may extend an additional 12 days
 - The LTC must notify HPSJ of the dates of the leave of absence





QUESTIONS

LTC– Claims 2023

Philip Whitehurst
Manager, Claims



Nursing Facilities (NF)

The following slide will provide comprehensive coding information for Nursing Facilities (NF) when billing Long Term Care:

- Bill Types
- Bill Frequency Codes
- Accommodation Codes
- Value Codes
- Revenue Codes
- Leave of Absence and Bed Hold Days
- Share of Cost



Type of Bill & Frequency Codes

Type of Bill

011X: Hospital Inpatient (Including Medicare Part A)

021X: Skilled Nursing Inpatient (Including Medicare Part A)

022X: Skilled Nursing Facilities (Including Medicare Part B)

Frequency Codes

1: Admit Through Discharge

2: Interim – First Claim

3: Interim – Continuing Claim

4: Interim – Last Claim

5: Late Charge(s) Only

7: Corrected Claim



Value & Accommodation Codes

Facilities must bill indicating the Accommodation Code that is applicable to the custodial claim, as this drives the appropriate payment rate for a facility based on the California Medi-Cal rate for the facility.

Accommodation Codes should be billed with a **Value Code 24** and billed as a cent amount.

38				39 VALUE CODES SERV. UNIT				40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
				a							
				b							
				c							
				d							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49				

Accommodation Code .01 = All Inclusive Room and Board

Accommodation Code .02 or .03 = Leave of Absence – General

Accommodation Code .73 = Bed Hold



Revenue Codes

Facilities must bill indicating the Revenue Code that is applicable to the custodial claim, in conjunction with the accommodation code as this drives the appropriate payment rate for a facility based on the California Medi-Cal rate for the facility.

- **0101** = All Inclusive Room and Board (bill in conjunction with accommodation code 01)
- **0180** = Leave of Absence – General (bill in conjunction with accommodation code 02 or 03)
- **0185** = Bed Hold (bill in conjunction with accommodation code 73)



Leave of Absence & Bed hold Days

A member with HPSJ coverage who is discharged from an acute care hospital shall be allowed to return to a skilled nursing facility in which the member resided prior to hospitalization. HPSJ shall reimburse the Skilled Nursing Facility at the Leave of Absence or Bed hold rate defined by California Medi-Cal.



Share of Cost

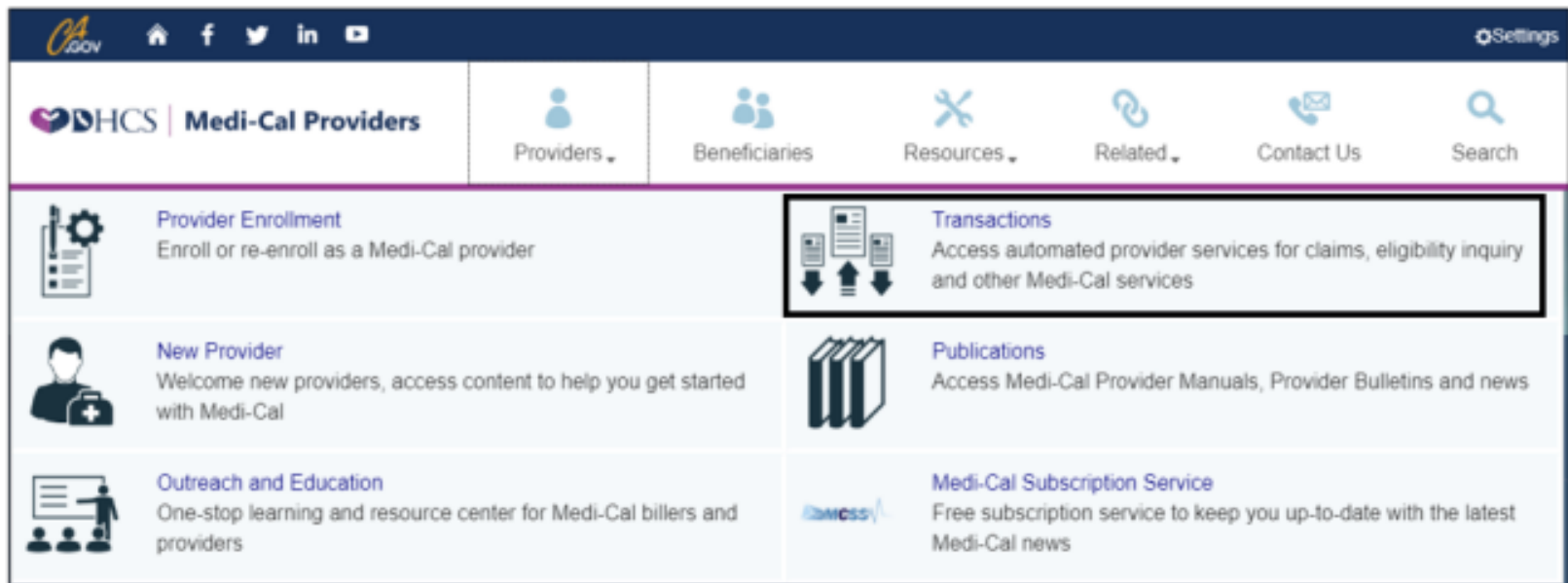
Some HPSJ members must pay, or agree to pay, a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits. This dollar amount is called Share of Cost (SOC). The Medi-Cal member's SOC is similar to a private insurance plan's out-of-pocket deductible.

- 1) How to Find Out if a HPSJ member must pay a SOC?
- 2) Obligor Payment
- 3) Billing the SOC on a UB04 or 837i



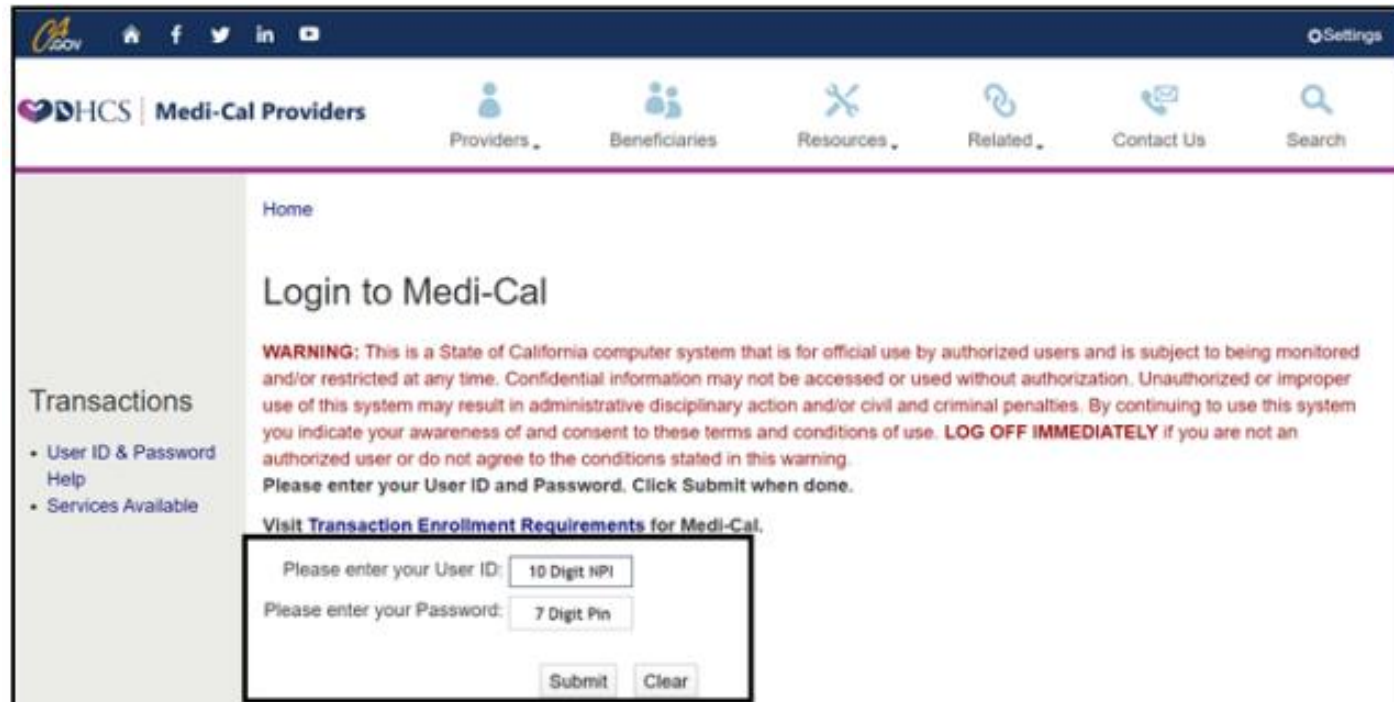
Members - SOC

- 1) Go To > Medi-Cal website > www.medi-cal.ca.gov
- 2) From the Provider drop-down menu, select **Transactions**



Members - SOC

3) Login to Med-Cal **Transactions** with your User ID and Password



The screenshot shows the Medi-Cal Providers login page. At the top, there is a dark blue header with the 'CA GOV' logo, social media icons, and a 'Settings' link. Below this is a white navigation bar with the 'DHCS | Medi-Cal Providers' logo and several icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area has a light gray sidebar on the left with the title 'Transactions' and a list of links: 'User ID & Password', 'Help', and 'Services Available'. The main content area has a title 'Login to Medi-Cal' and a warning message: 'WARNING: This is a State of California computer system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions stated in this warning. Please enter your User ID and Password. Click Submit when done.' Below the warning is a link to 'Visit Transaction Enrollment Requirements for Medi-Cal'. At the bottom, there is a login form with two input fields: 'Please enter your User ID: 10 Digit NPI' and 'Please enter your Password: 7 Digit Pin'. There are 'Submit' and 'Clear' buttons at the bottom of the form.

CA GOV

Settings

DHCS | Medi-Cal Providers

Providers Beneficiaries Resources Related Contact Us Search

Home

Login to Medi-Cal

WARNING: This is a State of California computer system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. **LOG OFF IMMEDIATELY** if you are not an authorized user or do not agree to the conditions stated in this warning. Please enter your User ID and Password. Click Submit when done.

[Visit Transaction Enrollment Requirements for Medi-Cal.](#)

Please enter your User ID: 10 Digit NPI

Please enter your Password: 7 Digit Pin

Submit Clear

Members - SOC

4) Select Single **Subscriber**

The screenshot shows the Medi-Cal Providers web application. The top navigation bar includes the CA.gov logo, social media icons, and a Settings link. Below this is a secondary navigation bar with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area is titled 'Transaction Services' and shows the user is logged in. A sidebar on the left lists various transaction types: Eligibility, Claims, eTAR, Programs, Other, eLearning, and Exit. The 'Elig' tab is active, displaying a list of options: Automated Provider Services (PTN), Multiple Subscribers, Lab Services Reservation System (LSRS), SOC (Spend Down) Transactions, Single Subscriber, Batch Internet Eligibility, and Medical Services Reservations (Medi-Services). The 'Single Subscriber' option is highlighted with a red rectangular box.

CA.gov

Medi-Cal Providers

Providers Beneficiaries Resources Related Contact Us Search

Home

Transaction Services

You are logged in as:

Elig Claims eTAR Prgms Other

- Automated Provider Services (PTN)
- Multiple Subscribers
- Lab Services Reservation System (LSRS)
- SOC (Spend Down) Transactions
- **Single Subscriber**
- Batch Internet Eligibility
- Medical Services Reservations (Medi-Services)

Transactions

- Eligibility
- Claims
- eTAR
- Programs
- Other
- eLearning
- Exit



Members - SOC

5) Fill out **Eligibility Verification** form and click **Submit**

The screenshot shows the Medi-Cal Providers web application interface. At the top is a dark blue header with the CA.GOV logo, social media icons, and a Settings link. Below this is a navigation bar with the DHCS logo and 'Medi-Cal Providers' text, followed by icons and labels for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. A left sidebar contains a 'Transactions' section with links to Eligibility, Claims, eTAR, Programs, Other, eLearning, and Exit. The main content area is titled 'Eligibility Verification' and shows the user is logged in. The form includes fields for Swipe Card, Subscriber ID, Subscriber Birth Date, Issue Date, and Service Date, with asterisks indicating required fields. A note states '* Indicates Required Field'. At the bottom of the form are SUBMIT and CLEAR buttons. A help message at the bottom of the page says: 'Click here [help icon] for help on button usage. For help on fields, place the cursor in the desired field and click on the Help link on the left'.

CA.GOV

Settings

DHCS | Medi-Cal Providers

Providers Beneficiaries Resources Related Contact Us Search

Home » Transaction Services

Eligibility Verification

You are logged in as:

Swipe Card:

* Subscriber ID:

* Subscriber Birth Date:

* Issue Date:

* Service Date:

* Indicates Required Field

SUBMIT CLEAR

Click here for help on button usage.
For help on fields, place the cursor in the desired field and click on the Help link on the left

Members - SOC

Example: Transaction Services SOC message

Name:		
Subscriber ID:		
Service Date: 10/01/2019	Subscriber Birth Date:	Issue Date:
Procedure Code:		
Total Claim Charge Amount:	Case Number:	SOC (Spend Down) Amount Applied:
Primary Aid Code: 48	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 34 - Sacramento	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER LAST NAME: CNTY CODE: 34, PRIMARY AID CODE:48, MEDI-CAL ELIGIBLE FOR PREGNANCY/ POSTPARTUM RELATED MEDICAL SVCS W/NO SOC FOR ALL OTHER MEDI-CAL SVCS, RECIPT. HAS SOC OF \$ 50.00. REMAINING SOC \$ 50.00		

*Go to <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part1/share.pdf> for additional information



Obligating Payment

Providers may collect SOC payments from a member on the date that services are rendered, or providers may allow a member to “obligate” payment for rendered services. Obligating payment means the provider allows the member to pay for the services at a later date or through an installment plan. Obligated payments must be used by the provider to clear Share of Cost. SOC obligation agreements are between the member and the provider and should be in writing, signed by both parties for protection. HPSJ will not reimburse the provider for SOC payments obligated, but not paid by the member.



Billing the SOC on a UB04 or 837i

837i (electronic) Claim Submission

When submitting 837i(institutional) transactions in the 5010 format should use the **HI** value information segment in loop 2300 of the 005010X223A2 with a qualifier of **BE** and value code of **FC** .

** Please reach out to your clearinghouse on additional field requirements*

UB04 (paper claim) Submission

SOC amounts are entered in these fields:

- Value Codes Amount (Boxes 39-41)

Note: Value code "23" in the Code column filed designates that the corresponding "amount" column contains the SOC.

38				39		40		41	
				VALUE CODES		VALUE CODES		VALUE CODES	
				AMOUNT		AMOUNT		AMOUNT	
				23		5000			

Billing the SOC on a UB04 continued...

Enter the full dollar and cents amounts, including zeros. Do not enter decimal points (.) or dollar signs (\$).

Use only one claim line for each service billed.

Note: Est. Amount Due (Box 55) is the difference of Total Charges (\$1800.00) less SOC (\$50.00), which equals \$1750.00.

38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
				39 CODE	39 AMOUNT	40 CODE	40 AMOUNT	41 CODE	41 AMOUNT
				a	23	5000			
				b					
				c					
				d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
1					180000		1		
2							2		
3							3		
4							4		
5							5		
6							6		
PAGE ____ OF ____				CREATION DATE	TOTALS	180000			
50 PAYER NAME		51 HEALTH PLAN ID	52 REL. INFO	53 ASG. SECT.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		
						175000	0123456789		
A						57	A		
B						OTHER	B		
C						PRV ID	C		

* Please go to https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/modules/bb/workbook_soc_bb.pdf for additional billing guidance





Questions

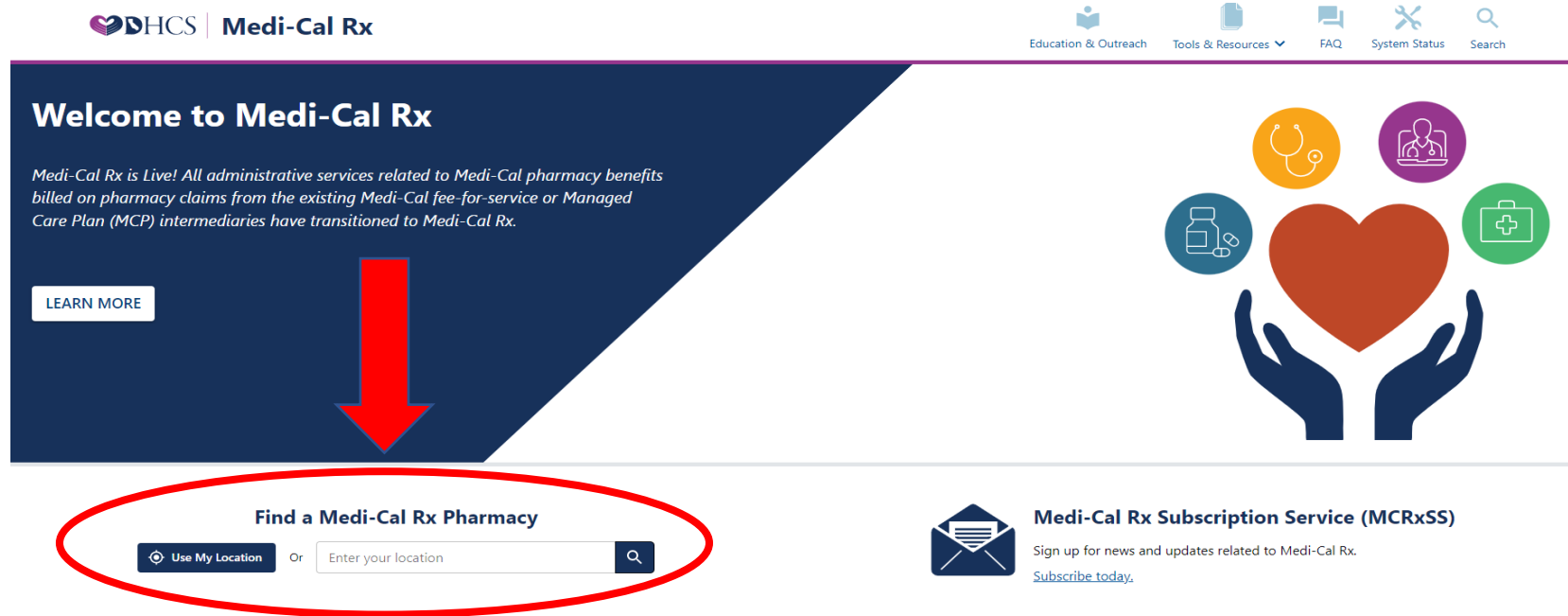
Medication Access

- Effective 01/01/2022, pharmacy benefits are carved out to Medi-Cal Rx. Drugs dispensed by a pharmacy and billed by a pharmacy will be paid by Medi-Cal Rx.
 - Find a Pharmacy
 - Covered Drug List (CDL)
 - Medication Prior Authorization



Find a Pharmacy

Website link: <https://medi-calrx.dhcs.ca>



DHCS | Medi-Cal Rx

Education & Outreach Tools & Resources ▼ FAQ System Status Search

Welcome to Medi-Cal Rx

Medi-Cal Rx is Live! All administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing Medi-Cal fee-for-service or Managed Care Plan (MCP) intermediaries have transitioned to Medi-Cal Rx.


[LEARN MORE](#)

Find a Medi-Cal Rx Pharmacy

[Use My Location](#) Or [Search](#)

Medi-Cal Rx Subscription Service (MCRxSS)

Sign up for news and updates related to Medi-Cal Rx.
[Subscribe today.](#)



Find a Pharmacy, cont.

- Search by location (city and state)
 - Information included are: address, directions, hours of operation, and languages spoken


Find a Pharmacy

Pharmacy Results Information

[Use My Location](#) Or
Stockton, CA, USA

Distance: 5 miles [Search](#)

Map Satellite




Sort by Distance: nearest [FILTER](#)

	DIRECTIONS	OTHER INFO
3	DAMERON'S LINACIA PHARMACY 420 W ACACIA ST STE 4 STOCKTON, CA 95203-2441 DIRECTIONS	(209) 466-2954 0.53 mile(s) away OTHER INFO
4	RX EXPRESS PHARMACY 711 E MARKET ST STOCKTON, CA 95202 DIRECTIONS	(209) 465-1001 0.58 mile(s) away OTHER INFO
5	SAN JOAQUIN COUNTY MENTAL HEALTH SE 1212 N CALIFORNIA ST STOCKTON, CA 95202-1594 DIRECTIONS	(209) 468-8711 0.65 mile(s) away OTHER INFO
6	WALGREENS #2680 15 W HARDING WAY STOCKTON, CA 95204-5716 DIRECTIONS	(209) 941-9632 0.73 mile(s) away OTHER INFO
7	GOLDEN STATE PHARMACY 1617 N CALIFORNIA ST #1F STOCKTON, CA 95204 DIRECTIONS	(209) 420-1720 0.82 mile(s) away OTHER INFO



Covered Drug List (CDL)

- Website Link: <https://medi-calrx.dhcs.ca.gov/provider/forms>



Referential Materials
Billing Tips & Payer Sheets
Covered Products Lists
Archived Contract Drugs Lists
Prior Authorization (PA)
Provider Manual
Welcome Packet
SB 393
Cal MediConnect Transition

Forms & Information

Contract Drugs List (CDL)

- Medi-Cal Rx Contract Drugs List
- Medi-Cal Rx Contract Drugs List - Authorized Drug Manufacturer Labeler Codes
- Medi-Cal Rx Contract Drugs List - Blood Factors
- Medi-Cal Rx Contract Drugs List - Over-the-Counter Drugs
- Medi-Cal Rx Contract Drugs List - Over-the-Counter Cold/Cough Preparations
- Medi-Cal Rx Contract Drugs List - Therapeutic Classifications
- Medi-Cal Rx Approved NDC List - December 2022

Other Lists of Covered Products

- Covered Diabetic Test Strips and Lancets
- Covered Disposable Insulin Delivery Devices
- Covered Emergency Use of Authorization (EUA) COVID-19 Antigen Tests
- Covered Enteral Nutrition Products
- Covered Medical Supplies Product Descriptions and Billing Information
- Covered Pen Needles
- Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs
- Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices
- Covered Sterile Syringes with Needles (non-insulin)
- Covered Continuous Glucose Monitoring (CGM) Systems
- Family PACT Pharmacy Formulary

Medication Prior Authorizations

Website Link: [Medi-Cal Providers | Forms and Information](#)



[Main Portal](#) [About DHCS](#) [Contact Us](#) [English ▼](#)

 **Medi-Cal Rx**

 Education & Outreach

 Tools & Resources ▼

 FAQ

 Register

 Log In

Forms & Information

Reference Materials

Billing Tips & Paper Sheets

Covered Products Lists

Archived Covered Drugs Lists

Prior Authorization (PA)

Provider Manual

Welcome Packet

SB 393

Cal MediConnect Transition

Prior Authorization (PA) Request Methods

Prior Authorization can be requested in the following ways:

- By going to www.covermymeds.com.
- By logging into the portal and submitting the PA through our Prior Authorization tool. Log in from the [Provider Portal](#) and access the secured Prior Authorization tool.
- By submitting a NCPDP P4 Transaction through a pharmacy point of sale (POS) system.
- By sending a completed [PA form \(DHCS 6560\)](#) through fax to: 800-869-4325.
- By sending a completed [PA form \(DHCS 6560\)](#) through mail at:
Medi-Cal Rx Customer Service Center
Attn: PA Request
P.O. Box 730
Rancho Cordova, CA 95741-0730
Phone: 800-977-2273

For additional information, please refer to the [Medi-Cal Rx PA Job Aid](#) and the [Medi-Cal Rx Options for PA Submission Guide](#).



Thank You

