Health Plan of San Joaquin

LTC Authorizations

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Community • Partnership • Wellness

Today's Agenda

- Authorization Requests for Long Term Care (LTC)
- Bed holds
- Leave of Absence
- Medicare Stays

Authorization Requirements

- Whenever it is necessary to submit a request for LTC members, the following information will be required:
    - Current TAR that is in place – these will be honored until the expiration of the TAR or a period of up to 1 year, whichever is SOONEST. If the TAR has an expiration past the given authorization period please re-submit when re-authorization is requested.

      OR

    - Facesheet, MD Orders, PASRR, Most recent MDS, most recent MD note, discharge notes if applicable. (All thing that are normally sent as part of the TAR process will now be sent to HPSJ for LTC auth processing)

- Re-authorization of services should be submitted no later than 2 – 4 weeks before the current authorization expires
    - The same documents are required for reauthorization – clinical documents, or a TAR that is still active.
- 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 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

- Bed Holds remain to be a covered benefit.
  - Please submit authorization form, MD order for transfer, and clinical documentation indicating transfer. This can also be done via the portal by uploading the required documents to the current LTC auth.
  - It is the facility's responsibility to notify us of a bed hold.
    - If the member goes out and returns within the 7 day bed hold period, the old auth will be continued. If the member goes out for over the 7 day bed hold period a new auth will need to be requested.
  - Bed Holds are still allowed for "Medi-Medi" patients. If members are on a part A stay and return to the acute. Auth for bed hold only can be requested.

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

Medicare Stays

- If a member is on a Med A stay, the co-insurance will still be paid by HPSJ. No additional auth is required and this request would go to claims
- If a member has Med B, the facility is allowed to use those benefits. An LTC auth would need to be in place with HPSJ in order to pay room and board
- As previously discussed, bed hold for Med A members are still covered.

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For review of topics addressed here and answers to your frequently asked questions, please visit: https://www.hpsj.com/long-term-care-snf-faqs/

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LTC - Claims

2023

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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

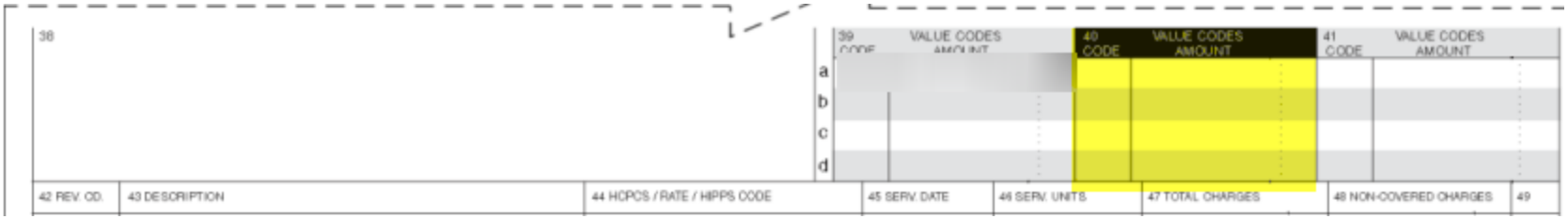
5: Late Charge(s) Only

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.



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)

Supplemental Payment

Health Plan of San Joaquin (HPSJ) will continue paying a supplemental payment for the first 45 days of admission.

Starting on ***June1st, 2023***, to receive this supplemental payment, facilities will need to submit ***Rev Code 0420 and HCPCS G0128***, with applicable units, to be reimbursed. This payment will be in addition to the standard payment for the covered services provided during the patient's stay.

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.

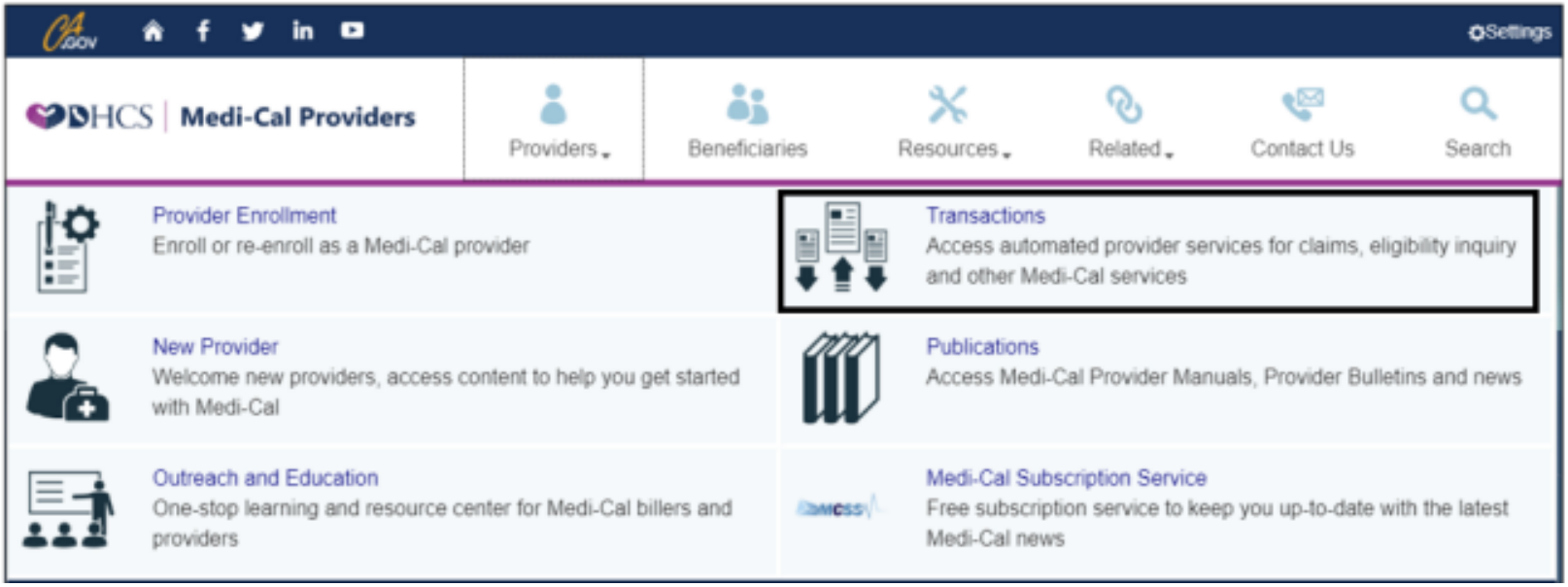
Share of Cost

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) Obligating Payment
3) Billing the SOC on a UB04 or 837i

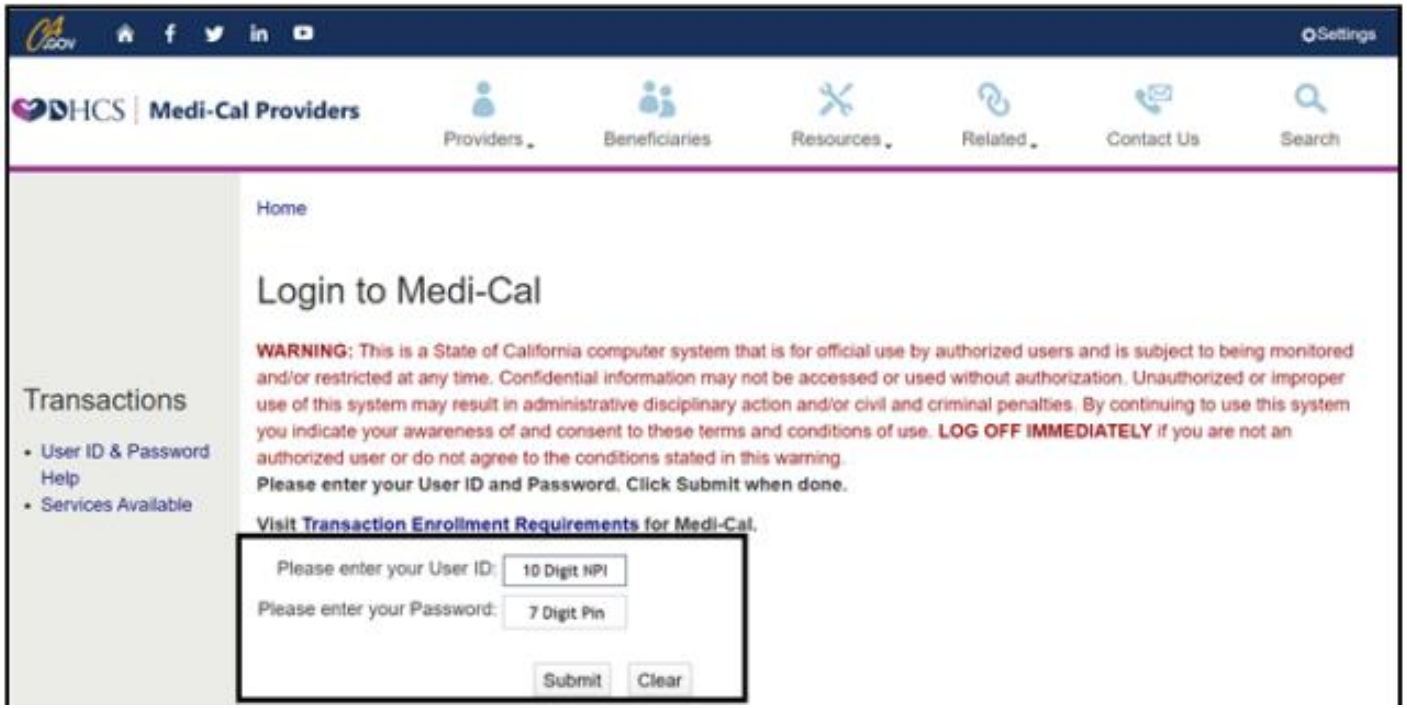
Members - SOC

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



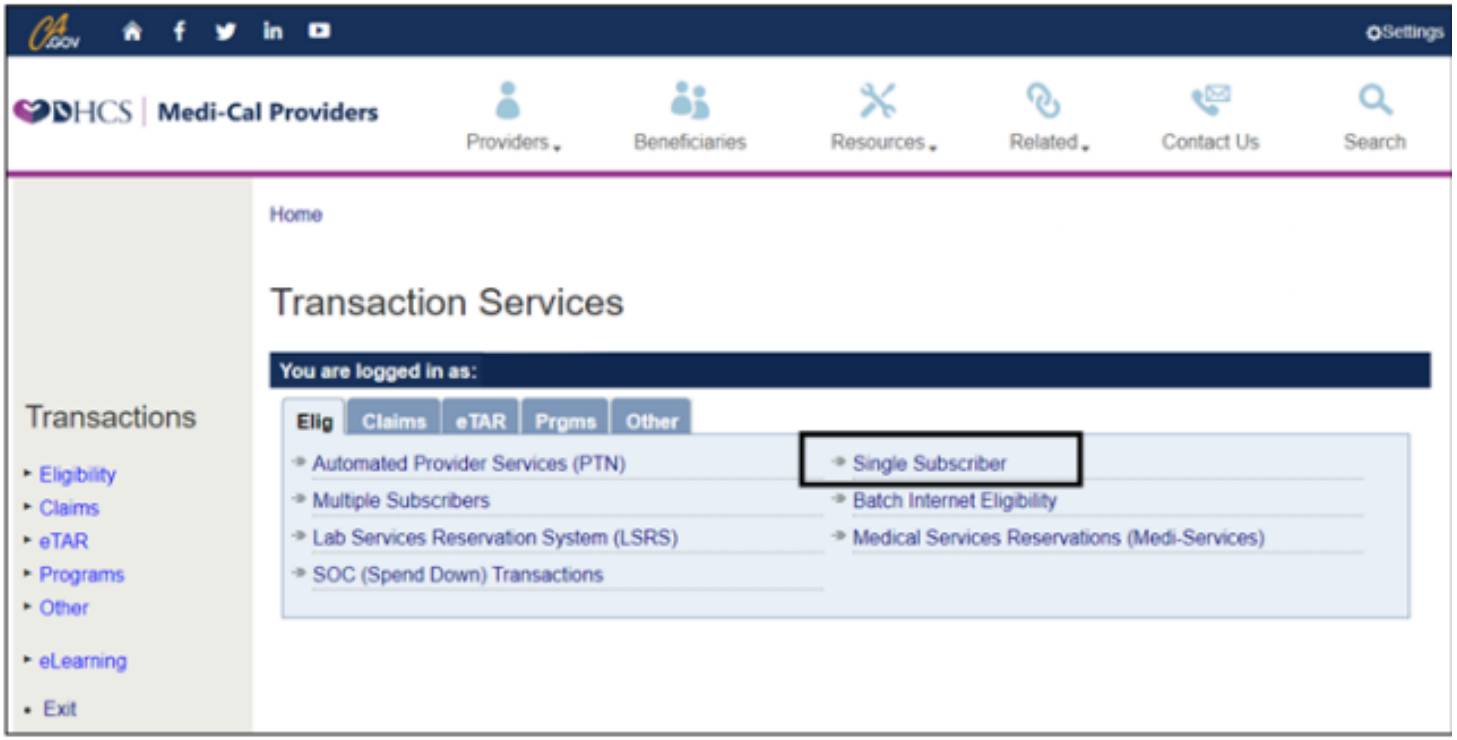
Members - SOC

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



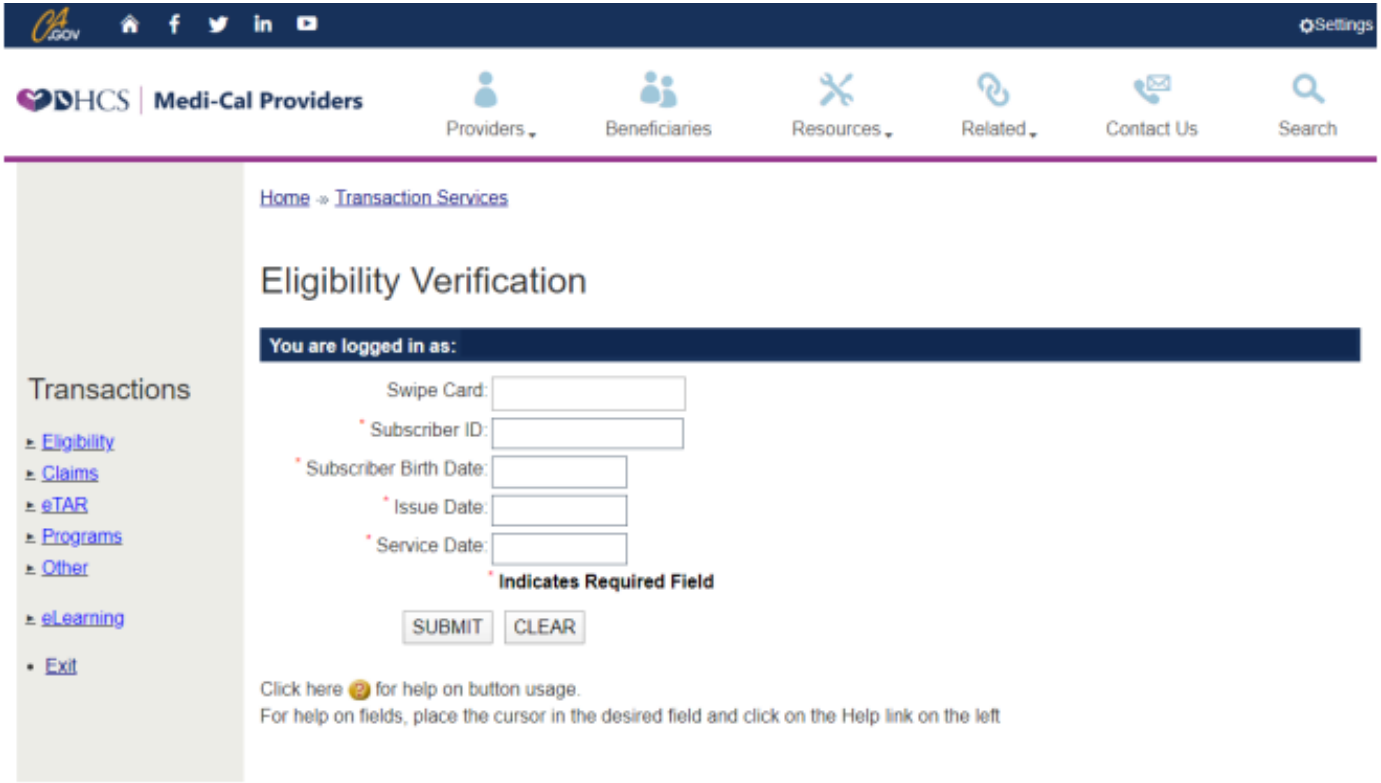
Members - SOC

4) Select Single **Subscriber**



Members - SOC

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



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** .

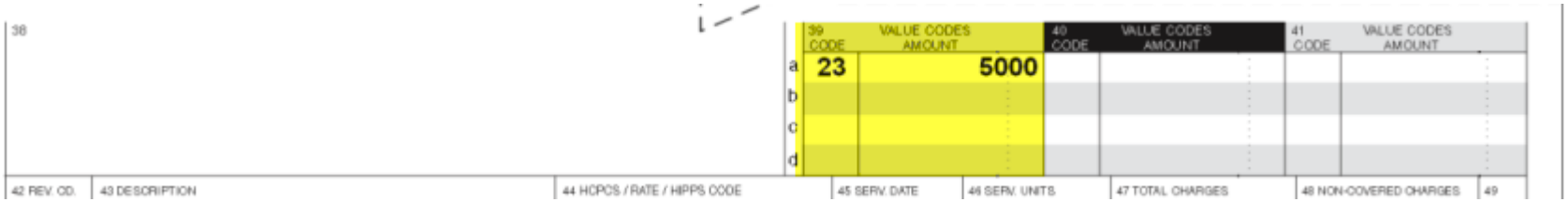
** Please reach out to your clearinghouse on additional field requirements*

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.*

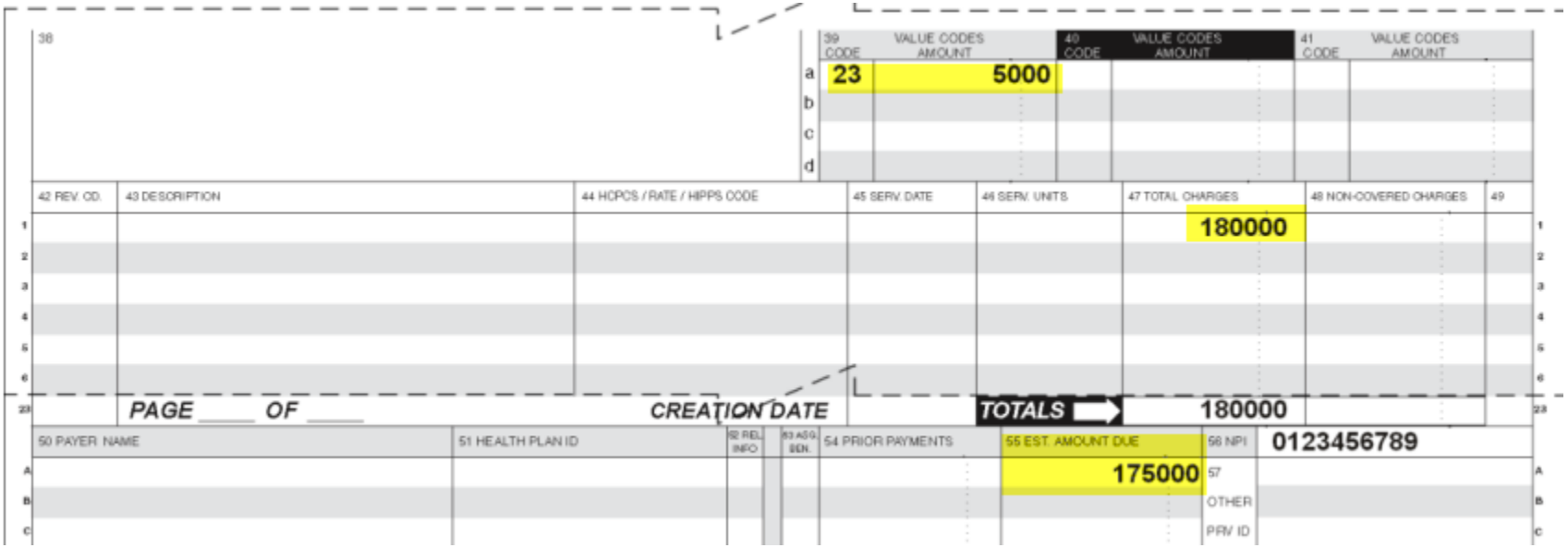


Billing the SOC on a UB04 continued…

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.*



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

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Thank You

Medical Pharmacy vs Outpatient Pharmacy

- On January 1st 2022, Outpatient prescriptions drugs transitioned to Medi-Cal Rx. Many providers are wondering which drugs go to HPSJ and which go to Med-Cal Rx
- Methods to distinguish whether a medication would be billed through the Pharmacy Benefit (billed to Medi-Cal Rx) or the Medical Benefit (billed to the Health Plan of San Joaquin) are listed below

	Pharmacy Benefit (Medi-Cal Rx)	Medical Benefit (HPSJ)
All Retail Pharmacies (e.g. CVS, Walgreens, independent pharmacy)	Yes	No
Specialty Pharmacy (e.g. Accredo, Diplomat, Optum, US Bioservices) mailing to the patient or to the provider's office on behalf of the patient	Yes	No
Long-term-care pharmacy is filling the medication and sending it to the Skilled Nursing Facility	Yes	No
Provider, Facility, LTC/SNF, MD office already purchased and has the medication in their office/facility with plans for infusion or injection at their office/facility	No	Yes
Outpatient infusion center using medications from within their internal stock and planning for infusions at their site	No	Yes

- A more detailed document can be found on the following link:
  - https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/MediCalRxScopeV5-11222021.pdf

Questions

1) Methods to contact Medi-Cal Rx for assistance
   a. Call the Call Center Line, 1.800.977.2273 TTY/TDD 711, 24/7, you will need your Interactive Verification Number (IVR) number as a health plan representative to obtain any kind of member specific information.
   b. Access the "Secured Portal Access" via the Health Plan Portal at www.Medi-CalRx.dhcs.ca.gov to obtain PA status, member fill history, status of any appeals/grievances related to our members

1) Methods to contact the HPSJ Pharmacy Department for further assistance if Medi-Cal Rx is unable to help resolve the PA, Appeals, Grievance, or outpatient medication related problem:
   a. Email pharmacydepartment@hpsj.com
   b. Call 209.461.2212 to leave a secure voicemail that will be reviewed within one business day