

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.





For review of topics addressed here and answers to your frequently asked questions, please visit:

<https://www.hpsj.com/long-term-care-snf-faqs/>



Health Plan   
of San Joaquin

**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.

38				39 VALUE CODES AMOUNT				40 CODE VALUE CODES AMOUNT		41 CODE 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)



# Supplemental Payment

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

Starting on ***June 1st, 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.

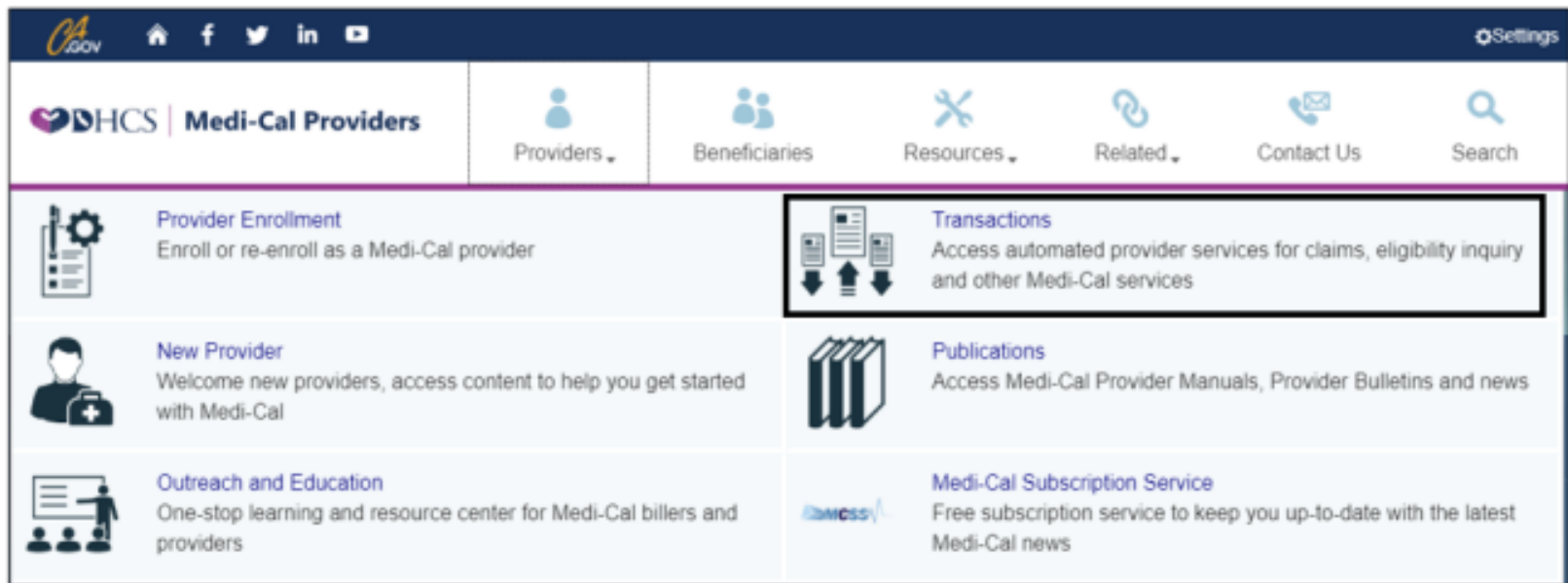
- 1) How to Find Out if a HPSJ member must pay a SOC?
- 2) Obligating Payment
- 3) Billing the SOC on a UB04 or 837i





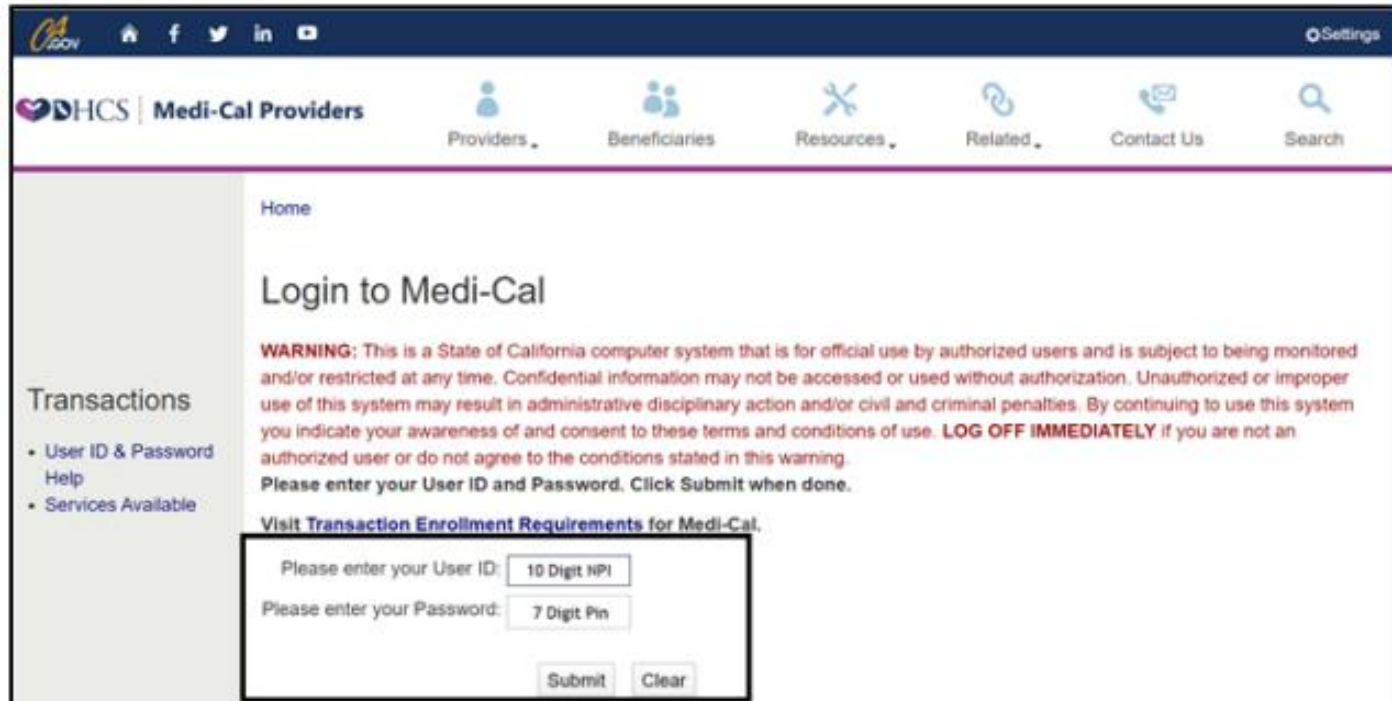
# Members - SOC

- 1) Go To > Medi-Cal website > [www.medi-cal.ca.gov](http://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 'Home' link and a 'Login to Medi-Cal' heading. Below the heading is a red 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:' with a '10 Digit NPI' placeholder, and 'Please enter your Password:' with a '7 Digit Pin' placeholder. 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 interface. At the top, there is a navigation bar with the CA.gov logo, social media icons, and a Settings link. Below this is a header section with the Medi-Cal Providers logo and several menu items: Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area is titled 'Transaction Services' and includes a 'Home' link. A dark blue bar indicates 'You are logged in as:'. Below this, there are tabs for 'Elig', 'Claims', 'eTAR', 'Prgrms', and 'Other'. The 'Elig' tab is active, displaying a list of transaction services: Automated Provider Services (PTN), Multiple Subscribers, Lab Services Reservation System (LSRS), SOC (Spend Down) Transactions, Single Subscriber (highlighted with a black box), Batch Internet Eligibility, and Medical Services Reservations (Medi-Services). On the left side, there is a sidebar menu titled 'Transactions' with links to Eligibility, Claims, eTAR, Programs, Other, eLearning, and Exit.

CA.gov

Medi-Cal Providers

Providers Beneficiaries Resources Related Contact Us Search

Home

Transaction Services

You are logged in as:

Elig Claims eTAR Prgrms 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. The top navigation bar includes the CA.GOV logo, social media icons, and a Settings link. Below this is a secondary 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. The main content area is titled 'Eligibility Verification' and shows the user is logged in. The form contains several required fields: Swipe Card, Subscriber ID, Subscriber Birth Date, Issue Date, and Service Date. A 'SUBMIT' button and a 'CLEAR' button are at the bottom of the form. A sidebar on the left lists various transaction types: Eligibility, Claims, eTAR, Programs, Other, eLearning, and Exit. A footer note provides instructions on how to use the help icon.

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

Transactions

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

# 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	
				CODE		VALUE CODES		VALUE CODES	
				AMOUNT		AMOUNT		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		



# 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. BEN.	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](https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/modules/bb/workbook_soc_bb.pdf) for additional billing guidance







**Thank You**



# Medical Pharmacy vs Outpatient Pharmacy

- On January 1<sup>st</sup> 2022, Outpatient prescriptions drugs transitioned to Medi-Cal Rx. Many providers are wondering which drugs go to HPSJ and which go to Medi-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>



- 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](http://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](mailto:pharmacydepartment@hpsj.com)
  - b. Call 209.461.2212 to leave a secure voicemail that will be reviewed within one business day