

Health Plan 
of San Joaquin

 Mountain Valley
Health Plan

**LTC Carve-In Phase 2:
ICF/DD/Sub-Acute Transition with
Regional Centers and Facilities**



DUALTCPH2PPT11222024E

Community • Partnership • Wellness

Agenda

- Brief Introductions
- ICF/DD/Sub-Acute Overview
- Contracting
- Credentialing
- Referral Process and DME
- Case Management
- Continuity of Care (CoC)
- Claims/Billing
- Office Ally
- Provider Portal (DRE)
- ICF Page
- HPSJ/MVHP Contacts
- Meet & Greet
- Open Forum



ICF Carve-In Overview

- Effective January 1, 2024, all MCPs will become responsible for the full LTC benefits at the following ICF (Home) types:
 - Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
 - Intermediate Care Facility for the Developmentally Disabled-Habilitative (ICF/DD-H)
 - Intermediate Care Facility for the Developmentally Disabled-Nursing (ICF/DD-N)
- Per DHCS, all Medi-Cal beneficiaries residing in the above Homes are mandatorily enrolled into a Medi-Cal MCP for their Medi-Cal covered service
- The [final ICF APL](#) has been released.
- All materials will be distributed post meeting.



Contracting

- MCPs are required per DHCS to incorporate standard terms and conditions provided by DHCS into their contracts. This will ensure that MCPs are using standardized contract language and consistent delivery of services.
- DHCS recently released the model contract language, however DHCS has not released the universal credentialing application. HPSJ/MVHP will be using their current ancillary application to start the process.
- HPSJ/MVHP must report all contracting efforts to DHCS by Oct 2023.
- If you haven't done so already, please reach out to Contracting Dept to start your application. Email address will be provided and shared at the end of the presentation.



Credentialing

Required Documents for Initial Credentialing/Recredentialing:

- Completed Application
- Copy of valid California Department of Public Health License
- Copy of Certificate of Insurance
- Copy of Accreditation (Only if applicable)
- Signed and Dated W9
- No OIG Exclusions



Referral Process and DME

- For any outpatient approval – including DME – an authorization request along with necessary orders and clinical documentation would be needed.
 - For members transitioning to HPSJ/MVHP from Fee-For-Service (FFS) Medi-Cal or from another Plan, incontinent supplies are not part of Continuity of Care (CoC) and will be transitioned to Western Drug immediately due to capitation. When HPSJ/MVHP PA Dept receives the request from the current provider/supplier for these services, our Lead IP will transition to Western Drug per our internal process
 - For members transitioning to HPSJ/MVHP from El Dorado and Alpine Counties, incontinence supplies are included in CoC per the Policy Guide (Titled 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Version 3 – August 7, 2023, Section F. Additional Continuity of Care Protections for All Transitioning Members). HPSJ/MVHP will allow members to keep their existing DME rentals and medical supplies from their existing DME providers without further authorization for 6 months after the 2024 MCP transition and until reassessment, and the new equipment or supplies are in possession of the member and ready for use. After 6 months, HPSJ/MVHP may reassess the member's authorization at any time and may require the member to switch to a network provider of DME. This applies to DME or medical supplies that have been arranged for but not yet delivered. HPSJ/MVHP will allow the delivery and permit the member to keep the equipment or supplies for a minimum of 6 months and until reassessment.



Referral Process and DME

- Dental General Anesthesia:
 - HPSJ/MVHP covers facility fees and IV sedation or general anesthesia for a member's dental procedure **with prior authorization** when medically necessary and performed by a physician anesthesiologist or CRNA in the following settings:
 1. Dental office
 2. Hospital
 3. Accredited Ambulatory Surgery Center and
 4. A community clinic that:
 - a. Accepts Denti-Cal,
 - b. Is a non-profit organization and
 - c. Is recognized by the Department of Health Care Services (DHCS) as a licensed community clinic or a Federally Qualified Health Center (FQHC) or a FQHC Look-Alike
 - Medi-care does not cover dental general anesthesia, therefore HPSJ/MVHP would cover under Medi-Cal benefit
- For inpatient approvals – such as room and board – authorization form, HS 231form, TAR and face sheet for ICF will be required.
- In cases where HPSJ/MVHP is secondary, we will cover Medi-Cal approved benefits where it is not covered by primary insurance and when appropriate.



Case Management

- Case Management Programs are available to all HPSJ/MVHP members meeting eligibility for the program.
 - Complex Case Management assists members with multiple chronic conditions who need extra support to achieve optimal wellness
 - Condition Management assists members in understanding and taking care of a single chronic condition such as:
 - Heart Failure
 - Chronic Obstructive Pulmonary Disease
 - Asthma
 - Diabetes
 - Chronic Kidney Disease



Continuity of Care

- Continuity of Care is a regulatory process designed to ensure Medi-Cal members can continue treatment with a provider or service for up to 12 months in the following situations:
 - Transitioning from Fee For Service “straight” Medi-Cal to a Managed Care Plan (MCP) like HPSJ/MVHP.
 - Medi-Cal members who switch to a new MCP after January 2023.
 - When their provider terms and is no longer contracted with HPSJ/MVHP.

[Continuity of Care FAQ](#)



Claims/Billing

Purpose

The purpose of the following presentation is to support the efforts to increase correct processing and payment with the first claim submission and guide you through the claim submission process for the various Long Term Care services.

Background

The Medi-Cal program provides benefits through both fee-for-service (FFS) and managed care plans (MCP). In efforts to standardize, help ensure consistency, and reduce complexity across the state and reduce county-to-county differences, the Department of Health Care Services (DHCS) is implementing Benefit Standardization.

Effective January 1, 2023, HPSJ/MVHP must authorize and cover medically necessary skilled nursing and custodial services provided in Skilled Nursing Facilities (SNF), meaning members who are admitted into a SNF will remain enrolled in HPSJ/MVHP instead of being disenrolled.

Effective January 1, 2024, the remaining LTC members receiving the LTC benefit in a Subacute or Intermediate Care Facility (ICF) must be enrolled in an MCP.



Definitions: Billing Terminology

Type of Bill Codes: Identifies the type of bill being submitted to a payer. Type of bill codes are four-digit alphanumeric codes that specify different pieces of information on claim form UB-04.

Frequency Codes: The third digit of the type of bill submitted on an institutional (UB04) claim to indicate the sequence of a claim in the patient's current episode of care.

Revenue Codes: Identifies specific accommodations, ancillary services, or unique billing calculations, or arrangements relevant to the claim.

Value Code: Identifies special circumstances that may affect processing of the claim

Accommodation Code: Identifies the type of accommodation utilized by the patient during the billing period.

Share of Cost: Some HPSJ/MVHP members must pay, or agree to pay, a monthly dollar amount toward their medical expenses. 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.



Type of Bill & Frequency Codes

Long Term & Subacute Care:

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

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

Rural Hospital Swing Bed

028X: Skilled Nursing Facilities: Swing Beds

Intermediate Care Facilities

065X: Intermediate Care (DD)

066X: Intermediate Care (DD-H)

067X: Intermediate Care (DD-N)

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



Revenue & Accommodation Codes

Facilities must bill indicating the Revenue Code that is applicable to the specific accommodation services, 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

0180 = Leave of Absence

0185 = Bed Hold

0190 = Subacute Care

Facilities must bill indicating the **Accommodation Code** that is applicable to the 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.



Revenue & Accommodation Code Crosswalk

Revenue Code - Accommodation Code Crosswalk				Accommodation Code Billing		
Facility Type	Revenue Code	Revenue Code Description	Accommodation Code	UB-04 Value	8371 Value	
				Code Amount	Code Amount	Code Amount
				Data Format	Data Format	Data Format
Skilled Nursing/Custodial						
NF-B Regular Services/Custodial (LTC)	101	All Inclusive Room and Board	1	24	1	0.01
NF-B Regular Services/Custodial (LTC)	180	Leave of Absence	2	24	2	0.02
NF-B Regular Services/Custodial (LTC)	185	Bed Hold	73	24	73	0.73
Rural Hospital Swing Bed						
NF-B Regular Services: Rural Swing Bed	101	All Inclusive Room and Board	4	24	4	0.04
NF-B Regular Services: Rural Swing Bed	180	Leave of Absence/Bedhold	5	24	5	0.05
Intermediate Care Facility (ICF)						
ICF/DD 1-59 Beds	101	All Inclusive Room and Board	41	24	41	0.41
ICF/DD 60 or more Beds	101	All Inclusive Room and Board	41	24	41	0.41
ICF/DD 1-59 Beds	180	Leave of Absence/Bedhold	43	24	43	0.43
ICF/DD 60 or more Beds	180	Leave of Absence/Bedhold	43	24	43	0.43
ICF/DD-H 4-6 Beds	101	All Inclusive Room and Board	61	24	61	0.61
ICF/DD-H 7-15 Beds	101	All Inclusive Room and Board	65	24	65	0.65
ICF/DD-N 4-6 Beds	101	All Inclusive Room and Board	62	24	62	0.62
ICF/DD-N 7-15 Beds	101	All Inclusive Room and Board	66	24	66	0.66
ICF/DD-H 4-6 Beds	180	Leave of Absence/Bedhold	63	24	63	0.63
ICF/DD-H 7-15 Beds	180	Leave of Absence/Bedhold	68	24	68	0.68
ICF/DD-N 4-6 Beds	180	Leave of Absence/Bedhold	64	24	64	0.64
ICF/DD-N 7-15 Beds	180	Leave of Absence/Bedhold	69	24	69	0.69



Facility Payment Requirements

HPSJ/MVHP shall reimburse claims from a network provider furnishing institutional Long-term Care Services to a member in accordance with the Medi-Cal fee-for-service (FFS) rate as defined by DHCS.

The reimbursement requirement only applies to the room & board, leave of absence, or bed hold days starting on the first day of a member's stay.

HSPJ/MVHP shall coordinate benefits with other health coverage (OHC) programs or entitlements in accordance with APL 21-002, Cost Avoidance and Post-Payment Recovery for Other Health Coverage, including recognizing OHC as primary, and the Medi-Cal program as the payer of last resort.

HPSJ/MVHP shall pay the full deductible and coinsurance in accordance with APL 13-003, Coordination of Benefits; Medicare and Medi-Cal for members who are dually eligible for Medi-Cal and Medicare.

HPSJ/MVHP shall pay an additional supplemental payment per diem for the first 45 days of the members stay as of 01.01.2023 to cover physical therapy, occupational therapy and other ancillary charges.



Office Ally

Claims must be submitted to HPSJ/MVHP on the UB04 (facility claim) form or submitted Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) claims must be submitted using Office Ally

Office Ally

(866) 575-4120

info@officeally.com

support@officeally.com

Payer ID: HPSJ1

*For any question or assistance, please contact us and we will work with you directly.

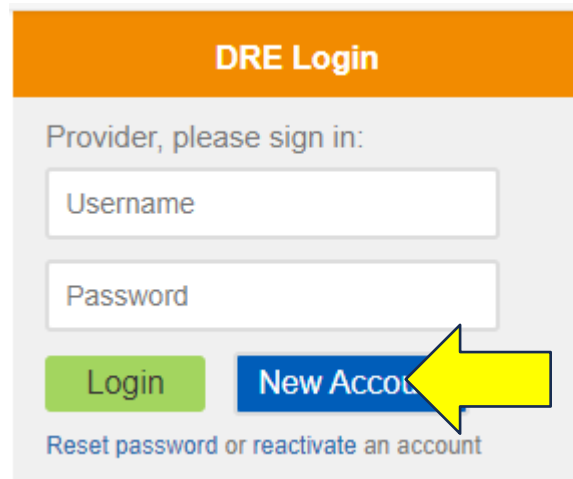


Provider Portal

Health Plan of San Joaquin/Mountain Valley Health Plan has a Provider Portal where you can:

- View members eligibility
- Check claims history
- Submit PDR's

To receive access to DRE (Doctor's Referral Express), our secure provider portal, Providers must complete the online request form: [HPSJ/MVHP Provider Area](#)



DRE Login

Provider, please sign in:

Username

Password

Login New Account

[Reset password or reactivate an account](#)



ICF Public Page

Health Plan of San Joaquin/Mountain Valley Health Plan has an ICF page:

[ICF/Sub Acute Services and Support - Health Plan of San Joaquin \(www.hpsj-mvhp.org\)](http://www.hpsj-mvhp.org)

- Carve-In Overview
- FAQs
- Auth Information
- And more...



HPSJ/MVHP Contacts

HPSJ/MVHP Provider Contracting Department	HPSJ/MVHP LTC Provider Services Liaison	HPSJ/MVHP Customer Service Department	LTC General Email
<p>ContractingDepartment@hpsj.com</p>	<p>Christina Villar E-mail: cvillar@hpsj.com</p>	<p>1-888-936-PLAN (7526)</p>	<p>LTC@hpsj.com</p>



Q&A/Open Forum

