

NURSING FACILITY FORMS AND PACKETS

Centennial Care 2.0 Joint MCO Training

MEDICAL ELIGIBILITY



To be medically eligible, a recipient must meet the criteria for at least a Low NF LOC



NF decisions are based solely on criteria supported by documentation in the medical record

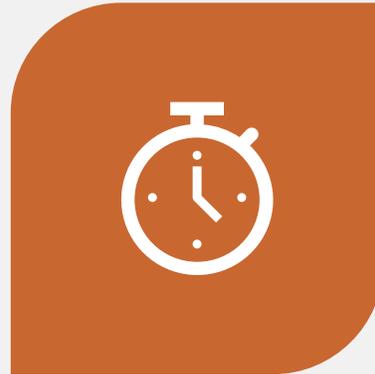


The medical record documentation shall support initial and ongoing eligibility

ACCURATE PROVIDER DATA



PLEASE ENSURE THE PROVIDER DATA BEING SUBMITTED TO THE MCO IS THE MOST ACCURATE AND UP TO DATE INFORMATION AT THE TIME OF SUBMISSION.



THE MCOS ARE SEEING MANY PACKETS SUBMITTED WITH OUTDATED FACILITY NAMES, NPI AND/OR TAX ID



THIS CAUSES MANY ADMINISTRATIVE ISSUES FOR THE MCOS AND COULD RESULT IN A DENIED CLAIM.

INITIAL LOW NURSING FACILITY (LNF)



Request Submitted to the MCO within 30 calendar days of the member's admission



Minimum Data Set (MDS) current (14 days) for the time frame requested



Preadmission Screening and Residential Review (PASRR) Level I, (PASRR Level II or WAIVER when applicable)



History & Physical (within 6 months of NFLOC start)



Dated Physician's Order for LNF or HNF Signed by MD,CNP, PA, Clinical Nurse Specialist or Signed by the RN/LPN who took verbal/telephone with the name of the provider who gave the LOC order



Notification Form



CONTINUED STAY LOW NURSING FACILITY (LNF)

Documentation should include:

Minimum Data Set (MDS) current (90 days)

History and Physical (within one year)

Physician's Order for LNF or HNF

Physician Progress Notes (within 90 days)

Notification Form

Timeline for Submission of Request:

60 Calendar days from the NF LOC expiration date

INITIAL HIGH NURSING FACILITY (HNF)



CARE PLANS AND
INTERDISCIPLINARY
NOTES



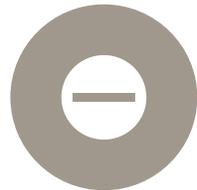
MEDICATION
ADMINISTRATION
RECORDS (MAR)



TREATMENT
ADMINISTRATION
RECORDS (TAR)



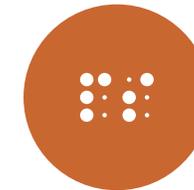
NURSING NOTES



THERAPY NOTES AND
GRIDS (IF APPLICABLE)



BEHAVIOR TRACKING
FLOWSHEETS (IF
APPLICABLE)



PLUS- ALL LNF
REQUIREMENTS



REQUEST SUBMITTED
TO THE MCO WITHIN
30 CALENDAR DAYS
OF THE MEMBER'S
ADMISSION OR
CHANGE IN
CONDITION

CONTINUED STAY HIGH NURSING FACILITY (HNF)

- All HNF Requests
 - Care Plans and Interdisciplinary Notes
 - Medication Administration Records (MAR)
 - Treatment Administration Records (TAR)
 - Nursing Notes

- Dependent on HNF Criteria Requested

- Therapy Notes and Grids
- Behavior Tracking Flowsheets

Timeline for Submission of Request:

- Initial Continued HNF Requests: 30 Calendar days from the initial HNF expiration date
- Ongoing Continued HNF Requests: 30 Calendar days from the NF LOC expiration date





Initial Low NF determinations are valid for 90 calendar days.



Redetermination/Continued Stay Low NF determinations are valid for 365 calendar days.



Initial High NF determinations will be valid for 30 calendar days.



Redetermination/Continued Stay High NF determinations are valid for 90 calendar days (using prior 30 days of medical record documentation & services received to make determination.)

NURSING FACILITY TIMELINES

KEY CONSIDERATIONS FOR A NEW ADMISSION

- Members with a full Medicaid Category of Eligibility, including Alternative Benefit Plan (COE 100) do not require Institutional Medicaid.
 - A request should not be sent to ISD as the member already has appropriate eligibility
- Members admitted to the Nursing facility who are on the Developmentally Disabilities (COE 096) waiver or the Medically Fragile Waiver (COE 095) should not be transitioned to Institutional Medicaid unless the member absolutely plans to remain in the Facility Long-term
 - If the member is transitioned to Institutional Medicaid, their waiver eligibility and access to Home and Community Based Services will be terminated

MEDICAID
PENDING:

ESTABLISHING
MEDICAL
ELIGIBILITY

Medicaid Pending refers to a member who is in a nursing facility long-term/Custodial Care and applying for Institutional Medicaid

It is highly encouraged that the Nursing Facility will assist the member in contacting ALTSD to place their name on the central registry

The MCO will receive notification via the I12 file to assess for medical criteria and eligibility

NFLOC Evaluation

The MCO outreaches to the NF to request a NF Packet to be reviewed by Utilization Management if a one has not already been received by the facility *The start date on the packet should be no later than the date the request was sent to ISD

The MCOs send NFLOC determination to ASPEN

MEDICAID PENDING-
INSTITUTIONAL
MEDICAID CRITERIA

Medical:

Adults who meet the nursing facility level of care (NFLOC), requiring assistance with 2 or more ADLs

Financial:

Adults with incomes between 139% and 235% Federal Poverty Level

If the member meets *both* financial and medical criteria, an approval for Institutional Medicaid is issued

The MCO will receive the member on the enrollment file and an authorization will be issued.

DISCHARGE STATUS



Discharge Status occurs when a resident no longer meets HNF or LNF level of care, but there is no option for community placement of the resident at that time. Discharge Status does not mean the resident is being discharged from the facility.



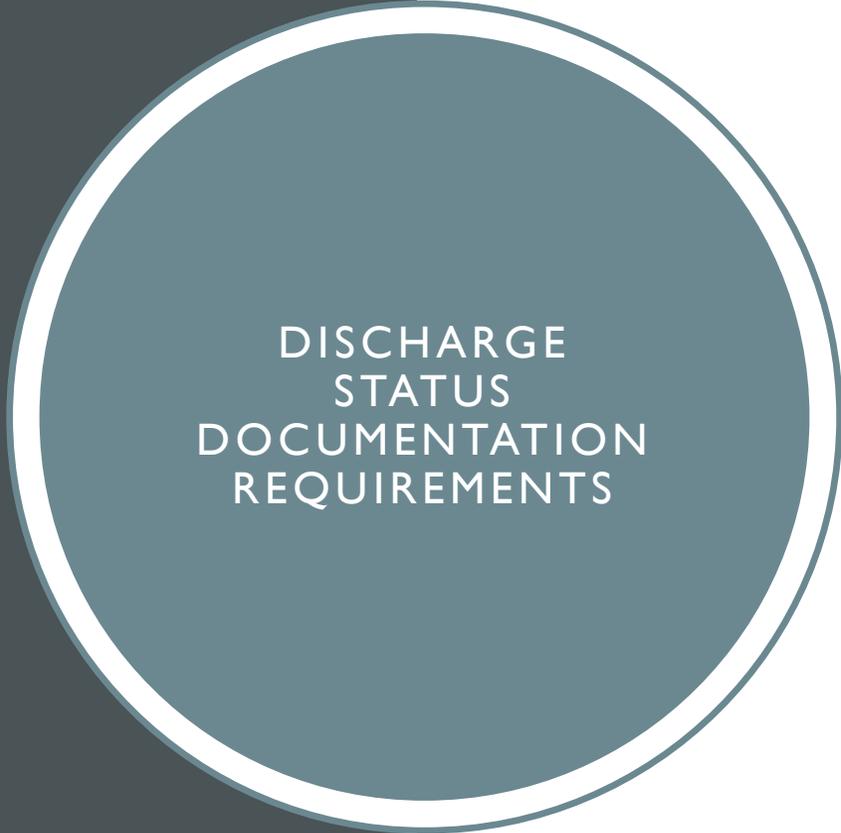
Discharge Status is considered when residents may be at risk for failure to thrive outside the nursing facility and discharging the resident places the resident's health at risk.



Initial Discharge Status is authorized at LNF for a maximum of 90 calendar days



Continued Stay Discharge Status is authorized at LNF for not less than 180 calendar days and up to 365 calendar days



DISCHARGE
STATUS
DOCUMENTATION
REQUIREMENTS

Upon receipt of LNF denial, for those who would constitute an unsafe discharge, the following documentation must be submitted:

- A valid LOC order
- Physician orders are valid for 60 days from date of receipt;
- Current Minimum Data Set (MDS) for the time frame requested
- Submission of a Continued Stay request for a resident in Discharge Status must acknowledge the resident's Discharge Status and document the facility's ongoing attempts, in conjunction with Care Coordinator's effort, to find and develop appropriate community placement options for the resident
- The facility should document why the resident must remain in the nursing home until the resident can be safely discharged to the community.

NURSING FACILITY TRANSFERS

The nursing facility must notify the Centennial Care 2.0 MCO & ISD (via CIU) when a transfer is to occur from one nursing facility to another. The receiving nursing facility will provide the Centennial Care 2.0 MCO with the date of the transfer.

If there are more than thirty (30) days on the resident's current Level of Care, MCO will send an authorization with the days remaining on the current Level of Care.

If there are less than thirty (30) days remaining on the resident's current Level of Care:

The receiving NF will send a Continued Stay request with all other required documents for Continued Stay.

The days remaining on the current Level of Care will be added to the Continued Stay. The request should indicate that a transfer has occurred.

Please note- these are not considered new admissions

READMISSIONS:

When the resident leaves the NF for three or more midnights for an inpatient hospital stay, a readmission review is required



Within 30 days the NF must submit: a Re-admit MCO approval request form, the hospital discharge summary and/or residents admission note back to the NF



If NFLOC expiration is greater than 30 Calendar days:

Additional days will be assigned from the re-admit date

The NF sends the notification form to the MCO along with supporting documentation



If NFLOC expires in less than 30 Calendar days:

The NF will not submit a readmit notification form.

Instead the NF should submit a re-determination (annual or continued stay) request on the notification form along with supporting documentation.



Prior authorization forms not submitted timely due to reasons beyond the control of the NF must be submitted to the MCO with a detailed written explanation and documentation that supports the request for an excusable late review.



If the reason for the delay in documentation submission was within the control of the NF, the effective date for reimbursement is the date the packet was received by the MCO.



Medicaid will not reimburse NFs for DOS not covered by the MCO prior authorization form. In addition, the Medicaid member and his/her family member(s) cannot be billed for the services provided by the NF. The NF will not discharge the resident due to assignment of late days by the MCO.

RETROSPECTIVE REVIEWS



MCO
CONTACT
INFORMATION

Presbyterian

Provider Network LTC Manager

Adam Bailey

abailey5@phs.org

(505) 923-5407

Utilization Management Long Term Care

Email: hsauthltcefax@phs.org

Fax: 505-843-3107

Phone: 505-923-8145

UM LTC Managers

Angela Pangan apangan@phs.org

Francesca Hallum: fhallum@phs.org

MCO
CONTACT
INFORMATION

Western Sky

Provider Relations

Leeann Kaminski

Leeann.T.Kaminski@westernskycommunitycare.com

(505)886-6261

Provider Relations:

Jennifer Aguilar

Jennifer.L.Aguilar@westernskycommunitycare.com

505-886-6244

LTSS UM Manager:

Miriam Rivera

Miriam.V.Rivera@westernskycommunitycare.com



MCO
CONTACT
INFORMATION

BCBS

Provider Network Manager

Elisha Mahboub

Elisha_Mahboub@bcbsnm.com

(505) 816-4216

Provider Relations:

Patricia Chavez

Patricia_Chavez@bcbsnm.com

505-816-4282

INF Unit Manager:

Celina Sanchez

Celina_Sanchez@bcbsnm.com

NF Sr. Manager:

Norane Wiggins

Norane_Wiggins@bcbsnm.com

505-816-5461

QUESTIONS?