

Changes and Clarifications for Nursing Facilities in 2012

South Country Health Alliance would like to outline some changes and clarifications to nursing facility services and processes in 2012 including:

- Demand Billing
- Single Room Authorization
- Prior Authorizations for Skilled (SNF) Care

Demand Billing

Prior to November 1, 2011 demand bills for Medicare payment were typically handled by the DHS Medicare Revenue Enhancement Program (MREP), but as of November 1, 2011, the Minnesota Department of Human Services discontinued the Medicare Revenue Enhancement Program (MREP).

If Providers review their denials to determine if a demand bill for Medicare payment is appropriate, please contact South Country's Health Services department at 507-431-6368 or 110 W Fremont Street, Owatonna, MN 55060.

Private Room

South Country Health Alliance (SCHA) allows payment for a single bed room for medical assistance recipients, under limited conditions. Services must be medically necessary and prior approval by SCHA/MMSI.

Nursing Facilities must complete the SCHA Nursing Home Communication or DHS form Private Room Request Form and fax to SCHA/MMSI Health services at (888) 889-7822.

To receive payment for covered services for a private room, the following requirements must be met:

- The recipient's attending physician must determine and certify that a single bed room is necessary because of a medical or behavioral condition that affects the health of the recipient or other residents (the estimated length of time the private room is needed must also be indicated);
- The single bed room must be located in a nursing facility which has chosen to assign a greater proportion of their costs to single bed rooms
- The bed in the single bed room must be certified for Medical Assistance by the MDH
- The Quality Assessment and Assurance Committee (QAAC) must review the attending physician's recommendation for the single bed room, and sign a statement that a single bed room is required

- The attending physician's statement, the QAAC's statement and any additional relevant documentation from the recipient's medical record, must be submitted to SCHA/MMSI Health Services for review.

Prior Authorization for Skilled (SNF) Care

For 2012, South Country Health Alliance (SCHA) has changed the payment process for skilled (SNF) care in a nursing facility for members enrolled the special needs plans of SeniorCare Complete (MSHO) and AbilityCare (SNBC, integrated product of Medicare and Medical Assistance) Special Needs Plan.

Nursing facilities are required to contact SCHA/MMSI Health Services (approval authority) of member admissions within one business day of the admission, whenever possible.

- **** CHANGE **** Skilled care (SNF) requires an **authorization** from SCHA/MMSI Health Services within one business day of admission or determination, and when ongoing services are extended beyond the current authorization.
- Non-skilled (NF) care requires notification to SCHA/MMSI Health Services within one business day of admission or re-determination.

For skilled SNF admission:

- Please fax to MMSI 1-888-889-7822 within 24 hrs of admission a completed copy of SCHA Nursing Home Communication Form which includes the reason that skilled care is needed. This could be:
 - Copy of the physician order
 - Hospital discharge note, in appropriate
 - Explanation from staff of why the skilled level of care is needed. You can document this information in the "Notes" section on the form.

The admission information will be reviewed and MMSI will fax our decision back to the nursing home with the date that concurrent review is needed.

For skilled SNF concurrent review:

- Please fax to MMSI 1-888-889-7822 on the date that concurrent review is due the SCHA Nursing Home Communication Form with clinical documentation supporting the continued need for skilled care. Clinical documentation could include: nurses notes explaining daily skilled nursing care and/or therapy plan of care and notes. Documentation should explain course of treatment, show progress and reasons that continued care is needed.

MMSI Health Services will review the request and contact the nursing facility with a determination within 10 days.

- If an approval is issued, please inform the member or responsible party when initial service and or/ additional days are approved.

- If a denial is issued, a Notice of Medicare Non-Coverage (NOMNC) must be issued and given to the member within 2 days prior to discharge or end of skilled need. Please send a signed copy of the NOMNC to MMIS Health Services along with the SCHA Nursing Home Communication Form.
 1. Members will be covered through the service end date as identified on the Notice of Medicare Non-Coverage (NOMNC) form.
 - i.e. Service end date on the NOMNC is January 14th > member received the NOMNC on January 12th > Skilled (SNF) coverage will be paid through January 14th.

South Country Health Alliance does NOT require a prior three (3) day hospitalization for skilled (SNF) care coverage for members. Nursing facilities must assure that members have available Medicare Part A days, meet SNF coverage/eligibility criteria, and must meet one of the following:

- Present to a clinic, Emergency Department or Urgent Care setting and require ongoing skilled care, observation, monitoring, or rehabilitation therapy that cannot be appropriately provided in the home setting.
- The member is a long-term care resident, and experiencing an acute illness or exacerbation of a chronic condition that would meet criteria for an inpatient admission, and care can be safely be provided in the nursing facility. Coverage will only be authorized for the period of time that the member requires skilled services that meet coverage criteria.

If you have any questions regarding the change in process for payment for skilled (SNF) benefit, please contact Kathy Fitzgerald, MMSI 507-538-5031. If Kathy is out of the office and you need to speak to someone directly, please call MMSI Health Services at 1-800-645-6296 and ask for either Joie Bjork or Jan Morgan. Please do not share these phone numbers with members.

Maintenance Therapy

Due to Legislation, maintenance therapy is no longer a benefit for members age 20 years and older. Please reference the Prior Authorization grid on the South Country Health Alliance website for more information. http://www.mnscha.org/providers_priorauth.htm

***** Clarification: For therapy services that qualify under the member's Medical Assistance benefit, there is NOT a threshold or cap for services. The member MUST show progress to be eligible for reimbursement.***