Managed Care for New York Skilled Nursing

PART 2 – Important Changes to Admissions, Billing and Collections

Presented by:

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Today’s Agenda...

- Changing Landscape for Nursing Homes
- Transition Resources and Key Elements
- Admissions
- Leveraging Technology
- New forum – HMM BillTAG
Global impact of Medicaid Redesign and Medicaid Managed Care on skilled nursing facilities.

- Consolidation and contraction
- Lower occupancy
- Lost revenue
- Increased competition
SNF Perspective

SNF transition experience determined by

- Upstate vs. Downstate
- Urban vs. Rural
- Local economics
- Number of plans
- Size
- Organizational complexity
# Medicare PPS vs. Medicaid Managed Care

<table>
<thead>
<tr>
<th>Medicare PPS</th>
<th>Medicaid Managed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>All inclusive PPS Rate based on clinical assessment</td>
<td>Bench Mark rate or Levels based on custodial or skilled care</td>
</tr>
<tr>
<td>MDS</td>
<td>UAS-NY</td>
</tr>
<tr>
<td>MDS Coordinator</td>
<td>Case Manager</td>
</tr>
<tr>
<td>Medicare B of A benefit</td>
<td>MMC / MLTC / FIDA</td>
</tr>
<tr>
<td>Med A included/excluded services</td>
<td>SNF Rate included/excluded services</td>
</tr>
<tr>
<td>Technical Component (TC) vs. Professional Component (PC) vs. Global Charge</td>
<td>Operating component vs. Capital component</td>
</tr>
<tr>
<td>Negotiating rates with Part B vendors</td>
<td>Negotiating rates with Plans</td>
</tr>
<tr>
<td>Payment delays due to lack of knowledge and new work flows</td>
<td>Payment delays due to lack of knowledge and new work flows</td>
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</tbody>
</table>
Nursing Home Transition Resources and Review of Key Elements
Transition Resources

Office of Health Insurance Programs

Transition of Nursing Home Benefit and Population into Managed Care
February 2015 Implementation

Source:

Transition of Nursing Home Populations and Benefits to Medicaid Managed Care
January 2015

Source:

TRANSITION OF NURSING HOME POPULATIONS AND BENEFITS TO MEDICAID MANAGED CARE
Frequently Asked Questions
January 2015

Source:
Transition Resources

Source:

- 14 Pages
- 72 questions
  - 21 related to Rates and Billing

Source:
What are the NH Transition FAQ’s telling DOH

<table>
<thead>
<tr>
<th>Category</th>
<th>March Part 2</th>
<th>March</th>
<th>January</th>
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<tr>
<td>Pages</td>
<td>14</td>
<td>12</td>
<td>20</td>
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<tr>
<td>Questions</td>
<td>72</td>
<td>62</td>
<td>74</td>
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<tr>
<td>Rates and Billing (Reimbursement/Cash Flow)</td>
<td>21</td>
<td>4</td>
<td>18</td>
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<td>Care Planning</td>
<td>4</td>
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<td>Benefit (Placement and Services)</td>
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<td>10</td>
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<td>Pharmacy</td>
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<tr>
<td>Eligibility</td>
<td>7</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Enrollment</td>
<td>3</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>NAMI</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems</td>
<td>3</td>
<td></td>
<td></td>
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<td>Assessments</td>
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<td>5</td>
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<tr>
<td>Authorizations</td>
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<td>2</td>
<td></td>
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<tr>
<td>Complaints, Appeals, Disputes</td>
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<td>1</td>
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<td>Communications</td>
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<tr>
<td>Network</td>
<td>6</td>
<td>2</td>
<td>14</td>
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<tr>
<td>Physician Services and Credentialing</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous/General</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total Questions</strong></td>
<td><strong>72</strong></td>
<td><strong>62</strong></td>
<td><strong>74</strong></td>
</tr>
</tbody>
</table>

- SAME
- NO CHANGE
- CONSISTENT
NH Benefit Transition Timeline

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 1, 2015</td>
<td>NYC – Bronx, Kings, New York Queens, Richmond</td>
</tr>
<tr>
<td>April 1, 2015</td>
<td>Nassau, Suffolk, Westchester</td>
</tr>
<tr>
<td>July 1, 2015</td>
<td>All remaining counties</td>
</tr>
</tbody>
</table>

Highlights

- Current residents stay Medicaid FFS (not required to enroll in a plan)
- Individuals already covered by MLTC or MMC can not be dis-enrolled if long term placement required
- No one will be required to change NH due to transition
- Individuals new to Medicaid after effective date required to enroll in MLTC or MMC
- Individuals can change plans at any time to access desired NH (no lock-in)

Who Qualifies for NH Benefit:

- Eligible adults age 21+ who need long term custodial placement in a NH
## Two scenarios for new long term placement

<table>
<thead>
<tr>
<th>No Medicaid</th>
<th>Has Community Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Advantage or Medicare FFS and no Medicaid on admission</td>
<td>Dually eligible - Medicare Advantage or Medicare FFS and MLTCP</td>
</tr>
<tr>
<td></td>
<td>Dually eligible – FIDA, PACE, MAP</td>
</tr>
<tr>
<td></td>
<td>Medicaid only – Medicaid Managed Care</td>
</tr>
<tr>
<td>Steps for long term placement</td>
<td>No Medicaid</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Clinical determination for long term placement</td>
<td>No change.</td>
</tr>
<tr>
<td>Need for conversion to “institutional” Medicaid</td>
<td>No change. NH coordinates application.</td>
</tr>
<tr>
<td>If eligibility is confirmed by LDSS</td>
<td>NH bills Medicaid FFS until Plan enrollment, then Plan pays.</td>
</tr>
<tr>
<td>Once eligibility is determined by LDSS, plan enrollment or change completed by NY Medicaid Choice (aka Maximus)</td>
<td>60 Days to choose a plan. If no plan chosen, then auto assigned to plan that has contract with NH.</td>
</tr>
<tr>
<td>NAMI</td>
<td>No change.</td>
</tr>
<tr>
<td>If eligibility denied by LDSS</td>
<td>No change. NH collects privately.</td>
</tr>
</tbody>
</table>
New to Medicaid

**Eligibility**
The process for Medicaid eligibility changes very little. The only real change is that you need to send an MCO authorization with your LDSS-3559, 2159 if you are requesting permanent placement for someone already enrolled in Managed Care. The SNF continues to handle Medicaid applications the same as it has all along.

**Enrollment**
Once eligibility is confirmed, the LDSS will alert NY Medicaid Choice (aka Maximus) and the enrollment process will begin. Notices will go to the address of record. Family or facility can help patient. Enrollment can happen as soon as the patient selects a plan. If none selected after 60 days the patient will be auto-enrolled in a plan that contracts with your facility.
Here they come!

Budget letter for MLTC permanently placed in NH

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### NOTICE OF INTENT TO ESTABLISH A LIABILITY TOWARD CHRONIC CARE

**APR 03, 2015**

**General Telephone No.**

**OR**

**Agency Conference**

**Consultation Information and Assistance**

**Record Access**

**Legal Assistance Information**

**Ms. Lopez**

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**OFFICE NO.**

**UNIT NO.**

**WORKER NO.**

**WORKER NAME**

**TELEPHONE NO.**

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This Department has made a decision concerning eligibility under the Medical Assistance Program of the individual named above, who has been determined to be residing in a medical institution on a permanent basis. (If the individual was previously in receipt of full Medical Assistance coverage or Medical Assistance coverage subject to a spenddown amount of $, the required contribution towards institutional costs is explained below.)

**Date of Application:** 9/30/14

**Date of Institutionalization:** 5/22/14

**Date of Chronic Care Status:** 8/1/14

We have calculated the total monthly contribution toward the cost of this individual’s care for the period indicated, as follows:

<table>
<thead>
<tr>
<th>INCOME</th>
<th>From 6/1/14 To 12/31/14</th>
<th>To Further Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Income</td>
<td>$1460.80</td>
<td>$1479.80</td>
</tr>
<tr>
<td>Deductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Allowance (Medical Assistance Level)</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>Contribution to Community Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member Allowance(s), or Dependent Household Member(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of Medical/Remedial Care</td>
<td>119.30</td>
<td>104.60</td>
</tr>
<tr>
<td>Remaining Available Monthly Income</td>
<td>1291.50</td>
<td>1324.80</td>
</tr>
<tr>
<td>Contribution from Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income Contribution (Rem. Mo.)</td>
<td>1291.50</td>
<td>1324.80</td>
</tr>
</tbody>
</table>

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**Payable to:**

- Aetna MLTC

**NOTICE:**

Any monthly income contribution is based on a projection of income expected to be received. Adjustments may be made if your income or circumstances change.

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**RESOURCES**

Resources, if any, must also be considered in calculating your eligibility.

**Countable Resources:**

$249.03
Reimbursement During Transition

• Benchmark rate guaranteed for 3 years after a county is deemed mandatory
  • Includes all aspects of NH FFS rate (Operating, Capital, Per Diems, Cash Assessment, Case Mix and Quality)
  • Universal Settlement outside of NH rate
• Can negotiate a rate acceptable to all parties and approved by DOH (risk sharing arrangement)
• Contracted rate must be increased by the Plan if it falls below the current market Benchmark rate at any time.
  • Benchmark rate will be updated on the DOH website at least twice a year for case mix
  • Plan must process retro active rate changes to NH’s
During Transition (continued)

• Bedhold
  • Policy remains the same, although prior authorization may be required
  • Health First – Presentation to Southern New York Association 3/26/15 said in **BOLD**…”Bedhold days require prior authorization”
    • **NO!** – DOH Presentation January 2015 slide 46 – Not for emergency care
  • Plans need to separate Hospital vs. LOA days
  • Hospital (Urgent) - You do need to obtain an authorization, just not prior
  • LOA (Elective) – Prior authorization required, but service can’t be denied if days available
Leveraging Technology to Strengthen Cashflow
Leveraging Technology

FFS Medicaid Billing

Managed Medicaid Billing
Leveraging Technology

- Eligibility Verification
- Claims Management
- Specific Example: Automated secondary claims
Eligibility Verification

Who
- Admissions AND Business Office

When
- On admission, prior to EVERY BILLING for ALL PAYERS

How
- Both phone and on-line
  - On-line - Through your billing software or third party i.e. Ability, eMedNY, Plan websites
  - Manual vs. Automated
Eligibility Verification

Example of Automated Eligibility Verification
Claims Management

- Built in or external
  - Clearing House
- Claim scrubbing
  - Understanding edits
- Claim status
  - Track adjudication through claim history
- Working by exception
- Automated secondary claims – YES YOU CAN!
Automated Secondary Claims

- Built in (billing software) or external (claims management system/clearing house)
- Creates secondary claims upon receipt of electronic Medicare remit
- Review claims and send!
HMM BillTAG
(Billing Transition Action Group)
The HMM Billing Transition Action Group IS About being part of the SOLUTION. A group of people sharing ideas, best practices and solutions specific to issues arising from NH transition to Medicaid Managed Care. You will get

- Information
- Inspiration
- Connections

**When:** Webcasts will be the last 2 Fridays of the month, 10a-11a for May, June and July

**Who:** Free and open to EVERYONE! Billers, Administrators, Plans, Associations, Software Vendors…
Long Term Managed Care

The 2015-16 Budget includes several provisions for long term care providers as the State transitions to managed care, including the following:

- Requires universal billing codes and standards for payments of claims to long term care providers for long term care services;
- Requires the payment of claims to long term care providers to be paid via electronic funds transfer; and
- Ensures actuarially sound and adequate rates of payment to be paid to providers to ensure quality of care.
Thank you.

Questions?