

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director-Medicaid Director

Transmittal # 21-24

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director, DHCF

DATE: June 22, 2021

SUBJECT: **Nursing Facility Roles and Responsibilities When Admitting Managed Care Organization (MCO) Enrollees**

Purpose

The purpose of this transmittal is to inform the Medicaid Nursing Facility providers that the Department of Health Care Finance (DHCF) is issuing an update to the Medicaid Managed Care Program's nursing facility services coverage and outlines the roles and responsibilities of Medicaid nursing facility providers when admitting Medicaid beneficiaries enrolled in a Managed Care Organization (MCO). All changes outlined in this transmittal become effective on **July 1, 2021**.

Background

The Medicaid Managed Care Program covers nursing facility services for individuals age twenty-one (21) or older (other than services in an institution for mental diseases) described in 42 C.F.R. §§ 440.40 and 440.155, up to ninety (90) consecutive days, who need skilled nursing and skilled rehabilitation services. Beginning on October 1, 2020, MCOs are responsible for payment for their enrollees for up to ninety (90) consecutive days in a nursing facility. For an admission occurring prior to October 1, 2020, the MCOs were only responsible for the first thirty (30) consecutive days.

MCO Enrollment Verification

Staff at nursing facilities must check and verify DC Medicaid eligibility of each individual through the DHCF's Medicaid Web Portal (www.dc-medicaid.com) and/or the District of Columbia Government Medicaid Interactive Voice Response (IVR) system at (202) 906-8319 (inside the DC Metro area) or 1 (866) 752-9233 (outside the DC Metro area), in order to determine Medicaid eligibility status and to identify if the individual is enrolled in an MCO.

The nursing facility must verify Medicaid eligibility and MCO enrollment at the beginning of every month to ensure the individual has continued coverage. If the individual is enrolled in

an MCO, even if Medicaid coverage is secondary insurance, the facility must contact the MCO. The MCO is responsible, in collaboration with the nursing facility staff, to determine the purpose of the admission and the expected duration. The nursing facility must inform the MCO of the requested admission and obtain the MCO's approval prior to the admission. The MCOs' contact information is provided at the end of this transmittal.

Responsibility for Payment

- If an individual is enrolled in an MCO at the time of admission to a nursing facility, the MCO is responsible for preauthorizing the stay and the MCO is responsible for payment of skilled services during the stay, up to and including the ninetieth (90th) consecutive day, as long as the individual continues to be enrolled in the MCO and meets the skilled nursing and skilled rehabilitation medical necessity and level of care standard.
- If a MCO-eligible individual loses Medicaid eligibility while in a nursing facility and subsequently regains Medicaid eligibility, the individual will not be re-enrolled in the MCO.
- If a MCO-eligible individual changes MCOs mid-stay of an admission in a nursing facility, or episode of care, the admitting MCO is responsible for payment of services through discharge of that admission.
- If an individual enrolled in an MCO becomes ineligible for managed care (qualifies for Medicare or becomes age 65) while in a nursing facility, the individual will be disenrolled from the MCO and the remaining stay will be covered under Medicaid Fee-For-Service (FFS).

Please note that an individual may be in the process of being assigned to a MCO at the time of admission. If DHCF is not informed that the individual is in a nursing facility, the MCO enrollment transaction will occur. The nursing facility must notify the DHCF Long Term Care Administration (LTCA) to reverse the MCO enrollment and place the individual back into the FFS program.

Stays Expected to Exceed Ninety (90) Days of Skilled Nursing Facility Care

It is the nursing facility's responsibility to contact the MCO prior to the ninetieth (90th) day, about individuals that continue to need Long Term Care services beyond the ninetieth (90th) consecutive day. The nursing facility is to initiate the Long-Term Care application process for the enrollee to receive Long-Term Care services. The MCO must work collaboratively with the nursing facility to ensure that the enrollee is appropriately disenrolled from coverage under managed care. The MCO's financial responsibility ends on the ninetieth (90th) day, or the end of the month following the ninetieth (90th) consecutive day, whichever is later.

Stays Expected to be Less than Ninety (90) Days of Skilled Nursing Facility Care

If the MCO enrollee requires less than ninety (90) consecutive days in a skilled nursing facility, the MCO will notify the nursing facility of the enrollees authorized length of stay and will work collaboratively with the nursing facility to ensure discharge from the facility to appropriate services.

Stays that meet the Long-Term Care Nursing Facility Level of Care but does not meet Skilled Nursing Facility Care

If an individual meets the Long-Term Care nursing facility level of care but does not require skilled services, the nursing facility will initiate the Long-Term Care Application process and the MCO will disenroll the individual.

MCO Contacts

MCO	TELEPHONE	FAX
AmeriHealth Caritas District of Columbia	(202) 408-4823 (800) 408-7510	(202) 408-1031 (877) 759-6216
CareFirst BlueCross BlueShield Community Health Plan District of Columbia	<u>(202) 821-1132</u> (202) 821-1100	<u>(202) 905-0157</u> (202) 821-1098
MedStar Family Choice District of Columbia	<u>(202) 363-4348</u> (855) 798-4244	(202) 243-6258

For questions regarding this transmittal, please contact Lucy Ohiosikha, Clinical Care Specialist, Health Care Delivery Management Administration, Department of Health Care Finance (DHCF) at Lucy.Ohiosikha@dc.gov or (202) 724-4282.

- Cc:** DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC
DC Managed Care Organizations