

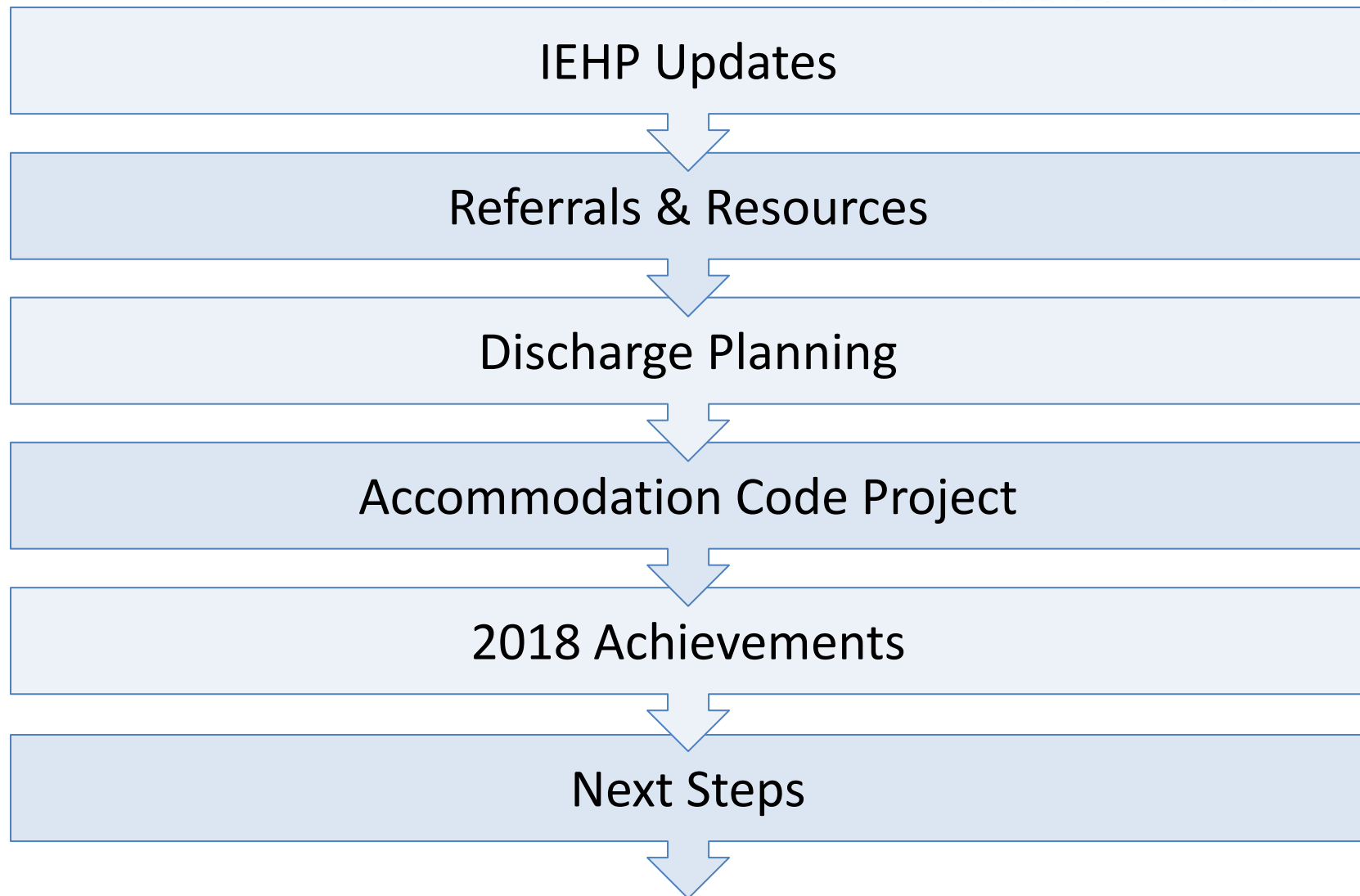
# IEHP Updates & Resources for Skilled Nursing Facilities

**Presented by**

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# Agenda



# IEHP Updates

The Long Term Care Custodial Team has been restructured.  
There are now two separate IEHP Teams which support our SNF network.

## Post-Acute Care Team

- Responsible for all skilled care in SNF & acute care in Acute Rehab facilities.
- The Post-Acute Review Nurse may conduct reviews via fax , via telephone, or on-site, as needed.
- Ensures Members are receiving the appropriate level of care.
- Coordinates safe discharges for Members.

## Custodial Care Team

- Responsible for all custodial care in SNF & free standing subacute facilities.
- The Custodial Review Nurse may conduct reviews via fax , via telephone, or on-site, as needed.
- Ensures Members are placed in the least restrictive setting, which may result in a safe transition back into the community.

# IEHP Updates



- ➔ Working collaboratively with the IEHP LTC Nurses, the LTC Care Transitions Team (comprised of Care Transitions Social Workers and Care Transitions Specialists) will identify those Members in custodial care who may be appropriate to safely transition back into the community.
- ➔ LTC Care Transitions Social Workers will be available to perform facility visits with Members to assess Member's living situation and available support system, discussing with Member the discharge options, including possible re-entry into the community.
- ➔ If appropriate and with the appropriate authorization from the Member, the LTC Care Transitions Social Workers will attempt to meet with family members/caregivers of the Member to address any concerns, assess family's/caregiver's willingness and ability to continue providing care if Member were to return home, and discuss discharge options.
- ➔ The LTC Care Transitions Team will work collaboratively with facility Case Managers and Social Workers to ensure a safe transition plan.

# IEHP Referrals



## REFERRALS

- A referral number is issued at the time of admission, upon notification of admission.
- Approval for inpatient days is issued based on concurrent review & medical necessity.
- To facilitate timely approval, concurrent review should be submitted to IEHP weekly for skilled admissions and every 3 to 6 months for custodial admissions, unless otherwise instructed by an IEHP Nurse Case Manager.

## WEB PORTAL ACCESS

- All referrals & authorized services can be viewed on the IEHP Secure Provider Portal.
- Inpatient days/level of care which have been approved can be viewed in the referral detail.
- Facilities do not need to wait until a Member is discharged to review approved days.

## RETRO REVIEW

- In the event a Member is discharged more than 7 days before IEHP receives concurrent review, IEHP will close the referral.
- The facility will submit the claim and clinical notes, to support the LOC billed.
- The IEHP Retro Review Nurse will review the claim for medical necessity.

# Forms

## REVIEW FORMS:



A detailed form titled 'SNF INITIAL REVIEW' with multiple sections for patient information, admission details, and clinical notes.

- Review forms serve as a snapshot of the Member current state.
- To expedite the approval process & prevent delays, please ensure the form is filled out completely.
- Initial form should be submitted to IEHP with 24 hours of Member admission, and follow up forms should be submitted weekly with the concurrent review.

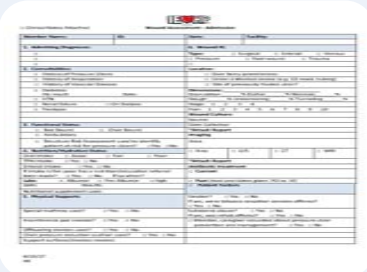
## SERVICE REQUEST FORM:



A form titled 'Service Request Form' with fields for patient information, service type, and provider details.

- IEHP requires that all SNFs utilize the Service Request Form when requesting any services that are not included in the per diem reimbursement .
- For example, the form might be used to request DME for Members in **Skilled** care, & Specialty Physician consults or PT/OT/ST for Members in **Custodial** care.
- Please consult your IEHP Nurse Case Manager for questions regarding necessity.

## WOUND ASSESSMENT FORMS:



A form titled 'Wound Assessment Form' with sections for wound description, assessment, and treatment plan.

- Initial form should be submitted to IEHP at admission/onset of a wound, and notification should be submitted when a significant change occurs in the wound.
- The follow up form should be submitted with each concurrent review.
- If filled out completely, the forms will provide Medical Directors with all of the information necessary to evaluate wound progress & approve care.

# Pharmacy and DME Billing



## CONTRACTS

- SNF per diem contracts identify what services are included in each per diem rate.
- Specialized DME and designated pharmaceuticals are customarily excluded from the per diem reimbursement.
- Please review your individual facility contract for details.

## DME

- When specialized DME is excluded from a SNF per diem, the following applies:
  - Specialized DME requires a prior authorization from IEHP.
  - Specialized DME must be provided by an IEHP contracted DME Provider.

## PHARMACY

- When pharmaceuticals are excluded from a SNF per diem, the following applies:
  - Pharmaceuticals should be dispensed to the facility by a Pharmacy Provider.
  - Pharmaceuticals dispensed by a Pharmacy Provider must be billed through IEHP's Pharmacy Benefit Manager (Argus).

# Transportation

## DHCS APL 17-010

- In July 2017, DHCS published APL 17-010 which has an effective date of 07/01/2017.
- This APL governs the Physician Certification Statement (PSC) requirements for Non-Emergent Medical Transportation (NEMT) service requests, and Non-Medical Transportation (NMT) service requests.

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf>

## IEHP PROCESS

- IEHP has implemented use of a PSC to determine the appropriate level of NEMT services as a covered benefit for Medi-Cal Members.
- NEMT services: transport by Ambulance, Litter Van, Wheelchair Van, and Air.
- The PCS form is not required for NMT service requests.

## PSC FORM

- Must be completed by the treating Physician who determines medical necessity.
- Is valid for 12 months from the date of the Physician signature.
- Must be received by IEHP and approved prior to coordination of NEMT services.
- Must be completed, signed, and faxed to (909) 912-1049.



# Vision/Optomety Services



## BENEFITS

- Medi-Cal Benefit: one comprehensive eye exam every **24** months with no co-pay.
- Medicare Benefit: one comprehensive eye exam every **12** months with no co-pay.

## REFERRALS

- Prior authorization is required for all IEHP Members, in both SNF and LTC setting.
- The Optometrist rendering services is responsible for obtaining a prior authorization.
- Services rendered without a prior authorization are subject to denial of payment.

## PROVIDERS

- Optometry services must be rendered by IEHP contracted Optometry Providers.
- Contracted Optometrists are listed on the IEHP Portal, under the Doctor Search tab.
- IEHP contracted SNFs and LTCs should ensure an Optometrist is contracted with IEHP prior to scheduling an appointment with any IEHP Members.

# Discharge Planning

## STRATEGY:

The most important strategy is **communication** between IEHP and the facility Case Management Team.

## GOALS:

- Initiate discharge planning at the time of each admission.
- Facilitate a safe and appropriate discharge for all IEHP Members.
- **Timely** prior authorization of any medically necessary inpatient or discharge services, and initiation of wrap around community resources.

## RESPONSIBILITIES:

- Facility will provide IEHP with timely and complete concurrent reviews:
  - Skilled: weekly (unless otherwise instructed).
  - Custodial: quarterly to every six months (unless otherwise instructed).
- Facility will provide IEHP with timely and complete forms (i.e. Service Request Form), as needed.
- IEHP will provide timely review and approval of skilled or custodial days, based on medical necessity.
- IEHP will provide timely review and approval of supplemental inpatient services and discharge referrals, based on medical necessity.

# NOMNC



## Requirements

When IEHP authorizes Medicare Member admission to a SNF, the Member must receive a Notice of Medicare Non-Coverage (NOMNC) at least two (2) days in advance of the proposed service termination date (whether or not the Member is in agreement).

## SNF Responsibility

Once a qualifying service has been approved, a NOMNC will be available on the IEHP Provider Secure Site – please refer to the correspondence section of the authorization status page when viewing the Member Authorization.

## Process

- ➔ It is the responsibility of the facility to ensure that the NOMNC is completed properly and the service end date is clearly noted on the NOMNC.
- ➔ Once the NOMNC has been signed by the Member please fax the completed form to the IEHP Nurse Case Manager for your facility.

# Discharge Resources



## Charter TCM

- ➔ Member must be assigned to IEHP Direct (Medicare & Medi-Cal).
- ➔ SNFs can refer any IEHP Direct Member to Charter.
- ➔ Members must meet the admission criteria: New O2; >3 admits in 2 months; Discharge home from custodial care; Advanced cancer & refusing Hospice; Technology dependent; Co-morbid condition with readmissions (i.e. CHF, COPD); On high risk/cost report; Discharge with PICC/IV, etc. and no PCP relationship; Refused SNF recommendation)

## CBAS

- ➔ Members who are 18 years old and tend to: Be in poor health; Have had multiple ER visits of hospitalizations; Need prompting or supervised daily activity; Have no family or caregiver, or are socially isolated; Lack awareness, have confusion, and may be at risk of wandering.
- ➔ Diagnoses that may qualify are: Behavioral Health diagnoses: Alzheimer's/Dementia; Chronic Illness; Developmental Disability
- ➔ Services include: Transportation to and from the center; Intermittent nursing and ongoing monitoring; Social Services, Therapeutic Services (PT/OT/ST); Behavioral Health Services; Nutritional counseling and a healthy lunch provided by the center.

# Discharge Resources

## Health Homes

- ➔ The Health Homes Project is considered both a resource, and an achievement.
- ➔ IEHP has enrolled more than 1,000 Members into the Health Homes program since January 1, 2019.
- ➔ IEHP has been carefully planning for the implementation of the statewide initiative called Health Homes that coordinates the care of our Members from a whole person care perspective, including physical, behavioral and social determinants of health, for some of our most complex Members.
- ➔ Care Teams are embedded in our primary care network and 10 of our own regionally located IEHP Care Teams.
- ➔ These Teams are working with our providers and together learning how to deliver care in a more effective and person-centered manner for our most vulnerable Members.

# Supplemental Accommodations



## CONTRACTS

- There are five supplemental accommodation types listed in the compensation section of SNF agreements.
- The services section of SNF agreements states all payable services rendered by a facility must be authorized by IEHP.

## REFERRALS & APPROVAL

- Supplemental accommodation codes **MUST** be approved by the review nurse in order to receive payment.
- Supplemental accommodations are intended to **only** be approved for Members in a skilled level of care.

## CLAIMS PAYMENT

- When a facility bills for any level of care, including supplemental accommodations, there must be a corresponding authorization in order to receive payment.
- Any level of care or supplemental accommodations billed outside of the authorization will be denied as not prior authorized.
- **In the event services are paid in error IEHP will initiate a recoup request.**

# 2018 Achievements

CA POLST Registry Pilot – Linda Valley Care Center

SNFist Collaboration

Over 800 IEHP custodial Members successfully transitioned from custodial care back to the community

Housing Program

# Achievements



## POLST

- ➔ Thank you to Linda Valley Care Center for participating in the POLST Pilot.
- ➔ Thank you to Dr. Pai for championing the pilot.
- ➔ Linda Valley Care Center has implemented a process to screen each admission for POLST or Advanced Directives.
- ➔ Linda Valley Care Center submitted 71 POLST forms between September and November 2018. Congratulations!!

## SNFist

- ➔ IEHP has contracted SNFist Providers at 53 IEHP contracted SNFs.
- ➔ Charter covers 33 facilities, Providence covers 7 facilities, and IPMG covers 13 facilities.
- ➔ For further information regarding the SNFist assigned to your facility, please contact your Provider Contracting Service Rep (PCSR).

## Discharges

- ➔ The Post-Acute Care Team and Custodial Care Team work closely with the IEHP Community Health Team and the IEHP Housing Team.
- ➔ Their goal is to continue transitioning Members back into the community.
- ➔ There is ongoing collaboration between IEHP Teams and community partners, to this end.



# Next Steps

## IEHP COMMITMENT

IEHP is committed to providing each facility with:

- The resources necessary for continued success & improvement.
- Support through your Nurse Case Managers & PCSRs.
- Customized in person training for each facility, upon request.

## RECAP

- Collaboration, communication, and partnership.
- New IEHP Team structure to better support SNF & Member needs.
- Successful implementation of programs to better support our Members.

## MORE TO COME

- SNF Report Cards.
- SNFist Report Cards.
- SNF driven focused training sessions.

# Thank You



IEHP would like to thank you.

Thank you for your continued partnership.



Thank you for providing care to IEHP Members.

Thank you for helping IEHP become a **five star** plan!

# QUESTIONS

