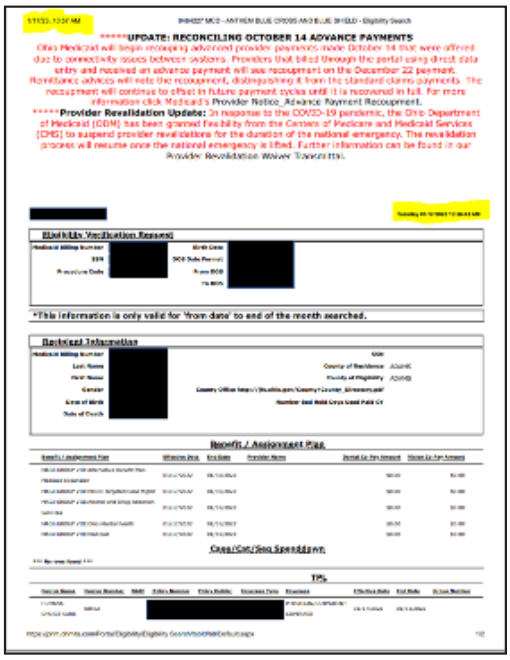
Anthem Blue Cross and Blue Shield Medicaid
Ohio Medicaid Managed Care

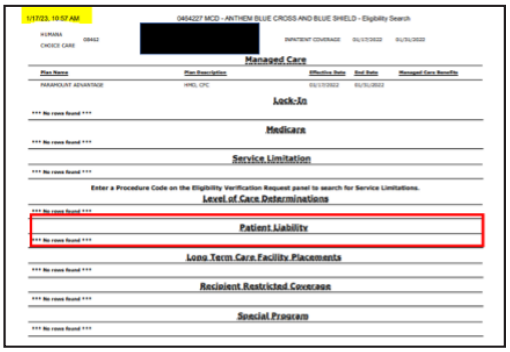
Nursing Facility ***Quick Reference Guide***

This document is a quick reference guide for nursing facilities. Detailed information can be found on our provider website (**https://providers.anthem.com/oh**) and within the *Claims Payment Disputes* section of the provider manual (**https://providers.anthem.com/oh** > Resources > Provider manuals and guides > Provider manual).

Patient liability:

- Questions or concerns regarding an individual's patient liability amount should be directed to the appropriate **County Department of Jobs and Family Services** contact based on the member's county of residence.
- To reduce provider burden and additional claim resubmissions, Anthem Blue Cross and Blue Shield (Anthem) will automatically reprocess claims impacted by an Ohio Department of Medicaid (ODM) reduction or increase to patient liability amount. Claims will be reprocessed within five business days of notification by ODM.
- If there is a patient liability discrepancy that is not reprocessed automatically within five business days of an ODM patient liability adjustment, providers should submit a dispute. Access the Provider Network Management website (**https://ohpnm.omes.maximus.com/OH_PNM_PROD**) to obtain a current screenshot of Medicaid Information Technology System patient liability (with date of screenshot included). Submit this screenshot along with the dispute to Anthem. See the *Claims Payment Disputes* section of the provider manual for detailed instructions on submitting a dispute.





Floor to skilled nursing facility (SNF)

Effective June 1, 2023, Anthem now allows a seven-day initial length of stay upon notification of an admission to an in-network skilled nursing facility (SNF) for members. Both facility and physician must be in-network for the member.

Anthem requires notification of the SNF admission, which includes sending demographics and verification of benefits via the usual channel. Anthem will approve an initial seven-day length of stay without the need to provide clinical information.

The referring provider/facility or SNF is required to submit the *SNF/Rehab Worksheet*, *Preadmission Screening and Resident Review (PASRR) Form*, and clinical information within three business days (72 hours) after the date of admission to aid in the care coordination, discharge planning, and management of the member. The documentation listed is required before Anthem makes a final determination. Concurrent review will be required starting on day eight of the SNF stay.

Anthem will conduct random audits and monitor trends to evaluate the effectiveness of this initiative.

Note: This process does not apply to admissions to out-of-network SNF facilities.

Need help?

- To contact Anthem Provider Services, call **844-912-0938** or email OHMedicaidENCPESupport@anthem.com.
- Anthem provider information can be accessed at **https://providers.anthem.com/oh**.
- If your inquiry is related to a claim dispute, please submit a dispute following the instructions in the *Claims Payment Disputes* section of the provider manual before contacting Provider Services. Provider Services will be able to assist you once you have submitted a dispute and have obtained a dispute reference number.

Non-participating nursing facilities

Members can use non-participating nursing facilities if Anthem determines one of the following circumstances to be true:

- There are non-participating facilities within 30 miles of the member that have capacity.
- There are non-participating facilities within 30 miles of the member that can serve the member's needs.
- The member is receiving care in a nursing facility on the effective date of enrollment:
  - Anthem will cover care at the facility until a medical necessity review is completed and if applicable, a transition to an alternative location is documented in the member's care plan.

A facility with an active Medicaid ID that is not currently contracted with Anthem and is seeking authorization for an Anthem member should follow the prior authorization process below.

Prior authorizations

To initiate a prior authorization request, complete and submit the *Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form* (**https://tinyurl.com/OHNFRF**) to Anthem through Availity Essentials* using the following instructions.

Note: A medical necessity and level of care determination cannot be completed if the supporting documentation noted below is not submitted with the form:

- Complete Sections I through VI of the form entirely to include:
  - Clinical documentation including diagnoses, medications, current therapy notes, wound descriptions, IV medication, ventilator dependency (if applicable), current assistive device(s) used, and validation of protective level of care (including the need for assistance with any instrumental activities of daily living).
  - Documentation to support medical necessity using ODM criteria.
  - Documentation to support that Preadmission Screening and Resident Review (PASRR) requirements have been met; the PASRR determination letter should be attached to this submission if available.
  - Treatment plan or care plan; include a discharge plan if applicable and any noted barriers to discharge.
  - Any other pertinent information or noted barriers to reach goals.
- A signed order from a physician, nurse practitioner, or physician's assistant may be included in the clinical documentation in lieu of providing a signed certification on this form. If a signed order is not included in the clinical documentation, the certification signature on this form is required by one of the authorities listed above. When an order is used in lieu of the certification, the order should include the level of care under which the member is certified for admission to the NF.
- If applicable, include documentation showing previous level of care determination (include date of last level of care determination) or prior level of function.
- Requests for continued stays should be submitted in sufficient time prior to the end of the previous authorization.
- Routine requests will be determined within 10 calendar days; expedited/urgent requests will be determined within 48 hours.
- **Requesting authorization extension:** If a member requires additional days in the nursing facility, use member's UM reference number (found in prior authorization tool) to submit clinical documentation (described above in prior authorization section) and discharge plan to Anthem through Availity.

Housing Flex Funds:

- A member being discharged who lacks safe and stable housing may be able to utilize the Housing Flex Funds to support a transition into new housing or bring stability to their current housing situation. The Housing Flex Funds is a flexible pool of funds that can pay housing related expenses to access housing or prevent homelessness. To qualify, the individual must be an active Medicaid member and the intervention must lead to accessing new housing or preventing the member from becoming homeless, not every situation of homelessness would qualify. The funds can cover the following expenses (up to the maximum allowed amount per member):
  - Application fees — Up to five applications
  - Security deposits — Including any additional deposits (keys, remote, mail)
  - Rental arrears — Up to three months
  - Utility deposit — Gas, electric, water, trash
  - Utility arrears — Up to three months
  - Move-in items — Essential furniture and other items
  - Moving fees — Cost to move items and any past due fees within reason
  - Reunification support – Costs to reunite with family outside of geographic area (bus, plane, or train)
  - Other — Other requests need approval from Housing Program manager

- **Note:** Funds are limited. Funds are allocated annually for the program and are dispersed on a first come, first serve basis.
- A referral to the Housing Flex Funds can be made through the Utilization Management team to the Housing Program Manager.
- Additional community resources can be found at **https://www.findhelp.org/**.
  - Search by ZIP code.
  - Search based on keyword or category.
- To directly refer a member to this, or any social drivers of health (SDOH) program from Anthem, use **https://anthemoh.findhelp.com/**.
  - Search by ZIP code.
  - Keywork search: Anthem
  - Apply for Housing Flex Funds.

Learn more about Anthem programs

https://providers.anthem.com/oh

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