CalAIM Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In Office Hours

CalAIM: Long-Term Care Carve-In

March 22, 2024

How to Add Your Organization to Your Zoom Name

» Click on the "Participants" icon at the bottom of the window.

» Hover over your name in the "Participants" list on the right side of the Zoom window.

» Select "Rename."

» Enter your name and add your organization as you would like it to appear.

- For example: Kristin Mendoza-Nguyen – Aurrera Health Group

Meeting Management

» This session is being recorded.

» Participants are in listen-only mode but can be unmuted during the Q&A discussion.

  • Please use the "Raise Hand" feature and our team will unmute you.

» Please also use the "chat feature" to submit any questions you have for the presenters.

Agenda

Topics	Time
Welcome and Introductions	2:00 – 2:05 PM
Overview of ICF/DD Carve-In, Key Policy Requirements and Promising Practices	2:05 – 2:20 PM
Discussion of Stakeholder Questions	2:20 – 2:55 PM
Next Steps & Closing	2:55 – 3:00 PM

Overview of ICF/DD Carve-In Key Policy Requirements and Promising Practices

ICF/DD Homes Transition to Managed Care

» **Scale**: Approximately 4,000 members were identified to transition from Medi-Cal Fee-for-Service (FFS) to an Medi-Cal Managed Care Plan (MCP) on January 1, 2024

- Approximately 95% of these members transitioned on January 1, 2024.

» **Complexity**: These transitions took place by county to make the LTC benefit statewide:

- ICF/DD, ICF/DD-Habilitative, ICF/DD-Nursing Homes – 31 non-County Organized Health System (COHS) counties.

Leave of Absence and Bed Holds

» MCPs must include as a covered benefit any leaves of absence (LOA) or bed holds that an ICF/DD Home provides, in compliance with state regulations on LOA and bed hold policies.

- MCPs must authorize up to **7 days per hospitalization** for a bed hold.

- MCPs must authorize up to **73 days per calendar year** for a LOA.

» MCPs must have Utilization Management (UM) policies and procedures in place to support the receipt, review, and approval or denial of authorizations for LOAs and Bed Holds.

- Some MCPs may require prior authorization for Bed Holds.

- MCPs must not be more stringent than the LOA requirements in the Medi-Cal Provider Manual:

  - Readmission authorizations are not necessary for member returning from an LOA if there is a valid authorization covering the return date.

  - A member's record maintained in an ICF/DD Home must show the address of the intended leave destination and inclusive dates of leave.

  - A physician's signature is required for summer camp LOA days.

Claims Submission Process Overview

» MCPs must have a process for ICF/DD Homes to submit claims and receive payments electronically, as well as an invoicing process for ICF/DD Homes unable to submit electronic claims.

» While the claims submission and payment processes will vary by MCP, the following provides an overview of the steps involved:

| Prepare to Submit Claim | → | Submit Claim | → | Track Status of Claim | → | Receive Approval or Denial of Claim |
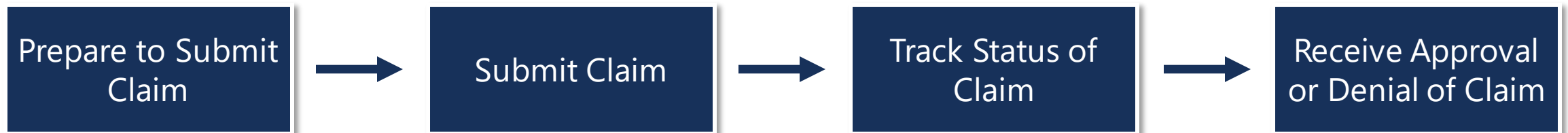
The next several slides provide a closer look at each step and offer promising practices for ICF/DD Homes and MCPs to support prompt claims submissions and payments.

Claims Submission Process

Prepare to Submit Claim → Submit Claim → Track Status of Claim → Receive Approval or Denial
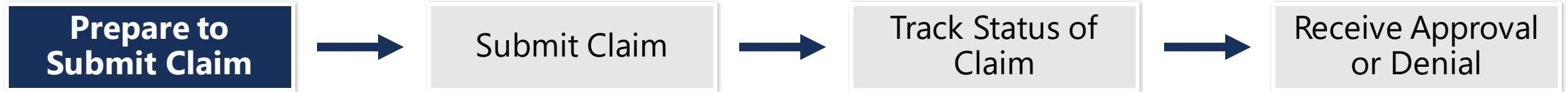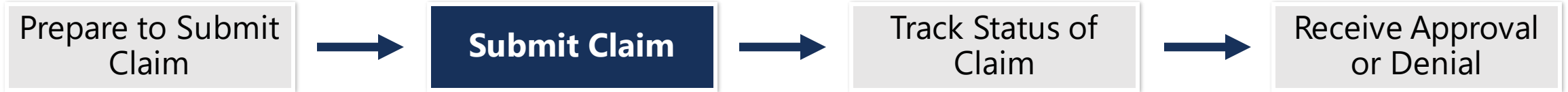
⚠ What Providers Need to Know

» Challenges can occur if:
- Claims are submitted to the wrong payer.
- Claims are missing or have incorrect information.
- Duplicate claims are submitted.

» MCPs are not required to align billing codes with Medi-Cal Fee-for-Service but must communicate the codes used with their providers.

☑ Tips and Promising Practices

» MCPs must have processes to receive electronic claims and provide training to ICF/DD Homes on their billing protocols.
- MCPs should work with Homes to ensure they understand the MCPs' billing codes and how and where to submit claims.

» ICF/DD Home providers should:
- Check the payer listed in member's Medi-Cal eligibility record in the Automated Eligibility Verification Systems.
- Validate MCPs' billing codes to ensure the appropriate codes are being used.
- Verify that the dates of service on the claim align with authorization effective dates.

Claims Submission Process

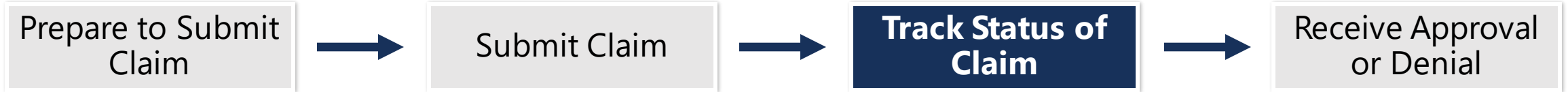| Prepare to Submit Claim | → | **Submit Claim** | → | Track Status of Claim | → | Receive Approval or Denial |

⚠ What Providers Need to Know

» MCPs may use various third-party vendors or clearinghouses with different processes for claims submission.

» When using a clearinghouse, MCPs may not have immediate visibility into the status of the submission.

☑ Tips and Promising Practices

» ICF/DD Home providers should check which, if any, clearinghouse(s) MCPs may use for electronic claims submission.

» MCPs and ICF/DD Homes are continuing conversations to ensure an understanding of the billing protocols to assist in processing claims.

Claims Submission Process

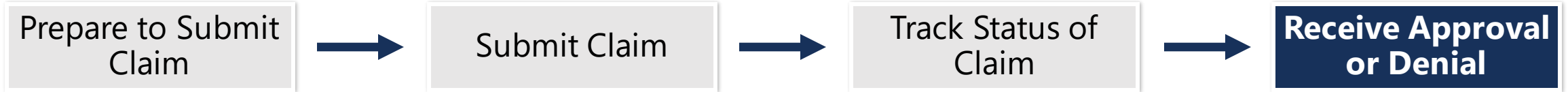| Prepare to Submit Claim | → | Submit Claim | → | **Track Status of Claim** | → | Receive Approval or Denial |

⚠ What Providers Need to Know

» Claims may be processed by the clearinghouse but be denied by the MCP.

☑ Tips and Promising Practices

» ICF/DD Home providers are encouraged to monitor the status of submitted claims to verify whether they have been accepted or rejected.

» MCPs should allow providers to access electronic billing systems or provider portals, regardless of contracting status, to enable tracking of claims status.

» If provider portal access is not possible for non-contracted providers, MCPs are expected to provide technical assistance and support to enable claims and billing tracking.

Claims Submission Process

| Prepare to Submit Claim | → | Submit Claim | → | Track Status of Claim | → | **Receive Approval or Denial** |

⚠ What Providers Need to Know

» If a claim is denied:

- The MCP will provide denial code(s).
- The provider will need to address the denial code and resubmit the claim.

☑ Tips and Best Practices

» MCPs' Remittance Advice must include all elements detailed in the Medi-Cal Provider Manual.

» To support prompt payment for approved claims, ICF/DD Homes and MCPs should work closely to set up ICF/DD Homes for Electronic Funds Transfer (EFT), if EFT is requested by ICF/DD Homes.

» ICF/DD Home providers should work closely with MCPs to understand what each MCP requires from providers for billing (e.g., what NPI to use) and how providers will be paid (e.g., paying each facility or to a group of facilities based on NPI).

Discussion of Stakeholder Questions

Stakeholder Question (1/3)

> **The eligibility record for an ICF/DD Home member who is newly enrolled in Medi-Cal indicates they are covered by Medi-Cal Fee-for-Service (FFS). Is the ICF/DD Home able to bill Medi-Cal FFS?**

» Yes, the ICF/DD Home should bill Medi-Cal FFS since that is the payer indicated in the member's eligibility record.

» When an individual newly enrolls in Medi-Cal, they will be covered by Medi-Cal FFS until the member is enrolled in an MCP.

- Once a member is enrolled in an MCP, coverage by that MCP goes into effect on the first day of the following month.

» ICF/DD Home providers should bill the payer indicated in the member's Medi-Cal eligibility record in the Automated Eligibility Verification Systems (AEVS), which is accessible via the Medi-Cal Provider Portal.

- If AEVS indicates FFS, the provider should bill Medi-Cal FFS for services provided to that member on the dates that the member had FFS.

- If AEVS lists an MCP, the provider should bill the MCP following that plan's billing processes.

  - Providers in Los Angeles County can check if a member is assigned to a **Delegated Subcontractor** by checking the members' eligibility in the Prime Plan Contractor's provider portal or the member's health plan ID card.

Stakeholder Question (2/3)

> **Is Regional Center lag funding still available to ICF/DD Home providers?**

» Yes, Regional Centers are continuing to offer temporary payment assistance (referred to as lag funding) to ICF/DD Home providers if payment delays occur as MCPs and ICF/DD Homes set up billing and invoicing protocols.

» To receive lag funding, the provider must attest to either of the following:

- Claims have been submitted to the MCP and have not been reimbursed within 30 days OR,

- Due to factors beyond the ICF/DD Home provider's control, the provider has been unable to submit, or been delayed in the submission of, claims to the MCP for services provided at least 30 days prior to the request for lag funding.

» Lag payments must be repaid to the Regional Center no later than 15 days after the ICF/DD Home receives reimbursement from the MCP.

» More details can be found in the Regional Center directive letter, 1/30/24 email update and the accompanying enclosures (Lag Funding Agreement and Lag Payment Attestation Form).

Stakeholder Question (3/3)

Do ICF/DD Home members receive Continuity of Care for Durable Medical Equipment (DME) and medical supplies?

» MCPs must allow transitioning members to keep their existing DME and medical supplies from their existing provider, under the previous prior authorization for a minimum of 90 days following MCP enrollment.

  • Continuity of DME and medical supplies must be honored without a request by the member, authorized representative, or provider.

» After 90 days, the active treatment authorization remains in effect for the duration of the treatment authorization or until completion of a new assessment by the MCP, whichever is shorter.

» Once the MCP reassesses the Member's authorization, they may require the Member to switch to an in-network DME provider.

Question Logistics

» We now have time for open Q&A with today's Office Hours stakeholder audience.

» To ensure DHCS and DDS cover as many questions as possible, please follow the guidelines below:

- Please submit your questions via the Zoom Chat function.

- If your question is chosen and you would like to provide more context or clarification, please use the "raise hand" function and a team member will unmute your line.

For some questions, DHCS may need additional member level details to respond. In this case, DHCS will ask that you submit the necessary details via a secured email to PCUResearch@dhcs.ca.gov.

Next Steps

ICF/DD Carve-In Resources

» The following policy guidance documents and resources can be found on the DHCS ICF/DD Carve-In webpage:

- **ICF/DD All Plan Letter (APL) 23-023** (updated November 2023)
  - ICF/DD Credentialing Attestation form
  - MCP ICF/DD Authorization Request form
- **Model Contract Language** (updated November 2023)
- **Billing and Invoicing Guide** (released September 2023)
- **ICF/DD Carve-In Resource Guide** (updated January 2024)
- **ICF/DD Carve-In FAQs** (updated February 2024)
- **MCP Letter on Continuity of Care for Members Residing in ICF/DD Homes** (released February 2024)

Upcoming Office Hours

» Next ICF/DD Carve-In Office Hours: **April 25, 2024, at 10:30am**

» Materials from past office hours and webinars can be found on the DHCS ICF/DD Carve-In webpage.

If you have additional questions that were not addressed during this webinar, please email: **LTCtransition@dhcs.ca.gov**

DHCS