



Skilled Nursing Information Session

December 2024



**Neighborhood
Health Plan**
OF RHODE ISLAND™

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Agenda



1. Purpose of Today's Meeting
2. Skilled Nursing
3. Coverage Levels
4. Case Management
5. Long-Term Services and Supports
6. EOHHS Portal
7. LTSS Overview
8. Prior Authorization
9. Resources
10. Neighborhood Contacts

Speakers

- **Ramona Nunez**, LTSS Provider Relations Representative
- **Sue Porada**, Director of Assessments and Care Planning
- **Liggia Soto**, Senior Manager of LTSS
- **Amy Simpson**, Manager, Utilization Management



Skilled Nursing

Definition:

A skilled nursing facility (SNF) is a place where people receive medical care, therapy, and help with daily activities to recover from illness, surgery, or other health issues. These facilities have trained professionals, like nurses, therapists (physical, occupational, and speech), who provide medical care under a doctor's guidance.

In addition to medical services like wound care, managing medications, and therapy, SNFs also offer custodial care. This includes help with bathing, dressing, and eating. SNFs are often used when someone no longer needs to stay in a hospital but still needs medical and personal care before they can return home.

Coverage Levels (By Line of Business)



Line of Business	Skilled Level of Care	Custodial Level of Care
INTEGRITY	Covered when medical necessity criteria is met	Covered with approved Nursing facility LTSS waiver
Commercial	Covered when medical necessity is met	Not covered for custodial care
Medicaid	Covered when medical necessity is met	Covered when medical necessity is met

Case Management (MMP)



Skilled	Change from Skilled to Custodial Care	Custodial Care Members
Initial Contact: Case manager conducts facility visit within one week to meet the member and staff.	Assessment: Care manager evaluates eligibility for <u>Nursing Home Transitions Program</u> (NHTP) or <u>Money Follows the Person (MFP)</u> .	Annual Wellness Assessment: Conducted as per contract.
Member Interaction: Discusses discharge plans directly with the member.	Program Enrollment: Assists with enrollment process; enrolls member in monthly collaboration with facility for discharge.	Post-Hospitalization: Care manager performs a post-discharge assessment within 15 days of hospitalization.
Staff Collaboration: Educates and collaborates with facility staff on discharge needs.	Continued Follow-Up: Supports member, regardless of enrollment status, towards eventual discharge if planned.	Discharge Opportunities: Assesses potential for discharge during each member assessment.
Ongoing Outreach: Weekly follow-ups via in-person or phone contact.		

Long-Term Services & Supports

INTEGRITY (MMP) Only



LTSS is an INTEGRITY (MMP) benefit available to members with chronic illnesses or disabilities who need a certain level of care and meet the eligibility criteria. The type of services a member receives depends on the level of care needs.

LTSS Services

Assisted Living Facilities, Home Delivered Meals, Home Health Care, Personal Choice, Shared Living and Skilled Nursing Facilities

If an INTEGRITY (MMP) member requires services on a long-term basis, the member should apply for an **LTSS waiver**. If approved, the member is eligible to receive these services.

For more information, refer to the EOHHS site:

[Long-Term Services And Supports | Executive Office of Health and Human Services \(ri.gov\)](#)

EOHHS Portal



Providers must use the [EOHHS Healthcare Portal](#) for access to:

- Member eligibility
- Plan assignment

Please reference this [quick reference guide](#) for more information.

Eligibility > Eligibility Verification Response Friday 06/07/2013 04:18AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) [Collapse All](#)

Verification Number 2013099012345

Recipient Information

Recipient ID 0132546789 Recipient Name John Doe
Birth Date 06/21/1986 Gender Male
Date of Death -

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	06/15/2012	06/15/2012	\$0.00	Message Text

Service Type Code Details - Covered [+](#)

Service Type Code Details - Not Covered [+](#)

Managed Care Details [+](#)

Managed Care Service Type Code Details - Covered [+](#)

Look-in Details [+](#)

Medicare Details [+](#)

TPL Details [+](#)

Premium Payment Details [+](#)

Long Term Care Details [+](#)

LTSS Waiver Overview



Each SNF is responsible to ensure the accuracy of each INTEGRITY member's level of care/Medicaid status. When applicable, the facility must notify [EOHHS via the portal](#), when a Neighborhood INTEGRITY member is deemed a custodial resident.

In addition, the following forms from the Medicaid Long-Term Services and Supports (LTSS) Application and Nursing Home Forms must be completed:

- [Authorization for Disclosure/ Use of Health Information](#) (DHS-25M)
- [Authorization to Obtain or Release Confidential Information](#) (DHS-25)
- [Home and Community Based Waiver-Notification of Recipient Choice](#) (CP-12)
- [LTSS Change Report/Program Change Form](#)
- [Medical Evaluation of Applicant for Level of Care](#) (GW-OMR-PM-1)
- Nursing Home Form: [SCW Evaluation of Care](#) (AP 70.1)
- Nursing Home Form: [Identification for MI and DD](#) (MA-PAS-1)

Members may have a **Patient Share** also known as **Cost Share**. This is the amount the member is asked to contribute towards the payment of services based upon their income. This amount is paid directly to the provider not to Neighborhood.

Prior Authorization Process (Skilled)



For a prior authorization request to a SNF for skilled level of care, facilities must provide:

- ☐ **Medical Necessity:** Diagnosis, recent hospital discharge summary, and reason for SNF care
- ☐ **Requested Service:** Type of care (skilled nursing, therapy)
- ☐ **Provider details:** Referring physician and SNF information
- ☐ **Supporting documentation:** Medical Records, therapy evaluation and notes, and physician orders

Prior Authorization Process (Custodial)



- **Initial Authorization:** Providers must submit for prior authorization through Neighborhood. Members without the LTSS nursing home waiver receive a 90-day authorization. Facilities must submit the waiver application promptly to Department of Human Services (DHS) upon admission for long-term stay.
 - **Extensions Beyond 90 Days:** Facilities must provide the date the application or change form was submitted to avoid delays when requesting additional days.
 - **Ongoing Authorizations:** Neighborhood will authorize 30-day increments until LTSS is approved or application denial notification.
- **Status Changes:** Facilities must notify Neighborhood within **24 hours** of any member status changes (e.g., discharge, level of care changes, or expiration.)
- **Discharges:** Providers must submit a discharge slip to the DHS promptly upon discharge to the community.
- **Admission or Readmission:** Facilities must notify Neighborhood within 7 calendar days.

Certificate Report



Neighborhood sends out automated notifications (certificate reports) via email or fax. These reports are generated when a new authorization is created or an existing authorization is updated.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service
- Status (Pending/Denied/Approved)

It is best practice to provide Neighborhood with a **shared inbox** to receive the **certificate report** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email jjones@nhpri.org or fax to 401-459-6023.



Monthly Member Roster

Neighborhood sends out an automated member roster via email or fax on the second day of every month. These reports are automatically generated and include any active Neighborhood members who resided in your facility during the previous month.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service

It is best practice to provide Neighborhood with a **shared inbox** to receive the **member roster** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email jjones@nhpri.org or fax to 401-459-6023.

Resources



General

- [Provider Manual](#)
- [Quick Reference Guide](#)
- [Claims and Eligibility Information](#)
- [Claim Adjustments](#)
- [Navinet \(claim status, member eligibility\)](#)
- [Provider Resources](#)

SNF Specific

- [SNF Prior Authorization](#)
- [EOHHS LTSS Resources](#)
- [LTSS Waiver Application](#)
- [EOHHS Portal](#)
- [LTSS Change Communication Form](#)
- [Payment Policy](#)
- [Clinical Medical Policy](#)
- [SNF Coverage Guidance \(MMP\)](#)
- [SNF Coverage Guidance \(Medicaid/Commercial\)](#)

Questions?

Please contact **Provider Services** at (800) 963-1001 for questions regarding any of the below topics:

- Contract rates
- Member eligibility issues
- Claim status/issues
- Specific payment policy questions
- General prior authorization inquiries
- Member Benefit questions

Neighborhood is contracted with **NaviNet** to provide online eligibility and claims status lookup 24/7.

Neighborhood SNF Contacts

For Escalated Issues



If you have contacted Provider Services (PS) and the issue remains unresolved, please send a secure email with your PS **call-reference number** to the appropriate Neighborhood staff:

- **Amy Simpson**, Manager Utilization Management, Coordinator Team - asimpson@nhpri.org
Escalated authorization inquiries
- **Jody Dodge**, Manager Utilization Management, - jdodge@nhpri.org
Escalated clinical authorization inquiries
- **Anita Sowers**, Manager Care Management - asowers@nhpri.org
Escalated case management issues
- **Liggia Soto**, Senior Manager LTSS - lsoto@nhpri.org
Escalated LTSS issues
- **Ramona Nunez**, LTSS Provider Relations Representative - rnunez@nhpri.org
Escalated general issues



Thank you



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