TO: MCO Administrators
      Nursing Home Administrators
      Rehabilitation Hospital Administrators
      Chronic Hospital Administrators
FROM: Susan Tucker, Executive Director
      Office of Health Services - Medical Care Programs
NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal
RE: Long Term Care Facility Roles and Responsibilities When Admitting HealthChoice MCO Beneficiaries

THIS TRANSMITTAL EXPLAINS THE ROLES AND RESPONSIBILITIES OF LONG TERM CARE FACILITIES AND MCOS WHEN HEALTHCHOICE MCO ENROLLEES ARE ADMITTED TO LONG TERM CARE FACILITIES.

Long term care facility services (i.e., nursing facility, rehabilitation hospital, and chronic hospital services) are available to HealthChoice MCO enrollees when appropriate to meet their health needs. The MCO may arrange for such services directly with the long term care facility. In other circumstances the long term care facility will be approached by another health care provider (e.g., hospital) or the family seeking long term care for the enrollee. As with all Medicaid long term care facility admissions, the long term care facility should use the Medicaid Program’s Eligibility Verification System (EVS) to determine Medicaid status. This system will identify a beneficiary’s participation in HealthChoice.

When a Medicaid beneficiary is a HealthChoice MCO enrollee, reimbursement for long term care facility services must initially be billed to the enrollee’s MCO. Therefore, in order to receive payment for the service, the long term care facility should make every reasonable effort to inform the MCO of the requested admission and obtain the MCO’s concurrence prior to the admission. When this is not possible, the MCO should be informed of the admission by the next business day. It is in the best interests of the beneficiary, the long term care facility and the MCO for the long term care facility to contact the MCO promptly. MCO contacts and phone numbers are below.
The MCO is financially responsible for all medically necessary and appropriate long term care facility services for a minimum of the first 30 days of admission to the long term care facility (COMAR 10.09.67.12). It is the MCO's responsibility, in collaboration with long term care facility staff, to determine the purpose of the long term care facility admission and its expected duration. If the MCO determines that the beneficiary's care needs are such that institutional placement is appropriate for the long term, the MCO may limit its payment obligation to the first 30 days of service by seeking and obtaining confirmation from the Department's Utilization Control Agent that the beneficiary qualifies for a long term care facility level of care.

In order to expedite the MCO disenrollment process, the long term care facility should send completed forms to the MCO within 20 days of admission. In accordance with COMAR 10.09.67.12, a MCO's financial responsibility ends on the 31st day of service after admission or the day the Program's Utilization Control Agent receives all necessary information to determine the need for long term care facility level of care, whichever is later.

Questions regarding the content of this transmittal may be addressed to the long term care facility service staff specialist at the Division of Elderly and Physically Disabled Services, Office of Health Services at (410) 767-1736.

cc: Nursing Home Liaison Committee

MCO Contacts

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Jai Medical Systems
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Maryland Physicians Care
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Nursing Home Admission Authorizations:
Prior Authorization Unit
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Priority Partners
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