FAQ Resource Guide: Custodial Nursing Home -120 Day Benefit Coverage

This FAQ Resource guide was created to assist providers with frequently asked questions and answers related to the Custodial Nursing Home -120 Day Coverage Benefit and Process for claims and authorization requests. The FAQ covers various scenarios that providers may come across as it pertains to member LTC status and case by case nuances.

1. **Question:** If the ICP is approved after the 120 days, how is the plan facilitating the authorization process?

   Answer: UM does not issue approved MMA authorizations for members who do not have ICP Medicaid. Plan issues a denied MMA authorization for "Not a covered benefit" to the facility. The denial states to request authorization once ICP Medicaid obtained and we will approve up to one hundred twenty (120) days from the date of nursing facility admission or the date of receiving Institutional Care Program (ICP) Medicaid, whichever is later given we have updated PASRR.

2. **Question:** Is the plan only approving the authorization if the PASSR is provided and only approving for 120 days?

   Answer: The plan approves 120 days or until the member becomes LTC effective, whichever is sooner. The plan will not approve MMA authorizations for 120 days until PASRR is received. The provider must submit a completed PASRR within 7 days of the authorization request. The plan will request the PASRR to be sent in if it is not included in the original request. If not received within the 7 days it will result in a denial.

3. **Question:** How is the plan addressing the days beyond the 120 days if the member has not yet obtained LTC?

   Answer: Plan issues an approved initial authorization approving to Day 120. A provider must submit an authorization request for extended coverage past the 120 days. This will be reviewed for extension in 90-day increments.

4. **Question:** What are the provider requirements regarding authorizations beyond 120 days when ICP has not been approved yet?

   Answer: Facilities should work directly with DCF to obtain ICP Medicaid for the member. Sunshine will work directly with the facility to assist them with this process as needed. Once ICP Medicaid has been obtained, the process outlined in Question 5 below will occur.

5. **Question:** Will the plan accept a retrospective request once the member obtains coverage?

   Answer: Provider's must request initial authorization and authorization extensions within2 business days of the admission or transition date into a lower level of care. Requests received after that date will be reviewed but will not retrospective back to the admission date. We will accept retrospective requests once member obtains ICP if the provider notified us of the admission within the appropriate timeframe and with a valid PASRR. There will be no retrospective authorization for the period in which a PASRR was not in place. For retrospective approved authorizations, we recommend the provider re-bill the claim after the authorization is approved which includes PASRR being received.