

# Authorizations, Claims and Billing for Skilled Nursing Facility Providers

March 23, 2022



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Promise Health Plan

# Webinar goal



Provide information and resources to help you efficiently submit accurate short- and long-term care (LTC) claims that can be processed as quickly as possible.

**This presentation and a link to the recording will be emailed to you within five (5) business days.**

# Agenda

- 1 Nursing Facilities Reference Guide
- 2 Checking member eligibility
- 3 Treatment authorization for short- and long-term care
- 4 Claims & billing
- 5 Provider dispute resolution & corporate recovery
- 6 Q&A

**This presentation and a link to the recording will be emailed to you within five (5) business days.**

# Nursing Facilities Reference Guide

Blue Shield of California Promise Health Plan Nursing Facilities Reference Guide	
A reference guide for nursing facility providers January 2022	
blue shield of california   Promise Health Plan   blueshieldca.com   blueshieldca.com/promise	
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Blue Shield of California Promise Health Plan Nursing Facilities Reference Guide January 2022	

- One-stop resource designed to answer questions related to providing care and submitting claims for Blue Shield Promise members.
- Designed to save your staff time – no need to call Blue Shield Promise Provider Customer Care.
- Located on [Provider Connection](#):
  - Click **Guidelines & resources** at the top of the website,
  - Click **Provider Manuals** in the blue sub-menu bar.
  - Scroll to and click the blue box titled **Blue Shield Promise Nursing Facility reference guide**.
  - This opens a page with a PDF of the guide.
  - Direct link: [Blue Shield Promise Nursing Facility reference guide](#)

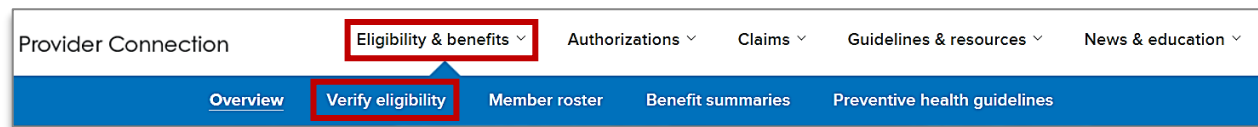
# Checking member eligibility

Shanee Andrews

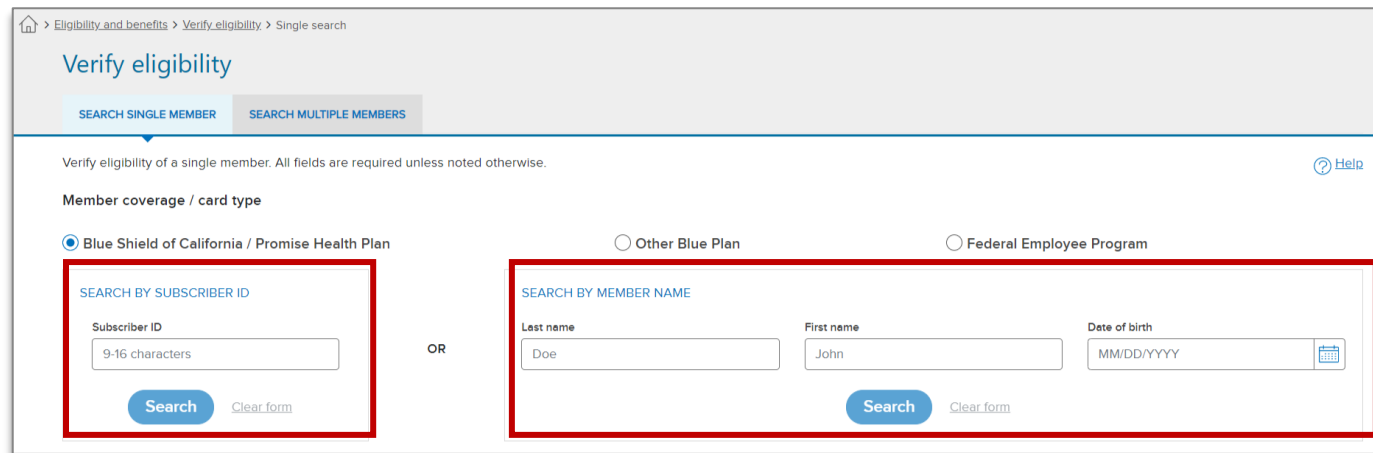
# Check patient eligibility before providing care

You can verify eligibility in the following ways: 1) View the member's ID card; 2) Call Blue Shield Promise Provider Customer Care at **(800) 468-9935**; or 3) go online to Provider Connection. **Here's how to check online.**

1. Log in to [Provider Connection](#). Click the **Eligibility & benefits** section, then click **Verify eligibility** from the blue sub-menu bar. The *Verify eligibility* tool opens and defaults to *SEARCH SINGLE MEMBER*.



2. Enter the member's *Subscriber ID* **or** *Last name, First name, and Date of birth*. Click **Search**.

A screenshot of the 'Verify eligibility' tool in the Provider Connection application. The 'SEARCH SINGLE MEMBER' tab is selected. The form is titled 'Verify eligibility of a single member. All fields are required unless noted otherwise.' Below this, there are radio buttons for 'Member coverage / card type': 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. There are two search sections, both highlighted with red boxes. The first section, 'SEARCH BY SUBSCRIBER ID', contains a 'Subscriber ID' field with a placeholder '9-16 characters' and a 'Search' button. The second section, 'SEARCH BY MEMBER NAME', contains three fields: 'Last name' (placeholder 'Doe'), 'First name' (placeholder 'John'), and 'Date of birth' (placeholder 'MM/DD/YYYY' with a calendar icon), along with a 'Search' button. A 'Clear form' link is present below each search section.

# Check patient eligibility before providing care *continued*

3. Member eligibility results display. Eligibility status is **green** when the member is active. For additional information, click:
- a) **Details:** Comprehensive member information including historical and future eligibility
  - b) **ID Card:** Electronic version for viewing, printing or download
  - c) **Benefits:** Link to the Medi-Cal Member Handbook EOC
  - d) **Claims:** Link to the Check claims status tool

Blue Shield Provider Connection Reference Guide  
for Blue Shield of California Promise Health Plan providers

The Blue Shield Provider Connection website gives you easy access to the tools you need to serve our members and support your practice.

Use this reference guide to learn more.

blue shield of california  
Promise Health Plan

[Click to access](#)

a

b

c

d

Member name

MEMBER, G

Status

✓ Eligible

Details

ID Card

Benefits

Claims

Subscriber ID

90454

Date of birth

07/26/1956

Gender

Female

Member address

000 ALSTON AVE,  
BELMONT, CA, 94002

Plan name

Blue Shield Medicare (PPO)

Plan type

Medicare Part C and D

Coverage effective / start date

08/01/2021

Coverage end / redetermination date

Present

>

Relationship to subscriber

Subscriber/Insured

Subscriber name

MEMBER, G

PCP name

DOCTOR, B

Office visit copay

In-network-\$10

# **Treatment authorization for short- and long-term care services**

Julie Tellier-Fairey and Ysobel Smith



# Short-term authorization requests

- **Authorization request process**

- Work with the facility case manager to determine if the member meets for skilled care
- Complete a prior authorization form or call Blue Shield Promise provider services – **(800) 468-9935** – to request an authorization for admission
  - Fax supporting documentation to Blue Shield Promise at **(619) 219-3303**
  - Turn around time for prior authorization decisions: 72 hours

- **Concurrent review process**

- Provide clinical updates to the Blue Shield Promise utilization manager on or before last day covered or when requested
  - Turn around time for concurrent review decisions: 72 hours
- Establish a timely discharge plan
  - Identify barriers to discharge
  - Identify resources available to the member
  - Identify services needed to ensure a safe discharge and mitigate remissions

# Long-term care (LTC) or custodial care

## Based on All Plan Letter (APL) 17-017

- LTC is a Medi-Cal benefit wherein eligible members needing inpatient medical and assistance with activities of daily living are admitted at an LTC facility.
- LTC facility provides rehabilitative, restorative, and/or ongoing skilled nursing care.
- LTC facilities include skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate care facilities.

# Types of LTC covered services and turnaround times (TATs)

Initial admission  
assessment  
=  
**3 calendar days**

Re-authorization of  
LTC stay  
=  
**3 calendar days**

Urgent concurrent  
LTC review  
=  
**72 hours  
(DMHC criteria)**

Discharge planning:  
home health, DME  
=  
**5 business days**

Ancillary skilled PT/OT/ST (default level 2)  
=  
**5 business days**

\* CMC/DUAL = create a PAN authorization

\* Medi-Cal = create a skilled auth (D/C LTC auth);  
PAN auth if NO evaluation and treatment notes

# Documentation requirements

Along with the TAR form the following information is required when requesting an approval:

- |                        |  |
|------------------------|--|
| 1. Face sheet          | 9. list of current specialist treating member  |
| 2. DPOA (if any)       | 10. date of last PCP visit/last progress notes |
| 3. MDS                 | 11. H&P  |
| 4. STATE TAR           |  |
| 5. PASARR              |  |
| 6. LIST OF MEDICATION  |  |
| 7. MC 171              |  |
| 8. CURRENT IDT MEETING |  |

Treatment Authorization Request (TAR) MUST be present to create a case

- [Long-Term Care \(LTC\) Authorization Request form](#)

Follow the NPSR/No Prior Auth List for LTC

- [Medi-Cal/Cal MediConnect Prior Auth List Matrix](#)

**Highlighted documents do not need to be submitted for re-authorizations.**

# View medical authorization status on Provider Connection using AuthAccel

Instructions for viewing requests in AuthAccel are located on the *Medical Authorization Status* launch page as well as the [AuthAccel Online Authorization System Training](#) page.

Login to Provider Connection

1. Click **Authorizations > Medical Authorization Status**.
2. Select your Tax ID (TIN) from the drop-down menu and click **Access AuthAccel**.
3. The *Medical Authorization Status* page opens in a new window.

The screenshot shows the 'Medical Authorizations' page in the Provider Connection system. The page includes a search bar for 'Closed Request Search' and a table of 'Prior Authorization Request Status'. The table has 14 columns: DATE SUBMITTED, REFERENCE #, ALTERNATE AUTH ID, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, PAYER, and ACTION. The table displays five rows of data, all with a status of 'In Progress'.

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	PAYER	ACTION
12-02-2021	H18767403	2021	VANESSA MEMBERB	Service Request (Prior Auth)			SHIELDJOHN	SHIELDJOHN	PROVIDENCE SAINT JOSEPH MED CTR	In Progress		MEDI-CAL	<a href="#">Add Discharge Date</a> <a href="#">Add Attachment</a>
12-02-2021	H21540672	2121	VANESSA MEMBERB	Service Request (Prior Auth)			SHIELDJOHN	SHIELDJOHN	PROVIDENCE SAINT JOSEPH MED CTR	In Progress		MEDI-CAL	<a href="#">Add Discharge Date</a> <a href="#">Add Attachment</a>
11-17-2021	H60433988	222	KRISTINA MEMBERI	Service Request (Prior Auth)			SHIELDJOHN	SHIELDJOHN	PROVIDENCE SAINT JOSEPH MED CTR	In Progress		COMMERCIAL DMHC	<a href="#">Add Discharge Date</a> <a href="#">Add Attachment</a>
11-09-2021	H61974416	3344	DAVID MEMBERN	Service Request (Prior Auth)			SHIELDJOHN	SHIELDJOHN	PROVIDENCE SAINT JOSEPH MED CTR	In Progress		COMMERCIAL DMHC	<a href="#">Add Discharge Date</a> <a href="#">Add Attachment</a>
11-08-2021	H74300947		KATHRYN MEMBERP	Service Request (Prior Auth)			SHIELDJOHN	SHIELDJOHN	PROVIDENCE SAINT JOSEPH MED CTR	In Progress		COMMERCIAL DMHC	<a href="#">Add Discharge Date</a> <a href="#">Add Attachment</a>

# Claims & billing

Shanee Andrews

# How to use the UB-04 claim form for submitting LTC claims

Blue Shield Promise requires long-term care (LTC) facility claims to be submitted on a UB-04 claim form.

- This *SNF Claims Billing Guide* provides step-by-step instructions for how to complete claim forms.
- Guide is located on [Provider Connection](#):
  - Click **Guidelines & resources** at the top of the website,
  - Click **Forms** in the sub-menu bar under the section title.
  - Scroll to and click the blue box titled **Forms for Blue Shield Promise providers.**
  - Click **Claims and payment forms and templates.**
  - Direct link: [SNF Claims Billing Guide](#).

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How to use the UB-04 claim form for submitting long-term care claims to Blue Shield of California Promise Health Plan

This guide is intended for providers who need to submit a claim to Blue Shield of California Promise Health Plan. Although a UB-04 claim form may not typically be used for long-term care claims by all health plans, it is necessary to use the UB-04 in this instance for long-term facility claims in order for Blue Shield Promise to process the claim.

Please follow the instructions provided below for each type of submission.

**Long-term care: skilled nursing facilities**

Box	Description
1	Facility name, address, and telephone number
2	Facility pay-to name and address
3	Member control number for your facility
4	Type of Bill = 021X X represents: 0 - Non-payment/zero claim 1 - Admit through discharge 2 - Interim first claim 3 - Interim continuing claim 4 - Interim last claim 7 - Replacement of prior claim 8 - Void/cancel of prior claim
5	Federal tax ID number
6	Statement covers period (from/through): Dates of service billing
8&9	Member name and address
10	Member date of birth (DOB)
11	Member sex
12	Admission date
17	Status Code: 30 - Still a patient/still under care/leave of absence to acute hospital (bed hold)/leave of absence to home 09 - Admitted 20 - Expired 70 - Discharged to acute hospital 01 - Discharged to home 84 - Discharged to another LTC facility/transferred to LTC status in same facility 05 - Leave of absence to acute hospital/discharge 06 - Leave of absence to home/discharge
38	Responsible party name and address
39	Value codes: 23: Patient's share of cost 24: Accommodation code 66: Non-covered cost
42	Revenue Code: The following revenue codes are used based on the accommodation code billed. <b>Revenue Code/Accommodation Codes:</b> Revenue code 160 = Accommodation codes 01, 04, 21 Revenue code 169 = Accommodation codes 11, 31 Revenue code 180 = Accom. Codes 03, 05, 12, 23, 32, 79, 80, 81, 82, 89, 90, 95, 96 Revenue code 185 = Accom. Codes 02, 22, 73, 74, 77, 78, 87, 88, 93, 94 Revenue code 199 = Accommodation codes 71, 72, 75, 76, 83, 84, 85, 86, 91, 92, 97, 98
43	Description of service
45	Service date ("from" date of service)
46	Service units (number of days billing)
47	Total charges
50	Payer = Blue Shield of California Promise Health Plan
55	Estimated amount due. This is the difference between the total charges and other deductions, such as SOC/HCS
56	National Provider Identifier
58	Member name
60	Member ID number from the members Blue Shield Promise Health Plan ID card
63	Treatment authorization code(s) (authorization number(s))
66	Diagnosis qualifier (distinguish between ICD-9 and ICD-10 coding). Default value = 0
67	Diagnosis
76	Attending physician's national provider identifier (NPI), first and last name, as required.
80	Remarks - field for additional comments not found in any field of the UB-04 form

For a visual example of this type of claim, please refer to page 2 of this document.

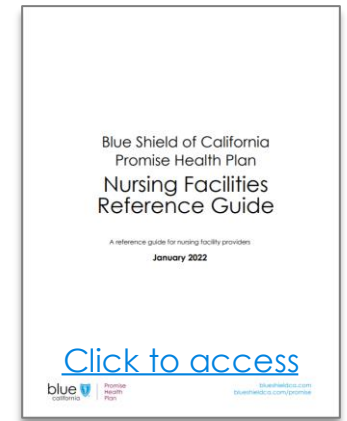
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TBSP 11481 (11/20)  
Page 1 of 4

blueshieldca.com/promise

TBSP 11481 (11/20)  
Page 2 of 4

# Key points when submitting LTC and SNF claims



- **Timeliness:** Claims must be submitted within 180 days from the date of service. Claims submitted beyond 180 days from the date of service will be denied for timely filing.
- **Share of cost (SOC):** When a Medi-Cal beneficiary has a long-term care aid code and a SOC, the nursing facility must separate the covered services SOC from the non-covered services.
  - SOC amount for covered services should be billed with a value code of 23.
  - SOC amount for non-covered services should be billed with a value code of 66.
- **Revenue/accommodation codes:** Facilities must bill with the correct revenue/accommodation code combination.
  - Accommodation codes should be billed with a value code 24 and as a cent amount.
  - Failure to bill the correct revenue/accommodation code combination will result in a denial.



# Department of Health Care Services (DHCS) rates

## Long-Term Care Reimbursement AB 1629

The Long-Term Care (LTC) System Development Unit establishes the Medi-Cal reimbursement rates for Freestanding Skilled Nursing Facilities Level-B (FS/NF-B), Adult Freestanding Subacute Facilities Level-B (FSSA/NF-B), NF-Bs designated as Institutions for Mental Diseases (IMD), Distinct Part Pediatric Subacute (DP/PSA) and Freestanding Pediatric Subacute Facilities Level B (FS/PSA).

[Long Term Care Reimbursement AB 1629](#)

- For Blue Shield Promise to price LTC per diem rates, we utilize the DHCS website, which posts [rate information](#) based on facility and/or general rates per facility type.
- To price appropriately, Blue Shield Promise requires a copy of the DHCS rate letter for NPIs not included in this website.

# Annual retro rate process

- Annually, [DHCS](#) posts retro rates on their website for new rates.
- Blue Shield Promise reviews this website regularly. Once DHCS posts new rates, we run a report and adjust claims as appropriate.
- For LTC rates that have been reduced by DHCS, Blue Shield Promise sends a recovery letter for previously processed claims.
- You DO NOT need to rebill.

# How to submit claims

Claims can be submitted to Blue Shield Promise electronically via electronic data interchange (EDI) or by mail.

## Submit claims electronically

Provider Connection provides detailed information on how to [enroll in EDI and how to submit claims and receive payments electronically](#).

Steps include:

- Complete the [ePayments Provider auth form](#)
- Enroll with one of these approved clearinghouses:
  1. Change Health Plan (Payer ID: 57115)  
(866) 371-9066 [www.changehealthcare.com](http://www.changehealthcare.com)
  2. Office Ally (Payer ID: C1SCA)  
(360) 975-7000  
[www.officeally.com](http://www.officeally.com)
- For help, contact the EDI help desk:
  - (800) 480-1221
  - [edi\\_bsc@blueshieldca.com](mailto:edi_bsc@blueshieldca.com)

## Submit claims by mail

Mail completed claims to:

- Blue Shield of California Promise Health Plan  
P.O. Box 272660  
Chico, CA 95927-2640
  - This address is listed on the back of the member ID card.
  - You can also find it by using the [Claims routing tool](#) or by viewing the [Claims mailing addresses](#) list on Provider Connection.

# Track claims/appeals status

1. The *Check claims status* tool is available from the [Provider Connection](#) home page and from the [Claims](#) section after log in. It contains three tabs: 1) Search; 2) Other Blue plans; and 3) Appeal status.
- Use the Search tab to locate Blue Shield Promise claims and related EOBs.
  - Use the Appeals status to determine if an appeal is open or closed.
  - Instructions are included in the tool and in the [Blue Shield Promise Provider Connection Reference Guide](#).



**blue shield california** Provider Connection

Log out | Message center | Account management | Manage my profile | Contact us | Help | Feedback | Search Provider Connection

Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education

Overview | Real-time claims | How to submit claims | Claims Routing Tool | **Check claim status** | Manage electronic transactions | Fee schedule | Appeals & adjustments | Policies & guidelines

**Claims**

Learn how to submit claims electronically, search our Claims Fee Schedule for Blue Shield allowances, find resources on provider payment and claim status.

[Claims tools](#) | [Manage electronic transactions](#) | [Facility and professional fee schedules](#) | [Appeals & adjustments](#)

**Claims tools**

Access our tools to check claims status and submit claims, and find mailing addresses, payment policies, fees and more.

To learn how to use our tools, review these materials:

[How to prescreen claims](#) (PDF, 405 KB)

[Introduction to Clear Claim Connection \(C3\)](#) (PDF, 816 KB)

**Check claim status**

Search | Other Blue plans | Appeal status

All fields are optional

**Member information**

Member ID/Subscriber ID/Patient number

Last name | First name

**Dates of service**

Start date | End date

**Claim information**

Check/EFT number | Claim/EOB number

Claim type | Claim status

Amount paid | \$ 0.00 to \$ 0.00

**Status change**

Start date | End date

**Provider information**

Provider | Provider tax ID | Provider NPI | Provider number

Hide search | Start over | Search

Showing 1–50 of 47734 claims: Dates of service 10/06/2018–10/06/2021

Claim status Updated	Claim number	Claim type	Dates of service	EOB	Member name	Member ID/Subscriber ID	Provider name	Amount billed	Amount paid	Patient responsibility	Check/EFT number
IN PROCESS 03/01/2021	000342	Medical	07/07/2020–07/07/2020	N/A	ROBERTS, [REDACTED]	9102 [REDACTED]	QUEST DIAGNOSTICS	\$3,500.00	N/A	\$10.41	N/A

Export | Print

# **Provider dispute resolution & corporate recoveries**

Jamar Phillips and Cathy Freitas

# Provider dispute resolution (PDR): Medi-Cal SNF

- **Provider timelines for filing an initial formal written dispute with Blue Shield Promise**
  - 365 days from date of action for Medi-Cal providers.
- **Blue Shield Promise timelines for processing a formal written dispute from a provider**
  - Dispute is logged into the Provider Dispute and Resolution database upon receipt.
  - Blue Shield Promise will send:
    - Acknowledgement letter within 15 working days of receipt
    - Written closure letter with the resolution to the provider within 45 working days
- **High-level process**
  - Submit written disputes on the [Provider Dispute Resolution Request Form](#) and include the original claim and appropriate supporting documentation.
  - Mail to: Blue Shield Promise Provider Dispute and Resolution Dept; PO Box 3829; Montebello, CA 90640
    - Dedicated provider phone line: **(800) 468-9935**

# Corporate recoveries process

- Blue Shield Promise has 365 days from paid date to notify a provider overpayment has occurred.
- If overpayment is identified, Blue Shield Promise will send a letter to the provider. It will include the reason for the overpayment as well as claim and member details.
- Providers have 30 days to dispute or repay the overpayment. Instructions on how to dispute are included with each letter.
- If repayment or dispute is not received within 30 days, Blue Shield Promise will offset future claims for providers who have offset language in their contract.
- Payment reductions – offsets – are reflected on the claim EOB and look like this:

## SUMMARY RECAP NOTES:

██████████ WITHHELD ON OVERPAYMENT ON ██████████ ID# ██████████ FOR ██████████ ACCOUNT # ██████████ FOR DATES OF SERVICE FROM ██████████ THROUGH ██████████ BALANCE DUE ON A/R # AR ██████████ IS NOW ██████████.

## RECAPITULATION OF STATEMENT SUMMARY TOTALS:

APPROVE-TO-PAY:

██████████

INTEREST PAYMENTS:

0.00

OFFSETS TAKEN:

██████████

CHECK AMOUNT:

██████████

# Resources



# Resources to support your work

Resource	Description
<a href="#">Blue Shield Promise Nursing Facilities Reference Guide</a>	One-stop resource designed to answer questions related to providing care and submitting claims for Blue Shield Promise members.
<a href="#">Authorization request forms</a>	Online access – no login required – to authorization forms related to short-term care, LTC, and SNF-related services.
<a href="#">SNF Claims Billing Guide</a>	Step-by-step instructions for how to complete LTC SNF and ICF/DD UB-04 claim forms as well as examples of each.
<a href="#">Special guidelines for claim forms (UB-04)</a>	Guidelines to help you submit forms correctly so claims process efficiently. Scroll down the page for UB-04 information.
<a href="#">Enroll in EDI</a>	Overview – no login required – of how to enroll in EDI to submit claims and receive payments electronically.
Blue Shield Promise provider support for short-term care services	Contact Blue Shield Promise Provider Services – <b>(800) 468-9935</b> – to request an authorization and/or fax authorizations to <b>(619) 219-3303</b>
Blue Shield Promise provider support for LTC services	Phone: <b>(855) 622-2755</b> / Fax: <b>(844) 200-0121</b> Urgent UM ancillary requests: <b>(323) 889-5403</b> Urgent PCS/transportation requests: <b>(323) 889-6506</b>
Blue Shield Provider Dispute Resolution & Corporate Recovery	Phone: <b>(800) 468-9935</b> Address: PO Box 3829, Montebello, CA 90640
Blue Shield Promise Provider Services	Phone: <b>(800) 541-6652</b>
Blue Shield Promise Health Plan Provider Information and Enrollment	Contact for questions about address, phone, fax, and practice changes, group additions/deletions, provider directory updates, contractual obligations, etc. Phone: <b>(800) 258-3091</b> / Fax: <b>(916) 350-8860</b>
<a href="#">Blue Shield Promise Provider Connection Reference Guide</a>	Step-by-step instructions to help you locate information and perform common online tasks.



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