blue california
Promise Health Plan

| Policy Title: Continuity of Care (Nursing Facility) – Cal MediConnect | | POLICY #: 90.2.27<br>Line of business: CMC | |
|---|---|---|---|
| **Department Name:**<br>Utilization Management | **Original Date**<br>11/15 | **Effective Date**<br>6/19 | **Revision Date**<br>12/18 |
| **Department Head: Senior UM Director, Mirela Albertsen** | | **Date: 3/21** | |
| **Medical Services/P&T Committee: (If Applicable) PHP CMO, James Cruz, MD** | | **Date: 3/21** | |

## PURPOSE

To define and establish a mechanism for Blue Shield of California Promise Health Plan (Blue Shield Promise) to provide better care coordination and continuity of care for members enrolled in Cal MediConnect who are admitted in a nursing facility, in accordance with DPL 14-002, Title 22 California Code of Regulations (CCR) 72520 and 51535 and 51535.1; Welfare and institutions Code Section 14186.3 (b)(4)(C)(c)(2)(4) 14186(b)(8), 9390.5 Department of Health Care Services Medi-Cal Long Term Care Provider Manual. Please refer to policy 90.2.10 skilled Nursing Facility Care.

## POLICY

Blue Shield Promise Health Plan shall authorize utilization of nursing facility or subacute facility services for its eligible members when medically necessary.

Blue Shield Promise Health Plan shall maintain the standards for determining levels of care and authorization of services for both Medicare and Medi-Cal services that are consistent with policies established by the Federal Centers for Medicare and Medicaid Services and consistent with the criteria for authorization of Medi-Cal services specified in Section 51003 of Title 22 of the California Code of Regulations, which includes utilization of the Manual of Criteria for Medi-Cal Authorization.

Blue Shield Promise Health Plan shall maintain continuity of care for beneficiaries by recognizing prior treatment authorization made by the department for not less than twelve (12) months following enrollment of a beneficiary into Blue Shield Promise Health Plan. Furthermore, a beneficiary who is a long term resident of a nursing facility (NF) prior to enrollment in the Cal MediConnect Program, will not be required to change NFs during the duration of the Duals Demonstration Project if the facility is licensed by the California Department of Public Health (CDPH), meets acceptable quality standards, and the facility and the MMP agree to Medi-Cal rates in accordance with the three-way contract.

When Blue Shield Promise Health Plan has authorized services in a facility and there is change in the beneficiary's condition under which the facility determines that the facility may no longer

needs the beneficiary, the beneficiary's health has improved sufficiently so the resident no longer needs the services provided by the facility, or the health or safety of individuals in the facility is endangered by the beneficiary, Blue Shield Promise Health Plan shall arrange and coordinate a discharge of the beneficiary and continue to pay the facility the applicable rate until the beneficiary is successfully discharged and transitioned into an appropriate setting.

Blue Shield Promise Health Plan shall pay providers, including institutional providers, in accordance with the prompt payment provisions contained in Blue Shield Promise Health Plan's contract with the department, including the ability to accept and pay electronic claims.

**Part D Continuity of Care:**

Blue Shield Promise Health Plan shall implement and enforce Medicare Part D transition of care provisions, to ensure Blue Shield Promise Health Plan provides an appropriate transition process for newly-enrolled beneficiaries, who are prescribed Part D drugs that are not on Blue Shield Promise Health Plan's formulary.

**PROCEDURE**

Upon reorganization of authorization requests for nursing facility care, Blue Shield Promise Health Plan shall process the request using the timeframes consistent with its policies and procedures, pursuant to the requirements in Health and Safety Code, Section 1367.01.

Blue Shield Promise Health Plan shall review the authorization request consistent with the criteria and guidelines for authorization of Medi-Cal services specified in Section 51003 of Title 22 of the California Code of Regulations, which includes utilization of the Manual of Criteria for Medi-Cal Authorization, and H&S Code, Section 1367.01.

Only licensed physician or licensed health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider may render a determination for requested care services for enrollee for reasons of medical necessity. Only licensed physicians can modify or deny medical necessity requests.

**REFERENCES**

- DHCS Dual Plan Letter 14-002
- Title 22 California Code of Regulations (CCR) 72520, 51535 and 51535.1
- Welfare and institutions Code Section 14186.3