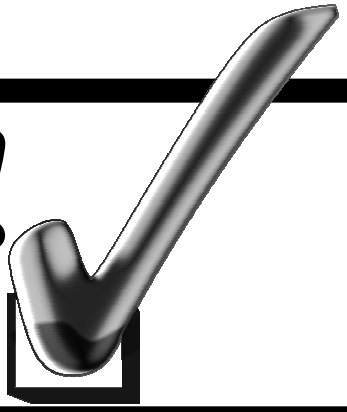
IMPORTANT!

Molina Provider News:



Nursing Facility Billing and Reimbursement Tip Sheet

Nursing Facility services provide 24-hour medical and nursing care. This may be provided in a residential setting, institution, or a district part of an institution. Services are prescribed by a physician licensed in the State of Florida and the recipient must occupy a Medicaid-certified bed (unless the recipient is covered by Medicare Part B, in which case, a Medicare-certified bed is allowed).

Authorization Requests

Providers **must** request an authorization when a member requires admission toa Nursing Facility. This includes when leave days are necessary for hospitalization or therapeutic services. Notification must be given within 24 hours of knowledge of hospitalization.

Authorization requests can be submitted via **fax to:(877) 902-6825.**

Preadmission Screening and Resident Review (PASRR)

All providers rendering Nursing Facility services but complete Preadmission Screening and Resident Review **(PASSR)**

A completed and signed PASRR must be received with the nursing facility authorization request.

Molina will **NOT** reimburse claims for nursing facility services provided prior to the date of completion of PASRR requirements.

Claim Submission

Providers must submit claims, whether paper or electronic, within 6 months after discharge. Claims may be submitted:

- Online:

  Molina Portal (for existing registered providers/users): https://provider.molinahealthcare.com.

  ** *The Molina Legacy Provider Portal is no longer accepting new provider registrations. As of March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should register on the* ***Availity Portal*** *at* https://availity.com/molinahealthcare to avoid any disruption in accessibility and functionality.

- Via a clearinghouse, **Payer ID #51062**
- On paper, using a UB-04 from to:
  Molina Healthcare
  PO Box 22812
  Long Beach, CA 90801

When Molina is secondary, claims, whether paper or electronic, must be submitted within 90 days from the final determination by the primary insurance carrier. If Medicare is the primary carrier, claims must be submitted to Molina within 36 months from discharge or one (1) year from Medicare's determination, whichever is later.

Before filing a claim, please review the following:

- Member eligibility and ID#
- Claim's timely filing
- Primary versus secondary insurance
- A PASRR was obtained

- Patient Liability has been confirmed through DCF documentation or the DCF website
- Rendered services are covered
- Rendered services were authorized

Patient Responsibility

Molina requires the patient responsibility must always be billed even when the amount is zero.

Patient Responsibility must be billed as a **Value Code of 31** on a VB04 or **Loop 2300/CAS01** for an electronic claim. If the patient responsibility is **zero,** the amount for Value code 31 should be billed as $0.

The amount entered should be the entire month's patient responsibility, even when partial days are billed. Molina will prorate the amount when partial dates are billed. If the member is admitted and discharge the same day, Molina will count this billed service as one (1) day.

Covered days – A **Value code of 80** and the amount is the number of days covered by the primary payer as qualified by the payer.

Leave Days

Leave Days are billed with **Revenue Code 185** with the following **benefit limitations:**

For Hospitalization – **8 days** per medically necessary hospital stays

For Therapeutic – **16 days** per state fiscal year

Medicare Crossover Claims

Medicare Part A benefits cover up to 100 days of rehabilitative care in a Nursing Facility. The Medicare Part A coinsurance begins on day 21 through 100 nursing facility stay. Long Term Care covers nursing facility Medicare Part A coinsurance claims.

Nursing facility Medicare Part A coinsurance claims are billed with **Revenue Code 101,** regular room and board days, regardless of the revenue codes billed on the Medicare claim.

These crossover claims must include :

- **Revenue code 101** – Day 21 through 100 when a Medicare Part A coinsurance is due, and
- **Revenue code 022** – Day 1 through 20 where no Medicare Part A coinsurance is not due

Note: A Medicare Explanation of Payment is required with the claim

Medicaid Members NOT enrolled in Long Term Care

The managed care plan is required to provide coverage for 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, regardless of payer, when:

- The enrollee needs long-term nursing facility services and is not receiving nursing facility services in lieu of inpatient hospital services nor admitted for rehabilitation services.
- The enrollee has completed all PASRR requirements.
- The Department of Children and Families has determined the enrollee is eligible for ICP Medicaid; and
- The enrollee is not yet enrolled in the LTC program.

Note: **DNSP Coverage:** Dual Eligible members have the **Short Term 120 Days** benefit covered under their Medicaid coverage. Members need to have medical benefits coverage included on their Medicaid to qualify for it.

QMB only members do not apply.

For additional information, please visit the resources listed below and our website at www.molinahealthcare.com. Providers may also call Molina Healthcare at 866-472-4585.

Thank you for your continued care to our Members!

Molina Healthcare of Florida

Provider Resources

Patient Responsibility and Reimbursement of Nursing Facility Services
https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/SMMC_Snapshot_Nursing-Facility_Overview-of-Patient-Responsibility_30Sept2014.pdf
Requirements for Reimbursement of Nursing Facility Medicare Part A Coinsurance Claims
https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/SMMC_Snapshot_Nursing-Facility_Medicare-Part-A-Coinsurance_30Sept2014.pdf
Medicaid Provider Reimbursement Handbook, UB-04
https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_UB-04_ver1_3.pdf
Medicaid Nursing Facility Provider Information
https://ahca.myflorida.com/medicaid/nursing_fac/index.shtml
Medicaid Provider General Handbook
https://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf
Statewide Medicaid Managed Care Long-Term Care Program Coverage Policy
https://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf
Medicaid Provider Handbook, Coverage Policies, and Fee Schedules
https://ahca.myflorida.com/medicaid/review/Promulgated.shtml
Preadmission Screening and Resident Review FAQ
https://ahca.myflorida.com/medicaid/PASRR/Docs/PASRR_FAQs.pdf
Preadmission Screening and resident Review Process (PASRR)
https://ahca.myflorida.com/medicaid/pasrr/index.shtml