

Provider Bulletin

Molina Healthcare of California

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November 18, 2024

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Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care APL 24-009

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

All Plan Letter (APL) 24-009 supersedes APL 23-004. This communication provides updated language focused on the revisions made to section VII. Facility Payment and VIII. Share of Cost.

BACKGROUND

California Department of Health Care Services (DHCS) APL 24-009 addresses the transition of members in Skilled Nursing Facilities (SNFs) to Medi-Cal Managed Care starting in 2024. This update ensures that Medi-Cal members moving from Fee-for-Service (FFS) to Managed Care will have their long-term care benefits standardized, and that continuity of care is maintained throughout the transition. MHC is responsible for ensuring that the members receive all necessary services without disruption, including facility and professional services, and that care coordination is effectively managed.

When is this happening?

Effective January 1, 2024.

Provider Action

This notification is based on APL 24-009, which can be found in full on the DHCS website at:

dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-009.pdf



What you need to know CONT:

VII. FACILITY PAYMENT

- Reimbursement Requirement
 - MHC will reimburse Network Providers of SNF services at the applicable FFS per-diem rates for dates of service from January 1, 2023, to December 31, 2025.
 - This applies to both new and extended SNF services under Medi-Cal, based on whether SNF services transitioned to Managed Care in 2023 or were previously covered.
- Service Definitions
 - Reimbursement applies only to SNF services as defined by the California Code of Regulations (CCR), including room and board, nursing and related care services, commonly used equipment, supplies and services, leave-of-absence days, and bed holds.
 - Ancillary services are excluded from the per-diem rates.
- Payment Structure and Exclusions
 - The reimbursement is an all-inclusive rate covering both skilled and custodial care, with no tiered distinctions for different levels of care.
 - The reimbursement does not cover other services such as certain outpatient or specialized SNF services, out-of-network providers, or non-qualifying services not directly linked to SNF care.
- Dual-Eligibility for Medicare and Medi-Cal
 - For members who are dually eligible, MHC will pay the full deductible and coinsurance for SNF services.
- Electronic Claims Processing
 - MHC will provide a process for electronic submission of claims and electronic payment to Network Providers who request it, including for automatic crossover payments for dual-eligible members.
- Updates to Medi-Cal FFS Per-Diem Rates
 - Medi-Cal FFS per-diem rates may be updated by DHCS periodically. MHC will implement these updated per-diem rates prospectively for all claims with applicable dates of service, provided they are received on or after 30 working days from the notification date.
 - Retroactive adjustments for claims processed before the updated rates are applied must be made within 45 working days.
- Automatic Claims Reprocessing
 - MHC is required to retroactively reprocess claims for specified dates of service without requiring manual re-submission by Network Providers.
- Subcontractor Arrangements
 - MHC will ensure that all Network Providers, including those working under subcontractor arrangements, receive reimbursement in accordance with the updated payment requirements.
- Continuity of Care for Out-of-Network Providers

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Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

- Timely payment of claims for out-of-network providers also applies when services are covered under continuity of care provisions.

VIII. SHARE OF COST

- Share of Cost (SOC) Processing Requirements
 - MHC will process SNF claims according to Medi-Cal SOC guidelines, as outlined in the Medi-Cal LTC Provider Manual.
 - When a member has an SOC, the SNF will deduct the SOC amount from the claim and submit the remaining balance to MHC.
- Member Rights Under Johnson v. Rank
 - Members, not providers, may apply SOC funds to pay for necessary, non-covered, medical or remedial care services, supplies, equipment, and drugs (medical services) prescribed by a physician and included in the care plan.
 - SNFs must subtract the amount spent by members on non-covered services from the SOC balance and collect the remaining amount from the member.
- Record-Keeping for SOC Expenditures
 - SNFs must maintain physician prescriptions for SOC expenditures in the member's medical record to comply with Johnson v. Rank requirements.
- SOC Certification in Eligibility Verification
 - SNFs must certify SOC payments in the Medi-Cal eligibility verification system to confirm the member has paid or is obligated to pay the monthly SOC amount.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
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Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
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California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

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