NC Medicaid Managed Care
County Playbook

NC Medicaid

Fact Sheet

NC Medicaid Direct and NC Medicaid Managed Care/Nursing Facility -Local DSS Process

What do Counties need to know about the Nursing Facility process?

FL-2 AND NURSING FACILITY LEVEL OF CARE AUTHORIZATION APPROVAL FORMS

DSS staff must receive the FL-2 (NC Medicaid Direct, found here) or a PHP Notification of Nursing Facility Level of Care Form (NC Medicaid-2039) to confirm a beneficiary meets nursing facility level of care. NFs should send a copy of the FL-2 (Medicaid Direct)/ PHP Notification of Nursing Facility Level of Care form to the appropriate local DSS **within five business days of receipt** of the documentation from NCTracks or the PHP.

Once DSS is notified the beneficiary/member has been placed in a NF, the long-term care financial eligibility determination process should begin. Admission to a NF can be reported to the local DSS through the Change in Circumstance (CIC) report, notification by Authorized Representative (A/R) or nursing facility or by receipt of the FL-2 (NC Medicaid Direct)/ PHP Notification of Nursing Facility Level of Care form,

DSS staff **must use the initial** FL-2 (NC Medicaid Direct)/ PHP Notification of Nursing Facility Level of Care form that includes the **initial date of admission** to the NF to determine eligibility.

If the NF is having difficulty receiving the PHP Notification of Nursing Facility Level of Care form which documents nursing facility level of care approval, DSS staff should contact the appropriate point of contact with the PHP.

- **AmeriHealth Caritas**

  Utilization Management 833-900-2262 (preferred)

  Shawn Brothers, UM Manager sbrothers@amerihealthcaritasnc.com

  Lynette Simms, UM Supervisor Concurrent Review lsimms@amerihealthcaritas.com

  Note: AmeriHealth Caritas is unable to accept clinical or case documentation by email (the process to upload information into their system supports provider portal or fax but not email submissions).

- **Healthy Blue**

    Provider Services 844-594-5072 or nc_provider@healthybluenc.com

    Member Services 844-594-5070

- **Carolina Complete Health**

    Faith Samples, DSS Liaison faith.l.samples@carolinacompletehealth.com

    Julie Ghurtskaia JGhurtskaia@carolinacompletehealth.com

    Care Coordination 833-552-3876

- **United Healthcare**

    Angelina Rafferty 763-361-8583 or angelina.rafferty@optum.com

    Kathleen Foreman 763-765-8025 or kathleen.foreman@optum.com

    For escalations, contact Bonnie Batten 763-361-2136 or bonnie_w_batten@uhc.com

- **WellCare**

    Heather Wilman heather.wilman@wellcare.com

    Linda Purdie wilinda.purdie@wellcare.com

    Lawanna Gaddy lawanna.gaddy@wellcare.com

    Care Coordination 833-298-4301 (ask to speak with a transitional care manager or someone regarding the need for support with nursing facility).

DSS ROLE IN DETERMINING NURSING FACILITY ELIGIBILITY

PHPs must report changes in beneficiary living arrangements to DSS. Living arrangement changes include, but are not limited to, placement in nursing facilities (NFs) and transitions from NFs to hospitals, NF to home, or NF to an Adult Care Home (ACH) on the Change in Member Circumstance report. DSS staff should monitor the Change in Circumstance report in NC FAST and initiate review of eligibility **within five days of a reported change**.

Once DSS is notified the beneficiary has been placed in a nursing facility, the financial eligibility determination process begins. To conduct the financial eligibility determination, DSS must receive the FL2/ PHP Notification of Nursing Facility Level of Care form from the NF. The long-term care financial eligibility determination timeline varies based on the information needed from the beneficiary, including asset verification and review of transfers of assets during the past five years.

If a beneficiary is determined financially eligible for nursing facility care, DSS determines the Patient Monthly Liability (PML) amount for the beneficiary's cost of care and updates NC FAST. The PML is updated on the 834-eligibility file sent to the health plans daily. If a beneficiary is denied financial eligibility for nursing facility care, DSS will send the denial notification to the member/authorized representative and NC Medicaid at Medicaid.BusinessSupport@dhhs.nc.gov. Medicaid will notify the PHP.

NC MEDICAID DIRECT	NC MEDICAID MANAGED CARE
• FL2/ Level of Care form submitted in NCTracks • NCTracks approves Level of Care and Nursing Facilities can review in NC Tracks • Nursing Facility sends the approved FL2/ Level of Care form to DSS or DSS verifies in NCTracks • DSS determines financial eligibility for nursing facility cost of care and authorizes coverage in NC Fast • DSS sends appropriate notice to the beneficiary • DSS sends Notification of Eligibility for Medicaid/Amount and Effective Date of Patient Liability Form (NC Medicaid-5016) to the nursing facility • NF bills NF services to NC Medicaid Direct through NCTracks **NOTE**: If the individual is found ineligible for financial eligibility for NF cost of care, NCTracks will deny the claims for NFs	• Nursing facility submits prior approval request to the PHP • PHP approves the prior authorization request and sends to the Nursing Facility along with the PHP Notification of Nursing Facility Level of Care form (NC Medicaid-2039) • Nursing Facility sends the completed PHP Notification of Nursing Facility Level of Care form (NC Medicaid-2039) to DSS • DSS determines long-term care financial eligibility for nursing facility cost of care and authorizes coverage in NC Fast • DSS sends appropriate notice to the beneficiary • DSS Sends Notification of Eligibility for Medicaid/Amount and Effective Date of Patient Liability Form (NC Medicaid-5016) to the nursing facility • NF bills the PHP for NF services until disenrollment from the PHP **NOTE:** If the individual is found ineligible for financial eligibility for NF cost of care, the PHP will deny the claims for NFs

CHANGE IN CIRCUMSTANCE REPORT (CIC)

PHPs must report changes including a change in living arrangement to a Nursing Facility (NF), NF to hospital or NF to home on the Change in Circumstance Report. DSS staff must work the reports listed in the Medicaid Verification Tab under shortcuts. Refer to the job aid in NC Fast Help - "Change in Circumstance Report."

DSS staff should remember that when determining the beneficiary's nursing facility eligibility, they must use the initial nursing facility level of care approval with the original date of admission received from the PHP.

WHAT DSS NEEDS TO KNOW

DSS staff should know the following information when determining a beneficiary's nursing facility eligibility:

• Managed care status cannot be changed by DSS staff

• Managed care status responds to evidence entered in NC FAST and eligibility determinations

- DSS staff cannot manually change beneficiaries to NC Medicaid Direct
- The following process must be completed for a beneficiary to move to NC Medicaid Direct:
  - Nursing facility evidence entry > Beneficiary's Managed Care Status changes > Beneficiary returns to NC Medicaid Direct at the first of the month following the 90th consecutive day in the nursing facility
- In DSS communication to nursing facility staff, DSS can remind the facility these cases are treated as Medicaid Pending just like any other transfer to Long-term Care.

DSS staff should contact their Medicaid Operational Support Team (OST) representative for additional questions related to the nursing facility eligibility determination process.