

Fact Sheet

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

What 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 (NF) level of care. NFs should send a copy of the FL-2 (NC 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 health plan.

Once DSS is notified the beneficiary 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 has difficulty receiving the PHP Notification of Nursing Facility Level of Care form which documents NF level of care approval, DSS staff should contact the appropriate point of contact with the health plan.

- **AmeriHealth Caritas**

Prior Auth Fax Number: 833-893-2262

Concurrent Fax Number: 833-894-2262

ACNCPHUMLeadership@amerihealthcaritasnc.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

Magalie Milfort Magalie.Milfort@CENTENE.com

- **United Healthcare**

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

Tammey Boswell 952-687-3585 or tammey.boswell@optum.com

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

- **WellCare**

Heather Wilman heather.wilman@wellcare.com

Yvonne Powers Yvonne.Powers@wellcare.com

Angela Holbrook Angela.Holbrook@wellcare.com

DSS ROLE IN DETERMINING NURSING FACILITY ELIGIBILITY

Health plans must report changes in beneficiary living arrangements to DSS. Living arrangement changes include, but are not limited to, placement in 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 a review of eligibility **within five days of a reported change**.

Once DSS is notified the beneficiary has been placed in a NF, 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 NF 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 NF care, DSS will send the denial notification to the member (or authorized representative) and NC Medicaid at Medicaid.BusinessSupport@dhhs.nc.gov. Medicaid will notify the health plan.

NC MEDICAID DIRECT	NC MEDICAID MANAGED CARE
<ul style="list-style-type: none"> • FL2/ Level of Care form submitted in NCTracks • NCTracks approves Level of Care and NFs can review in NCTracks • NF 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 NF • NF bills NF services to NC Medicaid Direct through NCTracks <p>NOTE: If the individual is found ineligible for financial eligibility for NF cost of care, NCTracks will deny the claims for NFs</p>	<ul style="list-style-type: none"> • Nursing facility submits prior approval request to the health plan • Health plan approves the prior authorization request and sends to the NF along with the PHP Notification of Nursing Facility Level of Care form (NC Medicaid-2039) • NF 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 NF • NF bills the health plan for NF services until disenrollment from the health plan <p>NOTE: If the individual is found ineligible for financial eligibility for NF cost of care, the health plan will deny the claims for NFs</p>

CHANGE IN CIRCUMSTANCE REPORT (CIC)

Health plans must report changes including a change in living arrangement to a NF, NF to hospital or NF to home on the Change in Circumstance Report. DSS staff must work on 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 when determining the beneficiary's NF eligibility, they must use the initial NF level of care approval with the original date of admission received from the health plan.

WHAT DSS NEEDS TO KNOW

DSS staff should know the following information when determining a beneficiary's NF 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:
 - NF 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 NF
 - In DSS communication to NF 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 NF eligibility determination process.

