Residential MLTSS Providers

New Jersey Department of Human Services

Division of Medical Assistance and Health Services

July 2014

NJFAMILYCARE
Affordable health coverage. Quality care.

LTSS –Residential Providers

1. Contract Parameters- Any Willing Provider
2. Residential Services and Billing codes include as part of MLTSS
3. Prior Authorization
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Any Willing Provider Any Willing Plan Provision for Residential and Pharmacy Providers

- July 2014 MCO contract has an Any Willing Provider and Any Willing Plan (AWP) Provision for two years for :

  1. Assisted Living
  2. Community Residential Services
  3. Nursing Facility
  4. Special Care Nursing Facilities

- Any NJ-based nursing facility (NF), special care nursing facility (SCNF), assisted living provider (AL), community residential services (CRS) provider that serves residents with traumatic brain injury, or long term care pharmacy that applies to become a network provider and complies with the contractor's provider network requirements and is willing to accept the terms and conditions of the MCO's provider contract, or terms for network participation.

- If an MCO wishes to have any New Jersey-based NF, SCNF, AL or CRS join its network, those providers will be instructed to complete the application form.

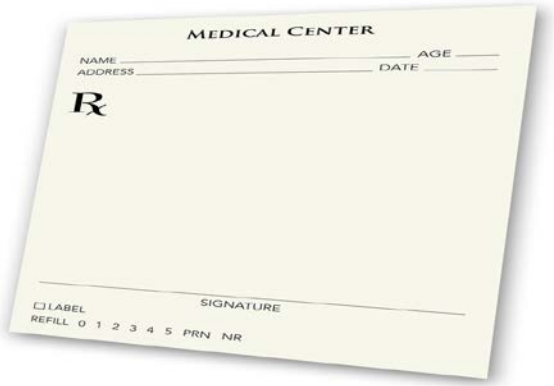
LTSS – Residential Providers Service and Billing Codes

Refer to MLTSS Dictionary for specific information regarding contractual limits

See Attachment 1: MLTSS Services – below is sample of Residential Services

Nursing Facility Services (Custodial)	**Revenue Codes**
	0100, 0119, 0129, 0139, 0149, 0159, 0169
	SCNF – Revenue Codes
	0100, 0119, 0129, 0139, 0149, 0159, 0169

MLTSS Service	MLTSS Code			MLTSS Code Description
	Code	Mod	Method/ Unit	
Community Residential Services (CRS)	T2033		Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Low Level Supervision)
	T2033	TF	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Moderate Level Supervision)
	T2033	TG	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., High Level Supervision)



Prior Authorization parameters must comply with "Health Claims Authorization, Processing and Payment Act“ (HCAPPA) P.L. 2005, c.352

Prior Authorization Parameters

Prior Authorization Parameters

- Individual MCOs will identify Prior Authorization process and requirements for individual services

- Prior authorization denials and limitations must be provided in writing in accordance with the Health Claims Authorization Processing and Payment Act, P.L. 2005, c.352.

- Prior authorization decisions for non-emergency services shall be made within 14 calendar days

Source: Health Claims Authorization Processing and Payment Act, P.L. 2005, c.352.

Claims Processing Comply with "Health Claims Authorization, Processing and Payment Act“ (HCAPPA) P.L. 2005, c.352 for HCBS Medical Services

Claim Submission Parameters

Claim Submission Requirement

MCO claims are considered timely when submitted by providers within 180 days of the date of service as per (HCAPPA) P.L. 2005, c.352

Universal Billing Format for MLTSS Services Paper Submission

- Providers need to use the 1500 for AL facilities, HCBS service providers, and non-traditional providers such as home improvement contractors, emergency response system providers, meal delivery providers and more.
- Providers need to use the “UB-04” lite for NFs and SCNFs.

Universal Billing Format for MLTSS Services Electronic Submission

- Providers need to use the 837 P for AL facilities, HCBS service providers, and non-traditional providers such as home improvement contractors, emergency response system providers, meal delivery providers and more.

- Providers need to use the 837 I for NFs and SCNFs.

Cost Share / Patient Pay Liability

How will a NJ FamilyCare resident's income information be communicated to the MCO?

The information is sent to the MCOs on the enrollment file which they receive from the DHS.

How is the patient payment liability (PPL) going to be collected?

- Patient payment liability (PPL) will be calculated by the county welfare agency (CWA).
- Cost share will be collected by the provider.
- MCO payment to facilities will be outlined in the MCO contract with providers.

How will the County Board of Social Services process the Cost Share information?

The State has introduced a new electronic PR-1 (previously PA-3L) form that should streamline the process and improve accuracy.

How is the member's cost share communicated to the provider?

- The capitation payment from the state for the individual members to the MCO will be reduced by the state by the amount of the individual member's PPL.
- The MCO will communicate with the provider as to the amount of PPL and each MCO will outline process to follow for billing to incorporate PPL.

Is a new NJ FamilyCare resident in NF responsible for turning over his/her monthly income immediately upon enrollment into an MCO?

NF residents without a month of admission disregard will have to turn over income for first month of enrollment.

Is a new NJ FamilyCare resident in AL responsible for turning over his/her monthly income immediately upon enrollment into an MCO?

No. The month of admission is excluded. Beginning in the second month after admission, however, the MLTSS member will be responsible for his/her patient pay liability (PPL) minus the allowable deductions for room and board, medical expenses (i.e. Medicare Part B) and the personal needs allowance (PNA).

How is the patient payment liability (PPL) going to be adjusted retroactively?

If there is a retroactive adjustment, a new PR-2 must be calculated to reflect the change in income/or deduction.

Based upon the recalculation, the MCO will identify process to adjust the payment to the AL. Note: there may be instances where the resident does not have the income to pay for the additional increase in PPL, and may have to use their $2000 allowable resource or enter into a payment plan with the AL to pay the difference.

Questions