

PROVIDER BULLETIN

Long Term Care Renewals in April

Nursing facilities may have noticed some long term care enrollees were subject to renewal in April. These renewal requests were not sent in error. This renewal was focused on individuals who were dually enrolled in the Medicare Buy-In Program. The buy-in program pays Medicare premiums for eligible individuals, which reduces Medicaid expenditures by shifting those expenditures to Medicare. These renewals were for continuation in the buy-in program. If you have not already, **please be sure to complete their renewal packet** or assist members with completing their renewal packet.

Long Term Care Communications

Medicaid is continuing efforts to streamline communications between the agency and long term care providers, organizations and facilities as it relates to eligibility and enrollment challenges. Several new processes and resources have been implemented in recent weeks. They include:

- **A dedicated contact for case and payment inquiries.** A new email account – LTCContact@la.gov – is monitored by a triage team of experienced long term care employees who can research and assist with payment issues, application and renewal concerns for escalation, and eligibility questions. This team can be reached by directly emailing the account above or by using the [Contact Us – Long Term Care](#) web form. Responses will be provided as soon as possible, with a maximum 10-day turnaround for the more complex inquiries. All Medicaid staff and sister agencies (Office of Aging and Adult Services and Office for Citizens with Developmental Disabilities) have been instructed to reroute all Medicaid long term care inquiries to the email account, so we ask you not duplicate requests to avoid slowing down response time.
- **Medicaid-led provider call series.** Medicaid is hosting weekly calls for nursing facilities and bi-weekly calls for support coordinators. Medicaid staff will share announcements and answer questions from callers. Nursing facilities and support coordinators are encouraged to take an active role in each call agenda by submitting topics for discussion through an [online submission form](#).
 - Please share specific examples for the Medicaid team to research prior to the call in order to make the discussion as productive as possible. If your example contains protected health information, please send it securely by separate email [here](#), preferably by Friday before the following week's call to allow Medicaid staff time to research and find answers.
 - If no agenda items are received by the close of business on Monday prior to each call, that week's call will be cancelled.
 - Call information, including agendas, minutes and any announcements of call cancellations, can all be found online [here](#).
- **Provider-focused Resource Page** – All Provider Bulletins as well as trainings, announcements and other resources specific to provider issues and concerns will now be posted on a [provider page](#) within Medicaid's eligibility and enrollment system website. There is also a direct link to [Trusted User resources](#) on this page.

Patient Liability

Nursing facilities may have noticed some differences in the way PLI (patient liability) is documented and reported. You may be seeing mail from authorized representatives that includes multiple PLI amounts. This is not an error.

In the design stages of Medicaid's new eligibility and enrollment system, changes were made to assure PLI is automatically pro-rated by days of coverage, to ensure payment accuracy. Whenever there are gaps in coverage, such as times when a resident enters acute care or an individual has passed away, those days are not considered in the PLI. The legacy system provided PLI on a monthly basis without taking into account any gaps in care.

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For example, with the new system, if a resident has coverage through the month of April, but they have a gap in care from April 4 through April 14 for acute care, the authorized representative will receive a letter with two PLI amounts. One for April 1 through April 3 and one from April 15 through April 30, which excludes the days where there was a coverage gap. If you wish to know PLI for the month, the facility will need to calculate the prorated daily amount and apply it to the month.

The new system is more precise than the legacy system, and it requires even greater billing accuracy. If there are gaps in coverage, like the example above, there cannot be nursing facility per diem claims made for those days. The system will not accept bills for any days that were not covered and the entire claim will be denied. It is vital that you bill only for dates of service while the patient is in the nursing facility to ensure payment.

Claims Cycle Changes

Medicaid is altering the frequency of claims recycles for nursing facilities, shifting from biweekly to weekly.

Newborn Eligibility

A reminder for providers that **not all babies are deemed eligible. The mother must be Medicaid eligible first.** Providers should check the electronic verification system (eMEVS, found at www.lamedicaid.com) to verify the mother is enrolled in Medicaid. If she is not, the provider should submit an application for the mother with the newborn form. Please note: if the mother is not found eligible, the newborn will not qualify for Medicaid either.

IMPORTANT LINKS

Self-Service Portal – <https://sspweb.lameds.lah.gov/selfservice/>

Provider Portal Assistance – MedicaidEligibilitySystemsHelp@la.gov

Medicaid Eligibility and Enrollment Web – <http://ldh.lah.gov/index.cfm/page/3497>

Medicaid Customer Service – 1-888-342-6207 | medweb@la.gov

Provider forms – <https://www.lamedicaid.com/provweb1/Forms/forms.htm>
& <http://ldh.lah.gov/index.cfm/page/1278>