

To: AmeriHealth Caritas Pennsylvania (PA) Skilled Nursing Facilities

Re: Continued stay coverage, review and billing reminders

Reissued Date: January 4, 2023

1. AmeriHealth Caritas PA would like to remind you of the following coverage policy for nursing facilities:

- AmeriHealth Caritas PA is responsible for nursing facility coverage for AmeriHealth Caritas PA Members through the first 30 days and any additional days up to and including the day a member is determined to be eligible for Community HealthChoices (CHC).
- If a member is determined to be nursing facility clinically eligible (NFCE) for CHC and covered by AmeriHealth Caritas PA, the nursing facility may then bill AmeriHealth Caritas PA for services for day 31 and ongoing, using established revenue codes, including the day the member is determined to be NFCE and enrolled in CHC.
- If a member is determined ineligible for CHC, the member will remain with AmeriHealth Caritas PA for coverage of their physical health services. The Utilization Management department (UM) will review skilled nursing facility (SNF) admissions based on medical necessity review for the SNF level of care from the admission date through the discharge date or if there is a medical necessity denial from a Medical Director, whichever is sooner.

2. Important review information: It is critical to provide proof of the PA600 (Medical Financial Eligibility Application) for CHC or the PA162 (Determination Letter):

- Continued stays for an AmeriHealth Caritas PA member exceeding 30 days require proof of the PA600 application or the PA 162 Determination Letter. These should be faxed to the Concurrent Review department as soon as it is submitted or by the 28th day of an admission at the latest.
- Skilled cases for a AmeriHealth Caritas PA member that transition to a continued stay exceeding 30 days or custodial level of care also require proof of the PA600 application or the PA162 Determination Letter as soon it is determined that the member will require custodial level of care services and qualify for CHC.
- UM will perform medical necessity reviews every 7 days.
- Again, proof of the PA600 application or the PA162 Determination Letter should be faxed to the Concurrent Review department (1-866-755-9936) as soon as possible.

*Note: Contracted facilities are responsible to share all Plan billing requirements and policies with the billing agencies and/or other entities acting on their behalf.

3. Billing Reminder:

- As indicated above, for members that are deemed to be NFCE for CHC, bill AmeriHealth Caritas PA for services for day 31 and ongoing, using established revenue codes, including the day the member is determined to be NFCE eligible. The claim can be submitted once authorization is approved with no need to hold the claim for the NFCE determination.

Thank you for your participation in our network and the dedicated care you provide to our Members. If you have any questions regarding this notice, please contact your Provider Account Executive.