MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**165**	
Subject:	**Administrative Days**	
Section:	**Care Management**	
Initial Effective Date:	**10/01/2014**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 02/23, 07/23, 07/24**	
Historical Revision Date(s):	**10/15, 10/16, 07/17**	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	**AVP of Clinical Operations, Manager of Utilization Management**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**COMAR: 10.09.92.07, 10.09.93.09, 10.09.94.09** **MCO Transmittal No. 165**	
Approved:	**AVP of Clinical Operations**	**Chief Medical Officer**

Purpose: **This policy describes the conditions and process for facilities to request approval for payment for Administrative Day(s).**

Scope: **MedStar Family Choice, Maryland**

Policy: **MedStar Family Choice will reimburse facilities for Administrative Days at the prevailing rate as set forth by the Maryland Department of Health (MDH) when the appropriate conditions outlined below are met.**

Procedure:

1. MedStar Family Choice will pay Administrative Day rates when requested by the facility for a limited number of circumstances as outlined below. The provider/facility must notify and request approval for an Administrative Day(s) while the member is still an inpatient in the facility. Requests for approval of Administrative Days after discharge or on appeal will not be accepted.
2. Requests for Administrative Day approval should be part of the concurrent review process.

3. The conditions for approval of Administrative Days are:
    a. The member no longer needs acute medical hospitalization.
    b. The facility has implemented a pre-discharge plan and initiated placement activities for the member in a timely manner during the hospitalization and a bed in an appropriate facility is not available. Timely referrals are made on the first day in which a discharge date is reasonably foreseeable.
    c. The facility has actively, and aggressively pursued discharge placement as evidenced by timely referrals made to at least 3 potential accepting facilities via E-discharge (or whatever electronic software currently in use at the facility.)
    d. The facility has communicated with MedStar Family Choice Post-Acute Coordinator for authorization and advisement of in-network providers and the possible consideration of generating a single case agreement to allow for out-of-network (OON) providers. Documentation of the pre-discharge plan and placement activities may be requested for MedStar Family Choice to review. MedStar Health Hospitals should be documenting the efforts in the facility Electronic Health Record (EHR)
    e. Additional Administrative Day(s) will be approved only if the facility is actively pursuing placement at an appropriate level of care for the recipient or awaiting court appointed guardianship. Actively pursuing placement means the hospital continues to reach out to at least 3 Skilled Nursing Facilities (SNFs) each day via E-discharge (or whatever electronic software currently in use at the facility.) This effort should also include re-contacts, or referrals to additional facilities in the event the member has been declined. These efforts should be coordinated with the MFC Post-Acute Coordinator. Documentation of this effort should be made in the medical record and available to MFC, if requested. MedStar Health Hospitals should be documenting the efforts in MedConnect or in Canopy, which is linked to MedConnect.
    f. If MedStar Family Choice denies authorization for admission into a subacute/skilled nursing facility aka long-term care facility (LTCF) for not meeting medical necessity criteria; MFC must pay the administrative day rate through the date of MedStar Family Choice's proposed discharge date. The enrollee then becomes liable for the cost of any additional days in the LTCF beyond the proposed discharge date.
    g. During an enrollee's stay in a LTCF and MedStar Family Choice determines the enrollee does not meet InterQual Criteria for skilled nursing level of care, and the enrollee (or LTCF with enrollee's consent) fails to appeal the MCO's decision, the MCO must then determine if the enrollee meets MDH's custodial level of care criteria.
        - If the enrollee meets MDH's custodial level of care criteria, MedStar Family Choice will approve and reimburse the LTCF at the administrative day rate so long as the enrollee continues to qualify under the criteria.
        - If the enrollee fails to meet MDH's custodial level of care criteria, MedStar Family Choice will approve and pay the administrative day rate until the enrollee is safely discharged to the appropriate level of care as per the treatment plan.

4. MedStar Family Choice will reimburse for Administrative Days in accordance with the most current Transmittal guiding Medicaid Rates for Administrative Days published each year by the Maryland Department of Health.

Attachments

1. Attachment A: Fiscal Year Medicaid Rates for Administrative Days

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secr

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospital Transmittal No. 314
July 12, 2024

TO: Hospitals

FROM: Sandra Kick, Director
Office of Medical Benefits Management

RE: Fiscal Year 2025 Medicaid Rates for Administrative Days

Note: **Please ensure that appropriate staff members in your organization a informed of the contents of this transmittal.**

Effective July 1, 2024 the Medical Assistance Program has updated payment rates for administrative days in hospitals occurring on or after July 1, 2024. These rates are base regulatory provisions at COMAR 10.09.92.07, 10.09.93.09, 10.09.94.09, and 10.09.95. new rates are as follows:

- For a patient in a special-psychiatric hospital awaiting placement to a residentia treatment center, $641.53 per day.

- For a ventilator patient who has been determined to no longer require hospital l care, $931.77 per day.

- For all other patients who qualify for administrative days, $357.39 per day.

Questions may be addressed directly to one of the following program offices:

Policy Questions for Acute Care Hospitals - 410-767-1939
Policy Questions for Special Pediatric Hospitals - 410-767-1736
Policy Questions for Special Psychiatric Hospitals - 410-767-9723
Billing Questions (Provider Relations Unit) - 410-767-5457

201 W. Preston Street · Baltimore, MD 21201 · health.maryland.gov · Toll Free: 1-877-463-3464 · Deaf and Hard of Hearing Use Relay

2. Attachment B: Clarification of HealthChoice Coverage for Long Term Care Facilities for administrative days.

PT 36-23

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 165
Nursing Homes No. 287
Chronic Hospital No. 3
Special Pediatric Hospital No. 2
January 19, 2023

TO: Managed Care Organizations
Nursing Homes
Chronic Hospitals
Special Pediatric Hospitals

FROM: Sandra Kick
Director, Medical Benefits Management

Marlana R. Hutchinson
Director, Office of Long Term Services and Supports

RE: Clarification of HealthChoice Coverage for Long Term Care Facilities

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

This transmittal clarifies previous guidance issued about long term care coverage when an enrollee is enrolled in a HealthChoice managed care organization (MCO). This transmittal should be reviewed in conjunction with Nursing Home Transmittal No. 213/Hospital Transmittal No. 200/Medical Day Care Transmittal No. 61, dated July 1, 2008, and further clarifies responsibility for payment guidance in Hospital Transmittal No. 245/MCO Transmittal No. 113/Nursing Home Transmittal No. 261, dated December 8, 2016

Since January 2017, MCOs have been responsible for their enrollees' stay up to 90 days in a nursing facility, specialty pediatric hospital, or chronic hospital. To determine if an enrollee is eligible for long term care services, MCOs may use evidence-based medical necessity criteria for skilled nursing care, in addition to the Department's long term care criteria, for determining if the stay is appropriate.

Authorization

The long term care facility (LTCF) must seek prior authorization from the MCO for admission to the LTCF to receive payment for the stay. Authorization requests should follow the requirements outlined in COMAR 10.67.09.04. MCOs are responsible for verifying throughout the stay that the enrollee remains eligible for a skilled nursing level of care, as determined by the MCO's criteria.

If the authorization request is denied because the enrollee does not meet medical necessity criteria, LTCFs may assist enrollees with filing an appeal to the MCO using the process outlined in COMAR 10.67.09.05. LTCFs must have written consent from the enrollee or the enrollee's authorized representative to appeal a denied authorization or service day. Only the enrollee or the enrollee's authorized representative may request continuation of benefits during the appeal.

MCOs denying authorization for admission into a LTCF must work with the enrollee, the enrollee's authorized representative (if applicable), and the LTCF to implement an appropriate diversion or discharge plan with a proposed discharge date. The plan must take into account the enrollee's needs and available covered services to assist the enrollee's transition into the community. MCOs must reimburse at an administrative day rate until the enrollee is safely discharged from the LTCF. If the member and/or the LTCF refuses to cooperate with the MCO's discharge plan, and an appeal has not been filed, the MCO is responsible for reimbursing the administrative day rate through the date of the MCO's proposed discharge date. The enrollee then becomes liable for the cost of any additional days in the LTCF beyond the proposed discharge date.

Skilled Nursing Days and Administrative Days

Should the enrollee qualify for skilled nursing care in accordance with the MCO's evidence-based criteria, each MCO is responsible for reimbursing the LTCF at the skilled nursing rate. During the enrollee's stay, if the MCO determines the enrollee does not meet an evidence-based skilled nursing level of care, and the enrollee (or LTCF with the enrollee's consent) fails to appeal the MCO's decision, the MCO must then determine if the enrollee meets the Department's level of care criteria.

- If the enrollee meets the Department's level of care criteria, the MCO is responsible for reimbursing the LTCF at an administrative day rate so long as the enrollee continues to qualify under that criteria. The MCO administrative day rate for the Department's level of care criteria must include any clinical costs, along with the costs of room and board.
- If the enrollee fails to meet the Department's level of care criteria, the MCO will pay the administrative day rate until the enrollee is safely discharged to the appropriate level of care as per the treatment plan.

The MCO and/or the LTCF must document if an enrollee or the LTCF is refusing to cooperate with the discharge plan, or if they are unable to locate an appropriate placement. If the enrollee and LTCF refuse to cooperate with the discharge plan, the MCO is responsible for reimbursing

the administrative day rate through the date of the proposed discharge. The enrollee then becomes liable for the cost of any additional days in the LTCF beyond the proposed discharge date.

Facility Stays Beyond 90 Days

Consistent with COMAR 10.67.04.12, if an enrollee's admission into the LTCF is authorized by the MCO, and the enrollee is expected to qualify for an evidence-based skilled nursing level of care or the Department's custodial criteria for the 90-day period, the LTCF is required to request a level of care determination from the Department's Utilization Control Agent (UCA) on the 75th day so that, if the criteria is met, the enrollee can disenroll from the MCO to fee-for-service coverage on the 91st day. Should the UCA decide after the 91st day, the MCO remains responsible for payment until the determination is made.

Regardless of the MCO or UCA determination, facilities cannot bill enrollees the balance of the cost of the LTCF stay if the days are determined to be covered. For example, if an MCO determines an enrollee qualifies for the administrative day rate under the Department's long term care criteria, a LTCF may not bill the enrollee the difference between the administrative day rate and the skilled nursing rate.

If you have any questions about this transmittal, please contact the following:

- Managed Care Organizations: Bernadette Benta, Division Chief, Complaints Resolution, bernadette.benta@maryland.gov
- Chronic Hospitals & Nursing Facilities: Jane Sacco, Division Chief, Long Term Care Services jane.sacco@maryland.gov

Attachment A: Fiscal Year Medicaid Rates for Administrative Days

Summary of Changes:	**07/24:** • Responsible Parties and Approved by sections updated to titles only. • MFC replaced with MedStar Family Choice. • Clarified title of Sub-Acute coordinator to Post-Acute Coordinator. • Added Attachment A with the most current transmittal for the Administrative Day rates. **07/23:** • Added Attachment A with the most current transmittal of the Administrative Day rates. 02/23: • Removed Patryce Toye and added Karyn Wills to Responsible Parties. • Regulatory References updated to include MCO Transmittal No. 165. • Approved section updated to Carol Attia and Dr. Karyn Wills. • Procedure #3 added f and g steps to cover administrative days per Transmittal No. 165 for members seeking admission to or continued stay in a LTCF. **07/22:** • Added Attachment A with the most current transmittal of the Administrative Day rates. **07/21:** • Changed Case Management to Clinical Operations in Responsible Departments. • Added "Maryland" to scope. • Embedded the most current transmittal of the Administrative Day rates. **07/20:** • Regulatory References: COMAR recodification does not impact the cited references. • Embedded the most current transmittal of the Administrative Day rates. • Added language to #3 letter "e" to cover guardianship. **07/19:** • Removal of "A" from policy. • Removal of "Maryland" from scope. • Added Blaine Willis to Responsible Parties.

	• Embedded the most current transmittal of the Administrative Day rates. **07/18:** • Updated COMAR References in Regulatory References • #4 removed Fiscal Year XXXX and replaced with guiding • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Changed Approved by from Carol Attia to Theresa Bittle and updated Dr. Toye's title from Sr Medical Director to Chief Medical Officer. • Changed Department of Health and Mental Hygiene to Maryland Department of Health (MDH). **10/16:** • Added updated Transmittal for FY17. • Deleted Medconnect and canopy and referenced facility HER. **10/15:** • Updated Transmittal.