



## Payment Policy

**Subject: MyCare Ohio – Skilled Nursing Facilities**

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### ***P o l i c y***

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CareSource will reimburse Skilled Nursing Facilities for the services provided to CareSource® MyCare Ohio members as set forth in this policy.

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### ***D e f i n i t i o n s***

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“**Skilled nursing facility**” means a nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services. *(from www.medicare.gov)*

“**Patient liability**” as referred to in this policy is outlined and defined its entirety in Ohio Administrative Code §5160: 1-3-24.

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### ***P r o v i d e r R e i m b u r s e m e n t G u i d e l i n e s***

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#### **Prior Authorization**

Prior authorization is required for skilled nursing facility care provided to any CareSource MyCare Ohio member.

#### **Provider Reimbursement Guidelines**

For MyCare Ohio members who have elected CareSource to administer both their Medicaid and Medicare benefits, CareSource will reimburse the skilled nursing facility as follows:

- For the benefit period days 1 through 100, CareSource will reimburse the skilled nursing facility at the rate contracted with that facility, or the lesser of (a) the facility’s billed charges or (b) 100% of the current Medicare rate (located here: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PCPricer/Downloads/ZZWeb\\_SNF1401310.zip](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PCPricer/Downloads/ZZWeb_SNF1401310.zip)). This reimbursement will not be reduced by the member’s deductible amount.
- For the benefit period days 101 through discharge, CareSource will reimburse the skilled nursing facility at the rate contracted with that facility, or the lesser of (a) the facility’s billed charges or (b) 100% of the rate set for skilled nursing facilities in the current Medicaid fee schedule (located here: <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/NursingFacility/NFR-20140101.pdf>)

The member will pay the nursing facility their assigned amount of patient liability, if any, and this amount will be deducted from claims reimbursements.

For MyCare Ohio members who have elected CareSource to administer their Medicaid benefits only, and are therefore receiving Medicare benefits via fee-for-

service or via a Medicare Advantage plan not in the ICDS demonstration, then CareSource will reimburse the skilled nursing facility as follows:

- For the benefit period days 1 through 100, charges for the skilled nursing facility should be reimbursed by the member's Medicare carrier. CareSource Medicaid coverage for these members does not begin until day 101 of care in a skilled nursing facility..
- For the benefit period days 101 through discharge, CareSource will reimburse the skilled nursing facility at the rate contracted with that facility or the lesser of (a) the facility's billed charges or (b) 100% of the rate set for skilled nursing facilities in the current Medicaid fee schedule (located here:  
<http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/NursingFacility/NFR-20140101.pdf>).

The member will reimburse the nursing facility their assigned amount of patient liability, if any and this amount will be deducted from claims reimbursements.

### **Claims**

In order to process claims under this policy, CareSource internal systems require that Form CMS 1450 (UB-04) is submitted with the following information:

- The date of the member's admission in ox 12, even if that date is prior to the member enrolling in MyCare; and,
- If the member has cost/payment liability, then that information must also be documented on the claim in Box 39, using value code 31.

A claim submitted which does not include this information may be rejected as unable to be processed. Additionally, any claims for room and board authorization must use Place of Service Code 32 "Nursing Facility," or those claims will automatically be rejected by CareSource systems for incorrect place of service.

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### ***Related Policies & References***

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Ohio Administrative Code § 5160-3-16.4, "Coverage of Bed-Hold Days for Medically Necessary and Other Limited Absences from Nursing Facilities (NFs)"

Ohio Administrative Code § 5160-3-64.1, "Nursing facility (NF) payment for cost-sharing other than Medicare part A."

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### ***State Exceptions***

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OHIO Only

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### ***Document Revision History***

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7/2014 – Updated reimbursement guidelines & clarifications.