



Payment for Nursing Facility Services for Medicaid Members Enrolled in an ACO

The purpose of this document is to clarify (1) who is responsible for payment and (2) what process nursing facilities and ACOs should follow when a Medicaid member enrolled in an ACO is admitted to a nursing facility.

It is the responsibility of the Medicaid Member's treating physician (an ACO Participating Provider) to make the determination whether the Enrollee shall require the service of a nursing facility, Intermediate Care Facility, or LTAC for more or less than 30 days.

Who is Responsible for Payment?

1. An ACO is responsible when the initial prognosis of stay in a nursing facility is 30 days or less

The ACO is responsible for payment for the care of an Enrollee in a skilled nursing facility, Intermediate Care Facility, or a Long Term Acute Care (LTAC) hospital when the plan of care includes a prognosis of recovery and discharge within 30 days. The ACO should be contacted immediately by the nursing facility. The State does not need to be contacted in this situation.

2. The State is responsible for authorizing fee-for-service payment when the initial prognosis of stay in a nursing facility is more than 30 days

The State is responsible for authorizing the admission of an Enrollee in a nursing facility, Intermediate Care Facility, or a Long Term Acute Care (LTAC) hospital when the prognosis is for the Enrollee to be in the facility for longer than 30 days. **The State should be contacted as noted below.**

3. Responsibility is divided between the ACO and the State when there is a change in prognosis from less than 30 days to longer than 30 days in the nursing facility

When the initial prognosis for the stay in a nursing facility is for 30 days or less but, later **changes** to a prognosis of more than 30 days, the ACO is responsible for payment for three (3) working days after the date the prognosis changed. The State is responsible for authorizing fee-for-service payment beginning the day following the last day the ACO was responsible. **The State should be contacted as noted below.**

What is the Notification Process?

1. Notification process: Initial prognosis – stay longer than 30 days

When the **Initial** prognosis for a stay in a nursing facility is for **more than 30 Days**, for coordination purposes, the ACO or nursing facility should notify the State by calling or emailing one of the State contacts listed below. The following information should be provided within a reasonable amount of time from the date of admit (3-5 days)

- a. Client name, date of birth, client Medicaid ID
- b. Facility Name
- c. Facility contact person and contact information
- d. The date the Enrollee entered the nursing facility
- e. The **initial** prognosis of how long the client will be in the facility as per the physician's orders.

For fee-for-service level of care determination and payment authorization of the nursing facility stay, the nursing facility must immediately initiate the regular 10A process with the Medicaid Resident Assessment Unit.

2. Notification process: Change in prognosis to longer than 30 days

When the initial prognosis for the stay in a nursing facility was for less than 30 days **changes** to be more than 30 days, for coordination purposes, the ACO or nursing facility should notify the State by calling or emailing one of the State contacts listed below. The following information should be provided as soon as possible after the change in prognosis.

- a. Client name, date of birth, client Medicaid ID
- b. Facility Name
- c. Facility contact person and contact information
- d. The date the Enrollee entered the nursing facility
- e. The **initial** prognosis of how long the client will be in the facility as per the physician's orders.
- f. The **changed** prognosis of how long the client will now be in the facility as per the physician's orders.
- g. The date the client's prognosis changed.

For fee-for-service level of care determination and payment authorization of the nursing facility stay, the nursing facility must immediately initiate the regular 10A process with the Medicaid Resident Assessment Unit.

Who Should We Contact at the State?

Primary Contacts

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Alternate Contact

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