

April 2024

## Nursing Facility Placement and Payment Process Quick Reference Guide

North Carolina Medicaid helps cover the costs for Healthy Blue beneficiaries who meet the criteria of requiring a nursing facility (NF) level of care and have undergone the appropriate financial eligibility screenings, including the transfer of assets. This can assist those who require long-term care and do not have the means to support the significant costs associated with these services.

Therefore, for a successful NF placement and claims payment process, it is essential to follow the guidance listed below as it captures aspects such as the nursing level of care, financial eligibility, and NF claims process.

### What are the general requirements for success NF placement and payment?

For successful NF placement and claims payment, there are two eligibility steps that must be met, which are interdependent:

- Nursing level of care (PASRR, Prior Authorization, DHB-2039).
- Long-term care financial eligibility (DHB-5016, PML).

### Nursing level of care process:

- NFs or referring agencies submit the Preadmission Screening and Resident Review (PASRR) Level I screen via the [North Carolina Medicaid Uniform Screening Tool \(NCMUST\)](#)
- NF submits a prior authorization request for services to Blue Cross and Blue Shield of North Carolina (Blue Cross NC) and includes the PASRR authorization number.
- Blue Cross NC will provide the NF with a copy of the approved prior authorization with the [DHB-2039-PHP Notification of Nursing Facility Level of Care](#). This the documents level of care approved by Blue Cross NC. (Medicaid Direct uses the FL-2 for level of care. PHPs use the DHB-2039)
- After admission to the NF, but within five days, an updated [DHB-2039](#) must be submitted by the NF to the local Department of Social Services (DSS) in the county maintaining the applicant's eligibility to begin financial eligibility.

### Financial eligibility process:

- DSS begins review of the DHB-2039 to determine the long-term care financial eligibility. Upon completion, DSS will issue a [DHB-5016-Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability](#), which lists the patient's monthly liability.

<https://provider.healthybluenc.com>

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NCHB-CD-054799-24 April 2024

- DHB-5016 is delivered back to NF and updated to NCTracks/North Carolina Department of Health and Human Services (NC DHHS).
- DHHS transmits PML data to PHPs once weekly.

### Skilled nursing facility claims process

Due to backlogs and staffing issues within many local Department of Social Services (DSS) offices, PML information is often transmitted to Blue Cross NC after claims are submitted. Per NC DHHS policy, Blue Cross NC cannot pay these claims without PML data. Once PML is received, the claims will be reprocessed with no action needed by the NF:

- Claims submitted with no PML on file will be pended for 90 days with explanation code R18 *Initial evaluation needed*.
- If the PML is not received within 90-days from the date the health plan pended the claim, the claim will be denied with explanation code R18 *Initial evaluation needed*.
- If the PML is received within one year of the claim denial, the health plan is required to reopen and process the claim.

### What is patient monthly liability (PML)?

PML refers to the amount a Medicaid recipient is required to contribute monthly towards their medical expenses. This calculation considers the recipient's income, family size, and various deductions including personal needs and unmet medical expenses.

PML is determined by the local county Department of Social Services (DSS) and is applicable to charges from NF institutions from the date of admission. The PML is just one part in the eligibility process, but without the PML on file, claims payment cannot occur.

**Note:** The focus on PML is vital to ensure a smooth NF placement and claims process. Avoiding delays in PML data will certainly help reduce instances of claim denials.

### Additional information:

- To reduce delays, submit the Level of Care Approval (DHB-2039) as soon as possible, and confirm receipt of this form with the local DSS office.
- Healthy Blue resources(s):
  - [Patient Monthly Liability Billing Guidance](#)
  - [Training Academy](#)
  - [Healthy Blue Provider Billing Guide](#)
  - [Long-Term Services and Supports overview](#)
- North Carolina Medicaid resource(s):
  - [North Carolina Medicaid Managed Care/Nursing Facility-Provider Process](#)

If you have any questions about this notice, please contact Healthy Blue Provider Services at **844-594-5072** or via email at [NC\\_Provider@healthybluenc.com](mailto:NC_Provider@healthybluenc.com) or contact your dedicated Healthy Blue provider relationship account consultant.

Healthy Blue  
Nursing Facility (NF) Placement and Payment Process  
Quick Reference Guide



**Email is the quickest and most direct way to receive important information from us.**

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form: <https://bit.ly/signup-hlb-nc>.



February 2024

## ***Patient Monthly Liability Billing Guidance***

For Healthy Blue members who require care in a nursing facility, the following process is required for prior authorization and billing of services:

- The nursing facility needs to request an authorization for services:
  - Once Blue Cross and Blue Shield of North Carolina (Blue Cross NC) reviews and approves, the authorization approval letter is sent to the provider.
- The provider needs to send the authorization approval letter to the local Department of Social Services (DSS) for review of the *Patient Monthly Liability (PML)*:
  - Once the local DSS reviews the *PML* and approves, Blue Cross NC is notified via the enrollment file. Blue Cross NC can then process claims.

**Note:** If claims are submitted and the *PML* **has not** been received from the local DSS, claims will deny with a disallowed code of **R18-Initial Evaluation needed**. Once the *PML* is received, Blue Cross NC will reprocess impacted claims.

For claims submitted prior to *PML* determination, the clean claim date can be no earlier than the date the *PML* has been received on the *X12 834*.

Blue Cross NC is expected to pend nursing facility claims submitted prior to *PML* determination as unclean claims until the lesser of 90 calendar days of receipt of the claim or the *PML* is received via the *834*, and the claim is otherwise considered to be clean by Blue Cross NC.

If the *PML* is not received by Blue Cross NC within 90 calendar days of receipt of the claim, Blue Cross NC may deny the claim. However, if the missing additional information (for example, the *PML*) is received within one year after the date of the denial notice closing the claim, Blue Cross NC will reopen and process the claim.

Furthermore, Blue Cross NC will inform providers in the denial notice that the claim will be reopened if the *PML* is received by the health plan within one year of the date of the denial notice closing the claim.

If you have any questions about this notice, contact Healthy Blue Provider Services at **844-594-5072**, via email at [NC\\_Provider@healthybluenc.com](mailto:NC_Provider@healthybluenc.com), or contact your dedicated Healthy Blue provider relationship account consultant.

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NCHB-CD-050961-24 February 2024

October 2023

## Filing Digital Claims Disputes: Transparent and Trackable

When you have more information to share about a claim that has been denied, filing the dispute digitally is a cost-effective and time-saving alternative to paper and fax. You can feel confident that we have received your claims dispute when you submit it through the digital workflow.

This Claim Status application feature, available on [Availity.com](https://www.availity.com), enables a fast, efficient, and streamlined process for filing claim disputes:

- Upload supporting documentation and attach it directly to the claim.
- Use the *Appeals Dashboard*:
  - To review digitally filed disputes.
  - To retrieve correspondence related to your disputes.
  - For a history of digitally filed disputes.

### How to file a digital claim payment dispute:

1. Log on to [Availity.com](https://www.availity.com).
2. Select the *Claims & Payments* tab.
3. Select **Claim Status** and enter the information needed to retrieve your claim.
4. When you have found your claim, select the **Dispute** button to initiate a dispute (it will be visible when your claim is eligible for a dispute).
5. Access your Appeals Dashboard to locate initiated dispute, upload the supporting documents and complete the dispute request:
  - From the *Claims & Payments* tab, select **Appeals** to access your Appeals Dashboard.

In the past, you may have used the **Attachment** button and selected the **Dispute** option to dispute a claim. We've eliminated that process to make disputing a claim more trackable and transparent.

Request for Information ⓘ

Documentation Type ⓘ

Other Claim Documentation Request

11503-0 - Medical Records

94093-2 - Itemized Bills

~~49500-6 - Payment Dispute~~

52030-4 - Explanation of Benefits

52067-6 - Timely Filing

Choose one

Now that you can submit a dispute through Claim Status, we've eliminated the **Payment Dispute** option under the **Attachments** button workflow.

<https://provider.healthybluenc.com>

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NCHB-CD-041346-23-CPN41106 October 2023

**Receive dispute determinations digitally from your *Appeals Dashboard***

We will review the dispute and communicate the outcome via [Availity.com](https://www.availity.com). Check the status of a digitally submitted dispute at any time from your Appeals Dashboard.

**Learn more**

Submitting a digital claim payment dispute is easy, but attending informative learning sessions provides a deep dive into the application and its search and filter functions. These tips are sure to make the submission process even easier.

**Use this link to access on-demand training.**

For more information about the claim payment dispute process, consult the *Provider Manual* or reach out to your provider relationship management representative.



# Healthy Blue Provider Quick Reference Guide

## Important phone numbers/addresses/websites:

**Provider Services**      **Phone:**      **1-844-594-5072**  
Monday to Saturday, 7 a.m. to 6 p.m. ET;  
voice portal – 24/7

**Provider Websites**      **Public website:**      **<https://provider.healthybluenc.com>**

**Secure website:**      **<https://www.availity.com>**

**Prior Authorizations/  
Notifications  
(Medical/Behavioral  
Health)**      **Phone:**      **1-844-594-5072**

**Fax:**      Inpatient  
• Medical: **1-800-964-3627**  
• Behavioral health: **1-844-439-3574**  
Outpatient  
• Medical: **1-844-445-6649**  
• Behavioral health: **1-844-429-9636**  
Durable Medical Equipment/Home Health  
Infusions: **1-844-451-2793**

**Forms:**      **[https://provider.healthybluenc.com/  
north-carolina-provider/forms](https://provider.healthybluenc.com/north-carolina-provider/forms)**

**Online:**      Authorization requests can also be sent  
through **<https://www.availity.com>**.

**Member Services/  
Eligibility**      **Phone:**      **1-844-594-5070**  
Monday to Saturday, 7 a.m. to 6 p.m. ET

**Secure website:**      **<https://www.availity.com>**

**Important phone numbers/addresses/websites: (cont.)**

**Pharmacy Services** Phone: **1-844-594-5084**  
Monday to Saturday, 7 a.m. to 6 p.m. ET

**24/7 NurseLine** Phone: **1-844-545-1427**  
24/7, including state holidays  
**Spanish: 1-844-545-1428**

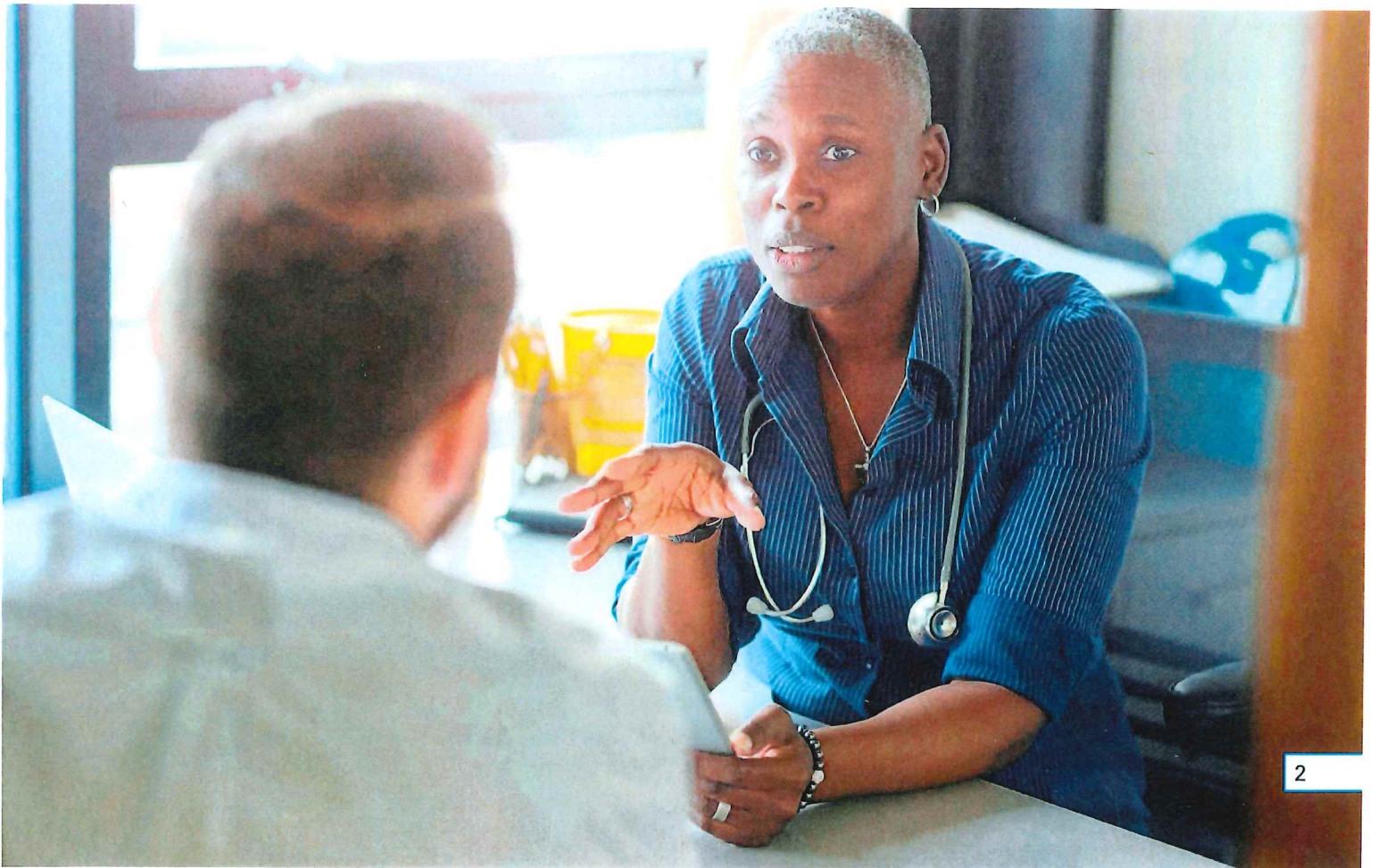
**Behavior Health Crisis Line** Phone: **1-844-594-5076**  
24/7

**Interpreter Services/  
Translation (TTY Line)** Phone: **1-844-594-5072**

**Grievance/Claim Inquiry  
(Research and Review)** Phone: **1-844-594-5072**, select **Claims** prompt

Note: This is not appeals.

**Fraud, Waste and Abuse** Phone: **1-866-847-8247**





## Claims/EDI

**Claims Information** Phone: **1-844-594-5072**, select **Claims** prompt

### Paper Claim Submission

Timely filing is 180 calendar days from the date of service.

**Address:** Blue Cross NC | Healthy Blue  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466

### EDI – Availity<sup>1</sup> Portal Client Services

**Phone:** **1-800-282-4548**

### Electronic Payment Enrollment

**Phone:** **1-888-599-1771**

### Electronic Payment Services ERA/EFT

**Online:** <https://solutions.caqh.org><sup>2</sup>

## Provider appeals

### Provider Medical Necessity Appeal

**Address:** Blue Cross NC | Healthy Blue  
Appeals  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

### Appeals

Provider has 30 days from receipt of an adverse determination to file an appeal, and the PHP will acknowledge receipt within five calendar days.

Vision and non-emergent transportation appeals are managed by the vendor.

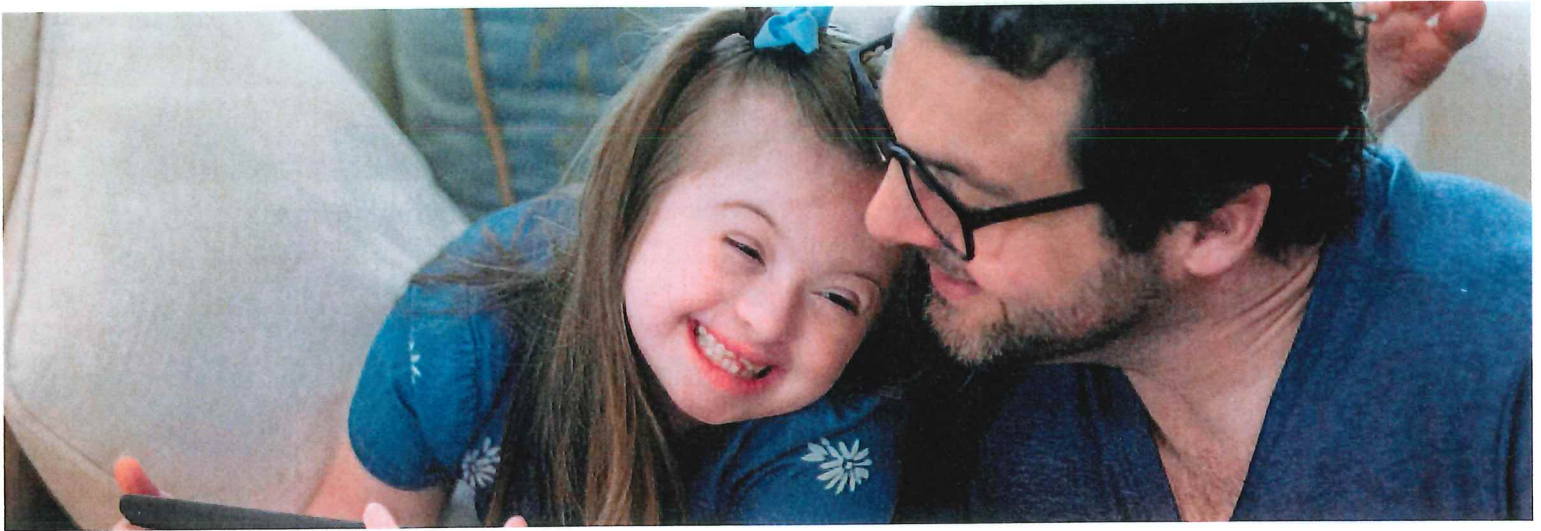
**Address:** Blue Cross NC | Healthy Blue  
Payment Dispute Unit  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

**Online:** Use the secure provider Availity Payment Appeal Tool at <https://www.availity.com>. Through Availity, providers can upload supporting documentation and will receive immediate acknowledgement of their submission.

*Claims Payment Appeal Form/  
Reconsideration Form* found on:  
<https://provider.healthybluenc.com>

#### Notes:

- 1 Availity is an independent company providing a secure provider web portal for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.
- 2 CAQH is an independent company providing electronic payment services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.



## Vendors

### Transportation

ModivCare<sup>1</sup> non-emergent transportation

**Phone:** Reservations and ride assistance:  
**1-855-397-3602**

### Vision

EyeMed<sup>2</sup>

**Fax:** **1-513-492-3259**

**Email:** [eyemedqa@eyemed.com](mailto:eyemedqa@eyemed.com)

## Healthy Blue member ID:

|                            |                              |   |  |
|----------------------------|------------------------------|---|--|
|                            |                              | <a href="http://www.healthybluenc.com">www.healthybluenc.com</a>  |  |
| Member Name: JOHN Q SAMPLE | Primary Care Provider (PCP): | Member Services: 844-594-5072   | Provider Services: 844-594-5072  |
| Identification #:          | Address:                     | Pharmacy Member Services: 844-594-5084  | Help for Pharmacists: 833-296-5037   |
| Member ID #: 123456789     | Telephone #:                 | 24/7 NurseLine: 844-545-1427  | 24/7 Behavioral Health Crisis: 844-594-5076  |
| Effective Date:            | RXBIN: 020107                | TTY: 711  | Use of this card by any person other than the member is fraud. If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 919-881-2320.  |
| Date of Birth:             | RXPCN: NC                    | Healthy Blue  | P.O. Box 27287, Richmond, VA 23261-7287  |
|                            | RXGRP: 8473                  | Certain services are covered directly by NCDHHS. For a list of carved-out services, see your member handbook. | Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association. |
|                            |                              |   | NC01 07/21   |

### Notes:

- 1 ModivCare is an independent company providing nonemergency transportation services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.
- 2 EyeMed is an independent company providing vision services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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Skilled Nursing Facilities (SNF)

April 12<sup>th</sup>, 2024

BlueCross BlueShield of North Carolina | HealthyBlue

PROPRIETARY & CONFIDENTIAL

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AGENDA


Welcome (Angela/Ebony)  
PML (Healthy Blue Process)  
Access (Dr. Ogden)  
SNF Authorization Process

- Nursing Fac Loc Form-DHB 2039
- Continued Stay Review Process
- Discharge Planning Support

Collaboration (Building Our Relationship)

- Availability
- Contractual Responsibilities
- Medical Director

Q&A  
Meet and Greet (Consultants)



BlueCross BlueShield of North Carolina | HealthyBlue

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CEO - Angela Boykins



BlueCross BlueShield of North Carolina | HealthyBlue

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Regional Vice President-Ebony Gilbert



Blue Cross BlueShield of North Carolina HealthyBlue 4

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CMO – Dr. Michael Ogden



Blue Cross BlueShield of North Carolina HealthyBlue 5

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**PROVIDER GUIDANCE**

For individuals in Managed Care, specifically Healthy Blue, the following is the process:

1. The SNF needs to request an authorization for services
2. Once Healthy Blue reviews and approves, the auth approval letter and DHB-2039 are sent to the provider.
3. The provider then sends the DHB-2039 to the local DSS for the PML to be reviewed.
4. Once the local DSS reviews PML and approves, Healthy Blue will be notified via the 834-enrollment file.
5. Healthy Blue then can process claims.
  - If claims are submitted and the PML has not been received from the local DSS, claims will pend for 90 days. If PML is not received within 90 days, then the claim will deny R18- Initial Evaluation needed.
  - Once PML is received, HB can reprocess claims that are denied R18

Blue Cross BlueShield of North Carolina HealthyBlue

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HCMS Manager – Katie Wieczorek




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SNF PRIOR AUTHORIZATION PROCESS



When submitting an initial request the following information should be included:

- Member Name, DOB, Subscriber ID, Address
- Admitting Diagnosis and anticipated date of admission
- Facility Name/NPI/Address
- Provider Name/NPI/Address
- PASRR #
- Supporting clinical records (i.e. – therapy notes, treatment goals, medical history)



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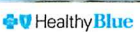
SNF PRIOR AUTHORIZATION PROCESS

All Nursing Facility admissions require prior authorization

PA requests and supporting documents should be faxed to 844-451-2694

The Healthy Blue Prior Auth Request form can be found on the Healthy Blue Provider website

<https://provider.healthybluenc.com/north-carolina-provider/forms>



\*Average turnaround time for new requests is one (1) business day. Lack of required information, or insufficient clinical, can delay determinations.

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**SNF PRIOR AUTHORIZATION PROCESS**

**Expectations for continued stay reviews**

- On the next review date, the Healthy Blue nurse reviewer will make a clinical request for updated documentation to include progress with therapies
  - Nursing facility has 24 hours to submit clinical before a second request is made
- Healthy Blue will make 2 attempts at requesting updated clinical information
  - Lack of information can delay determinations
- Continued stay clinical must be faxed to 844-451-2694

HealthyBlue

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**SNF PRIOR AUTHORIZATION PROCESS**

**Discharge planning support**

- Healthy Blue is dedicated to supporting our members with all their care needs.
- We believe discharge planning assistance is a key factor in providing successful outcomes.
- When a member transfers from an inpatient level of care to a lower level of care, or a home setting, Healthy Blue is committed to working in a collaborative manner with the facility/provider to ensure all care needs are addressed.
- Healthy Blue has a dedicated Discharge Planning Nurse that assists in the transition from the acute stay to the nursing facility. They will continue to support the member and nursing facility by providing a list of INN providers for HH and DME service.
  - Provider searches begin with 20-mile radius of the member's home zip code, but can be extended up to 100 miles
  - Broader search can be done at <https://www.healthyblue.com/north-carolina/home.html> by selecting Find a Doctor
  - The Discharge Planning Nurse will provide follow-up 1-2 times per week until services are secured

HealthyBlue

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**SNF PRIOR AUTHORIZATION PROCESS**

HealthyBlue

XXXXXX  
304  
Subject: Utilization Management and Discharge Planning  
Dear [Name],  
This letter addresses utilization management and discharge planning for [Member Name].  
Member name: [Member Name]  
Member number: [Member Number]  
Reference number: [Reference Number] (Please note this is only a reference number, it is not an authorization.)  
This member was transferred from [Level of Care] to [Level of Care] on [Date]. [Level of Care] Medical Equipment Home Health is required at discharge, and we are working to help you find a provider. I have attached a list of providers located near your facility. (Acute Hospital / Adult Hospital / Home Health / Hospice) These providers are located within 20 miles of the member's home zip code.  
Upon review, if you need a broader search, a different set of providers, or require additional assistance, please do not hesitate to contacting us at the number provided below. A search can also be performed by visiting <https://www.healthyblue.com/north-carolina/home.html> and selecting Find a Doctor.  
Additionally, if you have started the process of contacting providers, please fax us the results of your outreach with the reference number, and include the name of the provider(s), and your decision regarding your request. This information can be faxed to 844-451-2694.  
Sincerely,  
Healthy Blue

HealthyBlue

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Director of Network MGNT – Bill Battershall



Blue Cross BlueShield of North Carolina HealthyBlue 16

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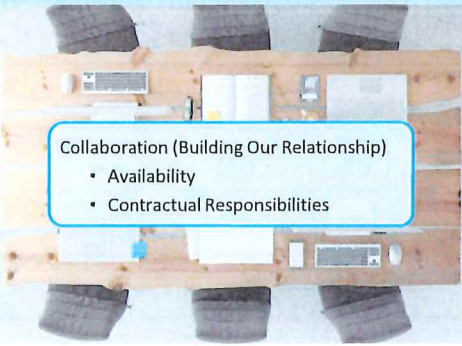
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COLLABORATION-BILL BATTERSHALL



Collaboration (Building Our Relationship)

- Availability
- Contractual Responsibilities

HealthyBlue

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WRAP UP



Questions & Answers

Meet and Greet with Consultants (Breakout Sessions)

HealthyBlue

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Notes: Availity is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina. Patient360 is an independent company providing CMS registry reporting services on behalf of Blue Cross and Blue Shield of North Carolina. EmsiSafe is a tool developed by Zen's Payments, an independent company providing electronic fund transfer services on behalf of Blue Cross and Blue Shield of North Carolina. EyeMed is an independent company providing vision services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina. MoveCare is an independent company providing transportation services on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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**MICHAEL OGDEN, MD, MMM, CPE**

Chief Medical Officer

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Katie Wiczorek

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**MONICA TITUS**

Director Provider Relationship Acct Mgt

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M 984-239-5634



*Natalie.Swiger@healthybluenc.com*

Natalie Swiger  
Inpatient UM manager

# Standard Plan Regions

..., UnitedHealthcare Community Plan, Healthy Blue and AmeriHealth Caritas  
 ed statewide.

Complete Health is offered in regions 3, 4 and 5.

