

October 15, 2021

Subject: **Notification of January 2022 Updates to the *Blue Shield Promise Health Plan Nursing Facilities Reference Guide***

Dear Provider:

We have revised our *Blue Shield Promise Health Plan Nursing Facilities Reference Guide*. The changes listed in the following provider manual sections are effective January 1, 2022.

On that date, you can search and download the revised manual on the Blue Shield Promise Provider website at www.blueshieldca.com/promise/providers. Click on *Provider manuals* under the *policies & guidelines* heading in the middle of the page.

The *Blue Shield Promise Health Plan Nursing Facilities Reference Guide* is referenced in the agreement between Blue Shield of California Promise Health Plan (Blue Shield Promise) and those providers contracted with Blue Shield Promise. If a conflict arises between the *Blue Shield Promise Health Plan Nursing Facilities Reference Guide* and the agreement held by the provider and Blue Shield Promise, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the January 2022 version of this manual, please contact Blue Shield Promise Provider Services at (800) 468-9935.

Sincerely,



Aliza Arjoyan
Senior Vice President
Provider Partnerships and Network Management

TBSP12066 (10/21)

**UPDATES TO THE JANUARY 2022
BLUE SHIELD PROMISE HEALTH PLAN
NURSING FACILITIES REFERENCE GUIDE**

Submitting Long-term Care Prior Authorization Requests to Blue Shield Promise

Added the following fax numbers for submitting authorization request forms:

- Long-Term Care Authorization Request Form (844) 200-0121
- Long-Term Care Ancillary Services Request Form (323) 889-6577
- The forms can be downloaded from Blue Shield Promise's provider website at blueshieldca.com/promise. They are available in the policies & guidelines section, under "Forms for authorizations, referrals and more."

Updated language detailing timeframes for authorization requests, in boldface type below:

Authorization requests must be submitted to Blue Shield Promise within 24 hours of admission to the nursing facility, or within 5 business days of new eligibility assignment. Blue Shield Promise will review the authorization request to certify that the patient meets Medi-Cal criteria for long-term care services.

Blue Shield Promise will respond to authorization requests within **three (3) calendar days**. Initial authorizations for service and equipment approvals will have an effective period of up to **four (4)** months, depending on care service type. Reauthorizations will typically have an effective period of up to **four (4)** months.

Authorizations for Medi-Cal long-term care, if screened and determined to meet criteria, will typically be issued for a period of **four (4)** months after the initial period. Exceptions are based on medical review and may deem a longer or shorter duration.

Payment Disputes

*Renamed the section **Provider Dispute Resolution**.*

Added language for Medicare and Cal MediConnect disputes, as follows:

For Medicare and Cal MediConnect, the dispute must be resolved within 60 calendar days after notification of the dispute. Blue Shield Promise will issue a written determination stating the pertinent facets and explaining the reasons for the determination within 60 calendar days after the date of receipt of the dispute.

Added the following new section:

Subacute Level of Care Criteria

Blue Shield Promise will determine which subacute levels of care are applicable to the subacute services provided based on the following criteria:

- (i) **Level I** refers to the following care or care for the following conditions:
 - (A) Meals, including special dietary services
 - (B) Nursing care, including skilled observation per Medi-Cal guidelines
 - (C) Medication, including prescriptions, OTC, and pharmacy supplies (see exclusions)
 - (D) Pharmacy services
 - (E) Administration of medications including PO, IM, SQ
 - (F) Diabetic education and diabetic care for insulin dependent diabetics

- (G) Routine laboratory and radiology services
- (H) Oxygen services and supplies
- (I) Enteral nutrition services and supplies
- (J) Wound care for Stage I and II dermal ulcers and post-surgical wound care requiring once per day simple dressing changes
- (K) Case management, social services, and discharge planning
- (L) Standard DME (wheelchair, trapeze, walker, commodes, feeding pumps, etc.
- (M) Care of colostomy/ileostomy
- (N) Nasogastric (NG) or G tube (including supplies)

(ii) **Level II** refers to the care/conditions set forth in Level I, plus the following, but not limited to, additional care or conditions:

- (A) PT, OT, ST up to 60 minutes per day, including evaluations, 5 times per week
- (B) IV hydration
- (C) Care of a single Stage III or IV dermal ulcer
- (D) Care of any single wound that requires sterile dressing changes twice per day

(iii) **Level III** refers to the care/conditions set forth in Levels I and II, plus the following, but not limited to, additional care or conditions:

- (A) Isolation patients, not including universal precautions
- (B) PT, OT, ST up to 120 minutes per day, including evaluations 5 times per week
- (C) IV medication administration via peripheral lines up to twice per day
- (D) Care of two or more Stage III and/or IV dermal ulcers
- (E) Respiratory Therapy by a Respiratory Therapist a minimum of twice per day for pulmonary toilet

(iv) **Level IV** refers to the care/conditions set forth in Levels I, II and III, plus the following, but not limited to, additional care or conditions:

- (A) IV therapy administration via central lines
- (B) Continuous IV medication administration
- (C) IV therapy administration three times or more per day
- (D) TPN
- (E) Chemotherapy administration
- (F) PT, OT, ST provided in excess of 120 minutes per day, including evaluations
- (G) Care of patients with tracheostomies requiring suctioning at least once per shift and with continuous oxygen or mist via the tracheostomy

(v) **Level V** includes the following, but not limited to:

- (A) Care of patients requiring mechanical ventilation at least fifty percent (50%) of the day
- (B) Care of patients requiring weaning from the ventilator

Health Risk Assessment

This section has been **deleted and replaced** with the following:

The health risk assessment (HRA) is a biological/medical/psychological/social/functional assessment. An HRA is conducted upon initial enrollment into the health plan and annually thereafter for Medi-Cal SPD (Seniors & Persons with Disabilities), Cal MediConnect, and Dual Special Needs Program members. An HRA is conducted either by phone, mail, or in-person with a Blue Shield Promise healthcare professional. An individualized care plan (ICP) is then developed for the member based on the responses to their HRA responses and/or with historical healthcare data. The HRA and ICP are shared with the skilled nursing facility when applicable.

Delegation Oversight

This section has been **deleted**. Delegation Oversight does not conduct oversight of Skilled Nursing Facilities.

Blue Shield Promise Department Contact List

This list has been **deleted and replaced** with the following:

Department Name	Phone Number	Fax number
Medi-Cal Long-term Services and Supports	(855) 622-2755	(844) 200-0121
Social Services	(877) 221-0208	(323) 889-2109 Los Angeles (619) 219-3320 San Diego
Utilization management for Home Health Services	(800) 468-9935, Option 6, then 0, then 1	(323) 889-6574
Utilization Management (inpatient)	(800) 468-9935, Option 6, then 0 then 2	(619) 219-3301
Utilization Management (outpatient)	(800) 468-9935	(323) 889-6506
Utilization Management (long-term care)	(800) 468-9935	(844) 200-0121
Utilization Management (skilled nursing)	(800) 468-9935	(323) 889-6573
Request a skilled nursing Facility prior authorization form	(800) 468-9935, Option 6, then 2, then 2	