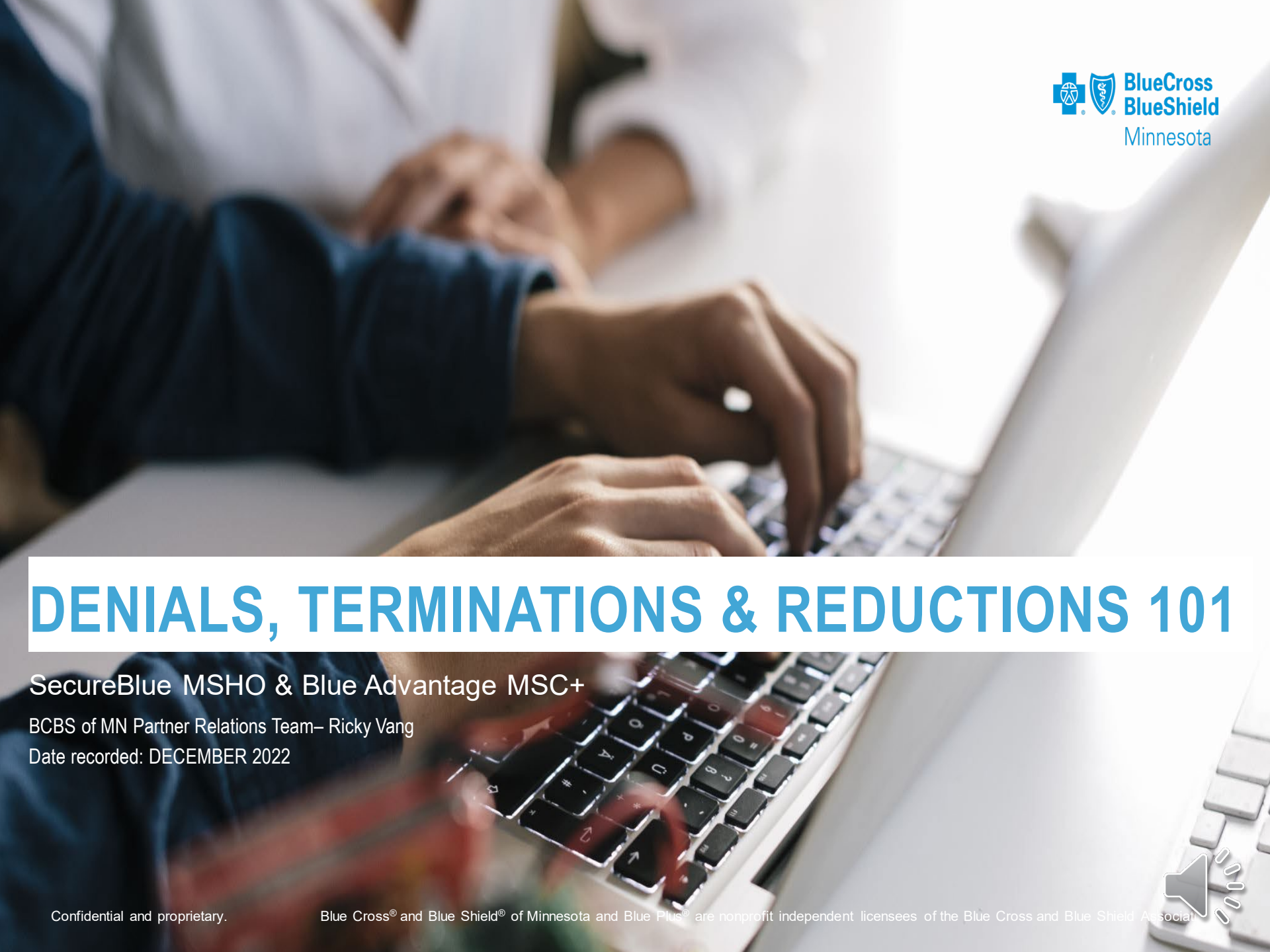


DENIALS, TERMINATIONS & REDUCTIONS 101

SecureBlue MSHO & Blue Advantage MSC+

BCBS of MN Partner Relations Team– Ricky Vang

Date recorded: DECEMBER 2022

LEARNING OBJECTIVES

Participants will:

- Be able to define denials, terminations and reductions (DTR's)
- Understand when completing a DTR is necessary
- Understand Blue Plus DTR requirements
- General awareness of appeals and resources
- Be knowledgeable of DTR resources

DEFINITIONS

These scenarios may occur at anytime; refer to the Guidelines section *DTRs-Coordination of Potential DTR of Services* or the *Care Coordinator DTR Decision Guide* for additional details. There are specific circumstances when a DTR is not required.

DENIAL

Deny increase request to existing service or requested service not currently authorized.

TERMINATION

Terminating or ending an existing service.

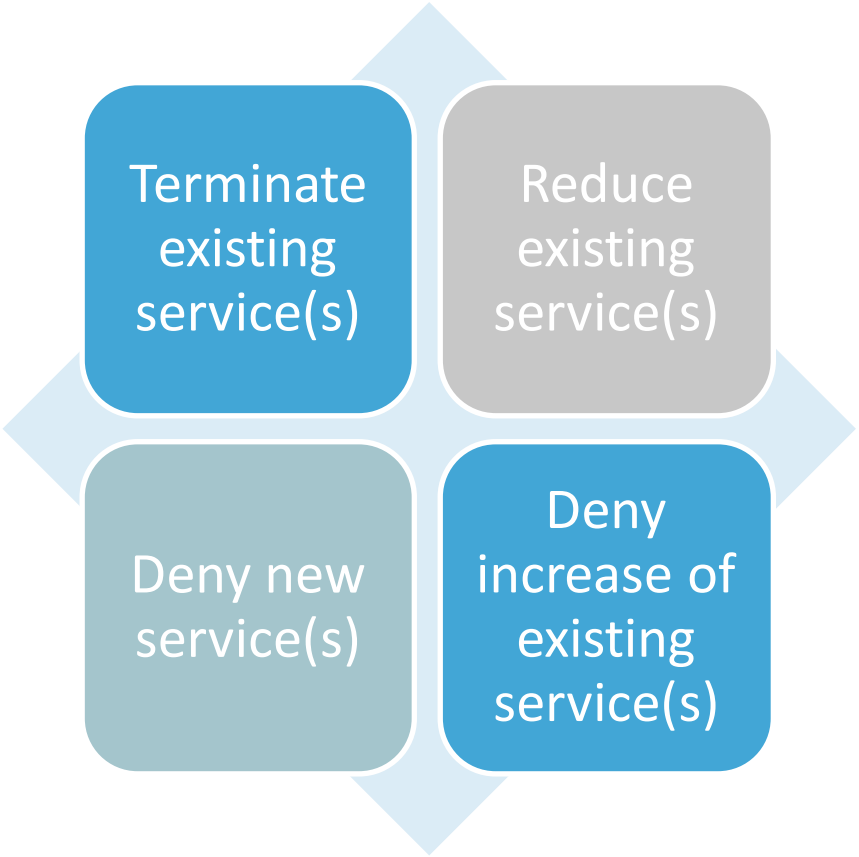
REDUCTION

Reducing an existing service.

DTR'S

DTR requests are usually initiated by the member or the Care Coordinator. DTR's cannot be retroactive except for facility stays greater than 30 consecutive days.

***Note: When terminating and/or reducing existing service(s), Care Coordinator must include the accurate agreement or authorization number on the Request for DTR form**



REASONS FOR DTR

- Item/service does not meet MA/EW/MSHO supplemental benefit criteria
- Exceeds the budget or limit(s)
- Not most cost-effective alternative
- Not most appropriate payer source
- Member does not meet or loses nursing home level of care
- Member choice (includes learning this info from a service provider)
- Untimely reassessments to continue services (PCA/waiver services)
- Safety and/or fraud concerns (must report suspected fraud)

***Note: Not an all-inclusive list**

DTR REQUIREMENTS

Most DTR's require a 10-calendar day advance notice of appeal prior to the proposed effective date.

Exceptions to this rule:

1) When a member loses nursing home level of care at reassessment, this requires a 30-calendar day advance notice of appeal.
2) When a member is retroactively closed to elderly waiver for a facility stay greater than 30 consecutive days, the effective date is the first day of the current facility admission. The Advance Notice is not required, however a DTR is required to notify member and provider(s). *DHS clarification: Do not combine facility stays for the 30-day count.*

CARE COORDINATOR TASKS

BlueCross BlueShield Minnesota

Steps 1-3 must be completed within 24 hours of determination/notification:

1) Notify member/authorized representative

2) Notify service provider(s) of change. Documentation is equally important.

3) Complete & fax Care Coordinator Request for DTR for all active EW/MA/MSHO supplemental services to UM

4) Upon receipt of DTR completion and effective date from UM, update Bridgeview: LTCC case mix history and service agreement(s) as applicable

Note: Do not modify SA's until you receive confirmation UM has processed your DTR request.

DTR REQUIREMENTS CONT'D

Document the following:

- Date and time of call
- Phone number & name of individual
- Details of reduction and/or termination (services and units) and effective date.

Reiterate date notified is different than effective date provided by UM. UM's effective date includes a 10-calendar day advance notice of appeal. CC must inform members and providers they have the option to continue services if they choose to appeal, however, if the DTR is upheld paid claims will be recouped.

*Upon receipt of DTR effective date from UM, update SA's in Bridgeview.

DTR REMINDER

For a facility stay greater than 30 consecutive days, the DTR effective date is the admission date of the current facility stay. The CC must wait until UM processes the DTR before making changes to the service agreement in Bridgeview, UM requires the original span to process the DTR letter.

DHS provided clarification that hospital and nursing facility stays should **not** combined when counting the 30 consecutive days for closing the elderly waiver.

EW CDCS & DTR'S

Refer to the *CDCS DTR Guide* when issuing DTR's for members utilizing EW CDCS. The code and modifier used on the CC Request for DTR form will depend on the program or service that is being denied, terminated or reduced.

HCPC Codes for service categories used for DTR's:

- Personal Assistance (T2028 U1)
- Treatment and Training (T2028 U2)
- Environmental Modification and Provisions (T2028 U3)
- Self-Direction Support Activities (T2028 U4)

The only time T2028 code with no modifier is used, is if the whole CDCS program is being denied or terminated.

EXCEPTIONS TO DTR REQUIREMENTS

Below scenarios do **NOT** require Care Coordinator Request for DTR:

- MA eligibility ends (regardless of reason)
- Moves out of Blue Plus service area
- Switches to another health plan or fee-for-service
- Member dies
- Change in service providers (same authorized service and/or units and documentation of provider notification of change with effective dates)
- EW or MA state plan services on hold for less than 30 consecutive days
- For elderly waiver members that are reassessed at a lower-case mix and all previously authorized services continue to fit within the case mix cap

AVOID DELAYS

- Do not modify the service agreements in Bridgeview until receipt of DTR effective date confirmation from UM, regardless of DTR reason.

- The original agreement/authorization date span(s) in Bridgeview or M360 must match the *Current Authorization Date Span* column on the CC Request for DTR form.

- For new service agreements recently entered MA state plan service agreements in Bridgeview, not processed by UM yet, include N/A in the appropriate columns and a note on the CC Request for DTR form service agreement entered in Bridgeview, no service authorization number available in M360.

AVOID DELAYS

- For MA state plan services use the authorization number created in M360

- For EW or MSHO supplemental benefits use the service agreement number created in Bridgeview

- If terminating or reducing existing services, documentation must include the service agreement number or authorization number in the *Authorization #* column. If recently entered service agreement in Bridgeview and no authorization number available, document N/A in the *Authorization Number* column and explanation in the *Summary of Need and Reason for DTR* section.

CC REQUEST FOR DTR FORM

CC Request for DTR form must be completed and faxed to UM within 24 hours of determination.

***Note: Form has 2 pages**

BlueCross BlueShield Minnesota

MSHO/SecureBlue and MSC+/Blue Advantage
Care Coordinator Request for Denial/Termination/Reduction (DTR)

Please fax to **1-844-429-7763** within **24 hours** of determination that services under MA state plan homecare/Elderly Waiver/MSHO supplemental benefits may be denied, reduced or terminated.

Today's Date:

Care Coordinator: Care Coordination Agency:
Phone: Fax: Email:

Member Information
Name: DOB:
Member AGP ID#:
Bridgeview ID # (8+ PMI):
PMI#:
Diagnosis:

(Text in blue font has a mouseover function for more details)

Person initiating DTR (choose one): ☐ Care coordinator ☐ Member/authorized representative ☐ Provider

Select type(s) of services being denied/terminated/reduced: ☐ MA State Plan Home Care Service(s) ☐ Elderly Waiver ☐ MSHO Supplemental Benefit(s)

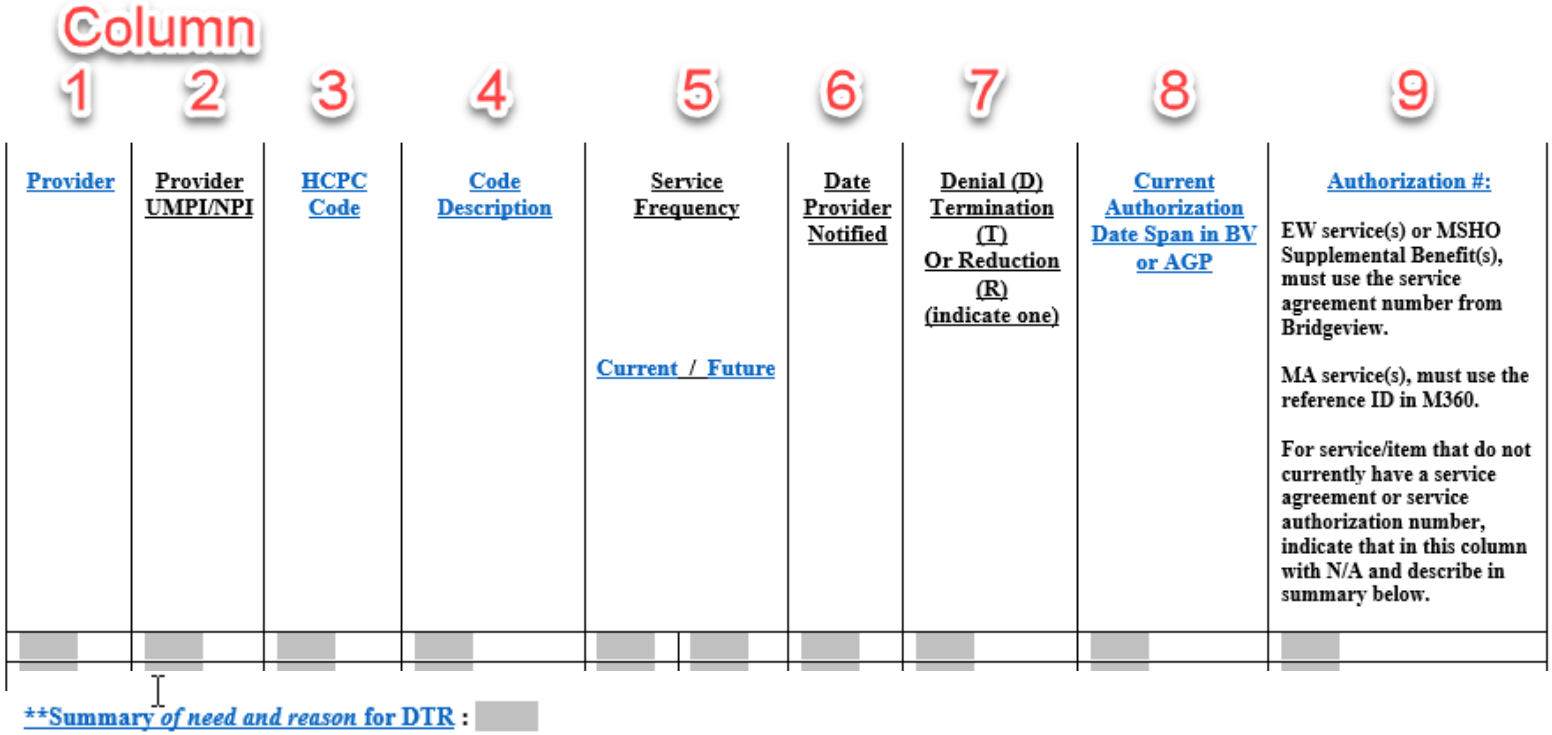
Is this denial for a new service request without a current service agreement ☐ Yes or ☐ No

Hospital or SNF Admission > 30 days ***(days are not combined. Close EW on day 30 of hospital stay or day 30 of nursing home stay):***
Date of admission to hospital (if >30 days):
Date of admission to nursing facility (if >30 days):

Elderly Waiver Program Eligibility:
Is the member requesting to be open to EW and being denied by the CC? ☐ Yes ☐ No
Is the CC terminating ALL existing EW services and closing the waiver span? ☐ Yes ☐ No Current Waiver Span: *(complete grid below for each service)*
If yes to either of the questions above, CC must enter all services being termed or denied in the grid below.

Member at reassessment no longer meets Nursing Facility Level of Care (NF LOC): ☐ Date of face-to-face assessment:

DTR DETAILS



Grid Notes:
If you are denying a service/or supply that is not currently authorized, only information required is to provide on the grid the "HCPC Code and Description" and for CC to fill out Summary area. (i.e.: Member requested washing machine, not covered under waiver)

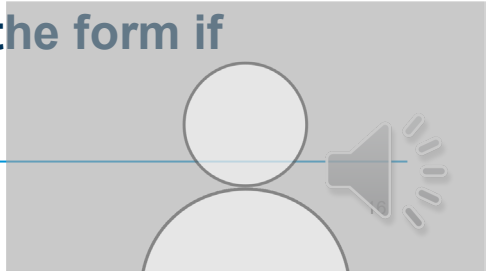
***Note: use the summary field to communicate other DTR details to UM Team, example- needs future DTR effective date, entered SA no new auth number is M360**

SERVICE AGREEMENT/ AUTHORIZATION

UM will process the Care Coordinator Request for DTR form and notify the Care Coordinator through a secure email with the details of the DTR (effective date). Care Coordinator is responsible to

- Adjust/end applicable service agreements and LTCC Case Mix Span in Bridgeview and note reason for modifying SA (i.e., reduction in services per UM effective dates or date of facility admission)
- UM will adjust/end applicable service authorizations in Mbr360 based on daily reports from Bridgeview and DTR
- Update case notes and care plan with changes as applicable

***Note: UM may reach out to the Care Coordinator listed on the form if additional information/clarification is needed**



DTR DECISION GUIDE

BlueCross BlueShield Minnesota

Review the *DTR Decision Guide* for more details.

Situation	Action Needed	Care Coordination Notification of DTR
Member goes into a hospital or nursing facility for an acute care stay less than 30 days	Notify providers of admission EW: close service agreements in BV back to admission date. State plan home care: Nothing required.	Not required
Member admits to a hospital for >30 days.	EW: Close the waiver in MMIS and service agreements in BV back to the date of hospital admission. State plan home care: AGP will auto close authorizations, if applicable, based on DTR.	Fax DTR form on day 31 **OR** within 24-hours of the determination that the hospital stay will exceed 30 consecutive days.
Member admits to a nursing facility for >30 days.	EW: Close the waiver in MMIS and service agreements in BV back to the date of the nursing facility admission. State plan home care: AGP will auto close authorizations, if applicable, based on DTR.	Fax DTR form on day 31 **OR** within 24-hours of the determination that the nursing facility stay will exceed 30 consecutive days.
Member is admitted to the hospital and transitions to a nursing facility. Member is in the nursing facility for >30 days.	EW: Close the waiver in MMIS and service agreements in BV back to the nursing facility admission date. State plan home care: AGP will auto close authorizations, if applicable, based on DTR.	Fax DTR form on day 31 **OR** within 24 hours of the determination that the nursing facility stay will exceed 30 consecutive dates.
Member's EW/State Plan services authorized by the Care Coordinator are on hold for >30 consecutive days due to member vacation/temporarily out of the service area	Notify providers of absence. EW: modify service agreements in BV as appropriate. State plan home care: Nothing required.	Not required

EXAMPLE 1 – NO DTR REQUIRED

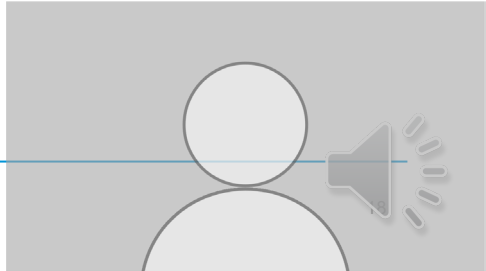
Care Coordinator learns of their member on elderly waiver discharging from a hospital stay to the local nursing home (NH) to rehab for less than 30 consecutive days. The member had the following services prior to hospitalization:

EW :

- Chore services
- Home delivered meals
- PERS

MA state plan:

- Skilled nurse visits
- PCA services



EXAMPLE 2 – DTR REQUIRED

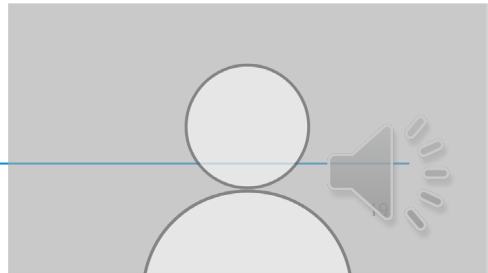
Care Coordinator learns of their member on elderly waiver discharging from a hospital stay to the local nursing home (NH) for long-term care placement more than 30 consecutive days. The member had the following services prior to hospitalization:

EW :

- Chore services
- Home delivered meals
- PERS

MA state plan:

- Skilled nurse visits
- PCA services



ADDITIONAL TASKS EXAMPLE 2

BlueCross BlueShield Minnesota

-Complete transitions of care log within 24 hours of notification

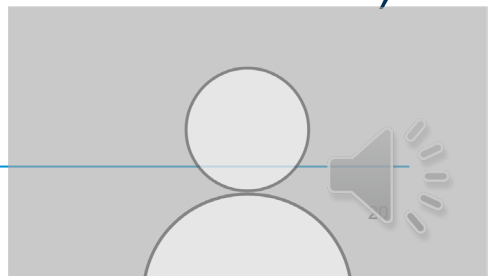
-Document changes to case notes and care plan as applicable

-Complete DHS 5181 *Lead Agency Assessor/Case Manager/Worker LTC - Communication Form* to FW (LTC placement/address change and EW closure)

-Enter EW exit screening document in MMIS (hospital admission date)

-Upon receipt from UM, close all service agreements in Bridgeview (do not combine hospital & NH stay for 30-days consecutive count)

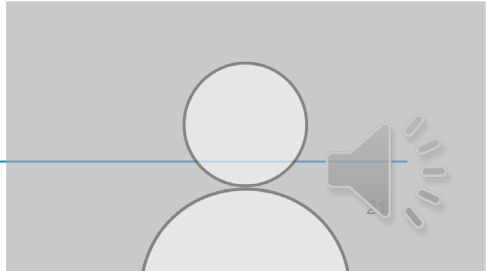
-Adjust the LTCC Case Mix History span (end span to NH admission date)



EXAMPLE 3 – DTR REQUIRED

The Care Coordinator learned during the mid year home visit for a MSHO member opened to elderly waiver that the member called the homemaking provider and discontinued the homemaking services 5 months ago.

The member reported they no longer needed the services as their children were able to accommodate the identified needs assessed.



EXAMPLE – DTR REQUIRED CONT'D.

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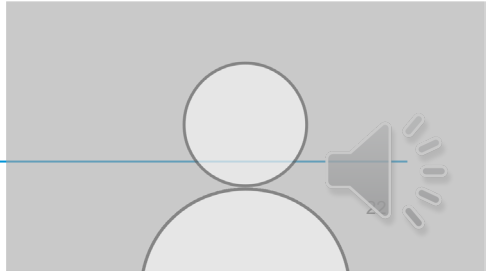
Care Coordinator Responsibilities:

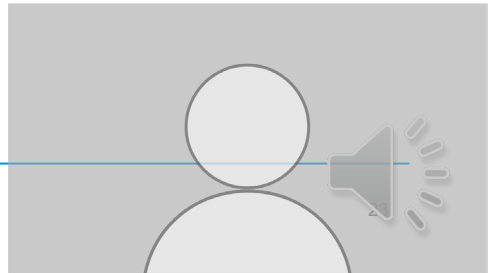
- ✓Complete *Care Coordinator Request for DTR* form using the date of the visit as the determination date for termination (must complete within 24 hours)
- ✓Contact homemaking provider to confirm services were discontinued and let them know they will receive a confirmation letter
- ✓Inform member they will receive appeal rights in mail and to disregard
- ✓Update case notes and care plan
- ✓When you receive the effective date provided by UM, update service agreement in Bridgeview



APPEALS

Member appeals - file an appeal for claim or medical approval decision
Provider appeals - file an appeal for claim or medical approval decision

For more information regarding appeals refer to the *Appeals and Grievances* training on the Care Coordination website under the training tab/page.



RESOURCES

BlueCross BlueShield Minnesota

Blue Plus Care Coordination Website

- MSHO & MSC+ Community Care Coordination Guidelines
- MSHO & MSC+ Nursing Home Care Coordination Guidelines
- Care Coordinator Request for DTR Form
- Care Coordinator DTR Decision Guide
- Care Coordinator Request for Service Authorization (sunsetting)
- CDCS DTR Guide
- Appeals and Grievances Training

Blue Plus Minnesota Senior Care Plus Homepage

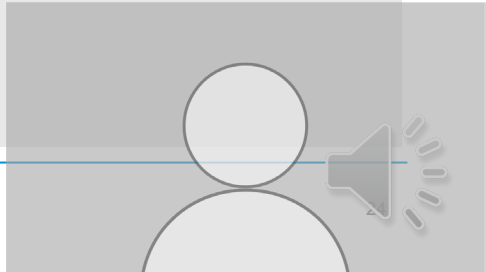
MSC+ Member Handbook

Blue Plus Minnesota Senior Health Options Homepage

MSHO Member Handbook

Blue Cross Blue Shield Resources for health care providers

- Provider Manuals
- Bulletins
- Provider Press
- QuickPoints



Thank you!

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