Table of Contents

Long-Term Care Facility

This section covers all Medicaid services provided through the Long-Term Care Facility Program by the Department of Health and Welfare, which includes nursing facilities and intermediate care facilities for individuals with intellectual disabilities (ICF/IID). Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Additional handbook sections which always apply to this provider type include the following:

- *General Billing Instructions*;
- *General Information and Requirements for Providers*; and
- *Glossary*.

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

Example

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references have been incorporated into the handbook. Not all references provided are equal in weight.

- Case Law: Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- CMS Guidance: These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- Federal Regulations: These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.
- Idaho Medicaid Publications: These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the Department's Rules, Statutes, and Policies webpage under policies in Medicaid's department library.
- Idaho State Plan: The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program.
- Professional Organizations: These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.
- State Regulations: These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.
- Scholarly Work: These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.

1. Important Contacts

The Directory, Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for convenience.

1.1. Gainwell Technologies

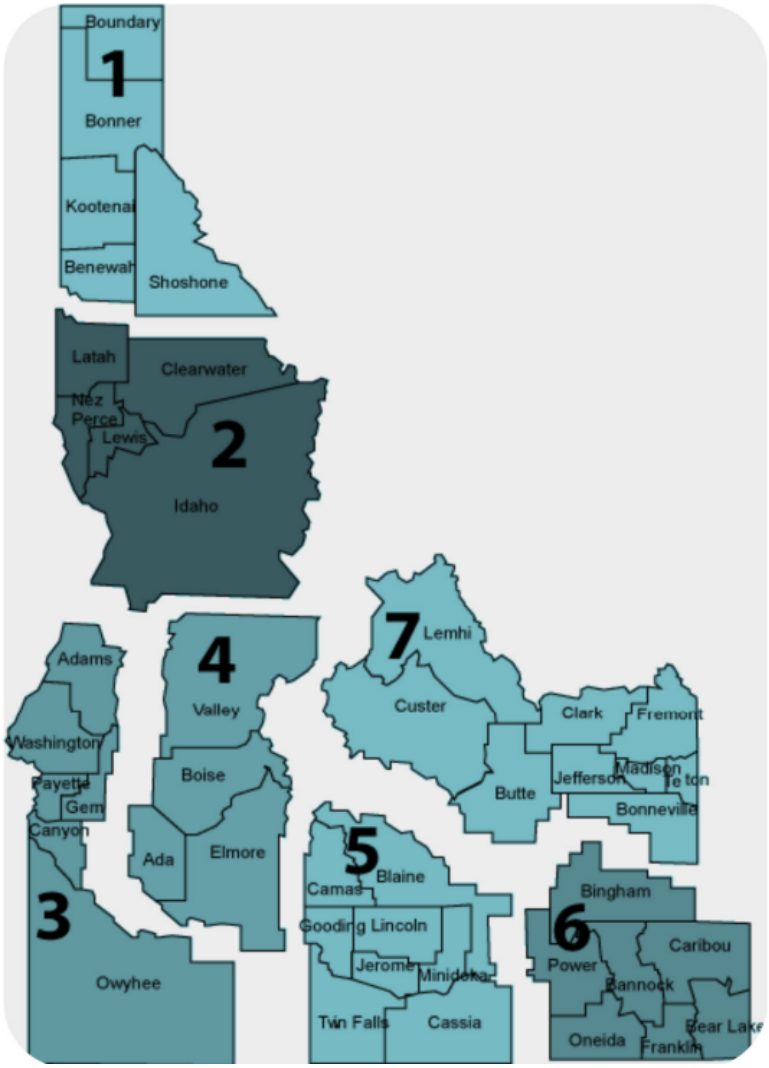
Gainwell Technologies is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues.

Gainwell Technologies Contact Information
Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@gainwelltechnologies.com The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.
Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@gainwelltechnologies.com
Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@gainwelltechnologies.com

1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up-to-date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider's site to conduct training; and
- Assisting providers with electronic claims submission



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

2. Provider Qualifications

Long-term care service providers (i.e. nursing facilities and intermediate care facilities for individuals with intellectual disabilities) in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed and certified in the state where the services are performed and enroll as an Idaho Medicaid provider prior to submitting claims for services. Skilled nursing facilities must also be enrolled with Medicare. Providers must follow the provider handbook and all applicable state, and federal, rules and regulations.

See *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

3. Eligible Participants

Participants with Medicaid Enhanced Plans are eligible to receive services in a Long-Term Care Facility (i.e., nursing facilities and intermediate care facilities for individuals with intellectual disabilities). When billing for participants enrolled in other benefit plans, refer to *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook for coverage. Providers must check participant eligibility prior to delivery of the service by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on Gainwell Technologies Idaho Medicaid website.

3.1. Referrals

Medicaid participants enrolled in Healthy Connections (HC), Idaho's Medicaid primary care case management (PCCM) model of managed care, are not required to obtain a referral for services while residing in a nursing facility or ICF/IID, regardless of place of service.

3.2. References: Eligible Participants

3.2.1. Federal Regulations

"Definitions." Social Security Act, Sec. 1905(a)(4)(A) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1905.htm.

3.2.2. State Regulations

"Nursing Facility." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 220. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

"Nursing Facility: Criteria for Determining Need." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 223. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

"Nursing Facility Services: Eligibility." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 222. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

"Preadmission Screening and Resident Review Program (PASRR)." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 227. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

4. Advance Directives

Long-Term Care providers must explain to each participant their right to make decisions regarding their medical care, which includes the right to accept or refuse treatment. Long-Term Care providers will inform the participant of their right to formulate advance directives, such as a living will or durable power of attorney for health care at the time of the participant's admission as a resident.

As of January 1, 2018, Idaho Medicaid will reimburse for advanced care planning under CPT® 99497 if provided for a minimum of 30 minutes, and CPT® 99498 for each additional 30 minutes. ACP may include Health Care Proxy, Durable Power of Attorney for Health Care, Living Will, or Medical Orders for Life-Sustaining Treatment.

The service is voluntary and is only reimbursable if the participant elects to receive the counseling. It may be rendered by any physician or non-physician practitioner in any location. It may also be rendered by other staff provided they meet the minimum direct supervision requirements. ACP is billable separately from a global surgical period, an annual wellness visit or E&M. It is not billable on the same dates of service as a critical care E&M. Time spent on any other service or treatment is not billable as ACP. The Advance Directive form does not have to be completed to be eligible for reimbursement.

Documentation must be maintained of:

- The face-to-face encounter;
- The consent for counseling;
- The time the counseling began;
- The duration;
- The explanation of an advance directive; and
- Who was present at the counseling.

5. Swing-Beds

See the *Hospital*, Idaho Medicaid Provider Handbook for information about swing-bed services.

6. Covered Services and Limitations: Nursing Facility

6.1. Nursing Facility Per Diem

All medically necessary Nursing Facility services covered in the *per diem* rate include, but are not limited to: nursing services; room and board services; therapies such as occupational therapy, personal services, physical therapy, and speech-language therapy; supervision required by the participant's condition; social services, recreational activities; other services required as a condition of facility certification; abd pads; administration of intravenous, subcutaneous or intramuscular injections and infusions; application or administration of all drugs; autoclave sheets; basins; bed and bathroom linens; beds and mattresses; bibs; clinitest; clysis set; decubitus ulcer pads; denture cup; deodorant; donut pads; dressings; durable medical equipment such as, but not limited to, bed rails, canes, crutches, walkers, wheel chairs, and traction equipment; finger cots; flex straws; gloves; gowns; heel protectors; identification bands; invalid rings; laundry services; massages; medicine droppers; needles; nursing care; restraints; sand bags; scalpels; sheep skin; slings; special diets as prescribed a physician; special feeding and supplies if needed; specimen containers; supplies for enemas, catheters, bladder irrigations, and oxygen; suture set and tray; testing sets and refills; tongue blades; tubing; tray service; urological solutions; water for injections; and water pitchers.

The per diem also includes common medical supplies that are available over the counter such as, but not limited to: analgesics; antibacterials, antiseptics, disinfectants and other materials for sterilization; baby powder; bandages; burn ointments; cellucotton; compresses; cottons; cough and cold preparations; disposable syringes; douche bags; first aid cream; gauzes; hot and cold therapies; incontinent supplies, or any other type of pads used to save labor or linen; laxatives emollients; lotions; lubricants; mouthwashes; non-legend drugs; protective creams and liquids; simple eye preparations; sponges; tapes; thermometers; tincture of Benzoin; and tissues.

The date of admission counts as the first day of care for reimbursement. The Department does not reimburse for the date of the participant's discharge. If a Medicaid participant dies in the nursing facility, the date of death is reimbursed as a day of care regardless of the time of occurrence. If admission and discharge occur on the same date, then one (1) day of care will be deemed to exist.

Legend drugs, physician services, and certain other costs are paid directly by the Department and separately from other nursing facility payments. Facilities may request Special Rates for participants who require long-term care needs that exceed the scope of the services covered in the per diem.

6.1.1. References: Nursing Facility – Per Diem

(a) State Regulations

"Nursing Facility: Coverage and Limitations." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 625. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

6.2. Nursing Facility: Leave of Absence (LOA)

A leave of absence (LOA) occurs when a participant goes on a temporary leave of absence from the facility, such as to the hospital or home. A day may not be billed when a participant is on a non-covered leave of absence to home, in the hospital, or is not otherwise incurring a billable Medicaid day.

When a participant residing in a nursing facility (NF) goes on a LOA to home, the facility may be eligible for a reserve bed payment if the facility charges private paying patients for reserve bed days. Therapeutic home visits for residents of up to three days per visit and not to exceed a total of 15 days per calendar year so long as the days are part of a treatment plan ordered by the attending physician. Eligibility for reserve bed payment is determined by Medicaid for participants.

If the LOA is for longer than three days, written authorization must be obtained in advance from the Bureau of Long-Term Care and a copy attached to the UB-04 claim form. Payment for reserve bed days is the lesser of 75 percent of the NF rate or the customary charge.

6.2.1. References: Nursing Facility – LOA

(a) State Regulations

"Nursing Facility: Payments for Periods of Temporary Absence." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 292. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

6.3. Admission Hour Codes/Discharge Hour Codes

00 - 12:00 (midnight) - 12:59 a.m.
01 - 01:00-01:59 a.m.
02 - 02:00-02:59 a.m.
03 - 03:00-03:59 a.m.
04 - 04:00-04:59 a.m.
05 - 05:00-05:59 a.m.
06 - 06:00-06:59 a.m.
07 - 07:00-07:59 a.m.
08 - 08:00-08:59 a.m.
09 - 09:00-09:59 a.m.
10 - 10:00-10:59 a.m.
11 - 11:00-11:59 a.m.
99 - Hour Unknown
12 - 12:00 (noon) - 12:59 p.m.
13 - 01:00-01:59 p.m.
14 - 02:00-02:59 p.m.
15 - 03:00-03:59 p.m.
16 - 04:00-04:59 p.m.
17 - 05:00-05:59 p.m.
18 - 06:00-06:59 p.m.
19 - 07:00-07:59 p.m.
20 - 08:00-08:59 p.m.
21 - 09:00-09:59 p.m.
22 - 10:00-10:59 p.m.
23 - 11:00-11:59 p.m.

6.4. Outpatient Therapy Services

Outpatient therapy services are included in the nursing facility per diem, however, services beyond the normal amount could be separately payable under Special Rates.

7. Covered Services and Limitations: Intermediate Care Facility/Individual with Intellectual Disabilities

Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID) services include nursing services, room and board services, therapies, over-the-counter medications, social services, activities, and such other services required as a condition of facility certification.

The *per diem* rate includes all medically necessary ICF/IID services including nursing services, room and board services, therapy services (occupational, physical, and speech), over-the-counter medications, social services, activities, and such other services required as a condition of facility certification. The date of admission counts as the first day of care for reimbursement. The Department only reimburses for the date of the participant's discharge if the discharge occurs after 3:00 p.m. and the participant is not discharged to a related provider. If a Medicaid participant dies in an ICF/IID, the date of death is reimbursed as a day of care regardless of the time of occurrence. If admission and discharge occur on the same date, then one (1) day of care will be deemed to exist.

Legend drugs, physician services, and certain other costs are paid directly by the Department and separately from other ICF/IID payments. Facilities may request Special Rates for participants who require long-term care needs that exceed the scope of the services covered in the per diem.

7.1. ICF/IID: Leave of Absence (LOA)

A leave of absence (LOA) occurs when a participant goes on a temporary leave of absence from the facility, such as to the hospital or home. A day may not be billed when a participant is on a non-covered leave of absence to home, in the hospital, or is not otherwise incurring a billable Medicaid day.

Participants of ICF/IIDs are allowed up to 36 LOA days to go home per calendar year so long as the days are part of a written treatment plan ordered by the attending physician. Prior authorization from Medicaid must be obtained for any home visits exceeding 14 consecutive days. To request prior authorization, complete the ICF/IID Special Rate Leave of Absence Form and e-mail it to Michelle Mittelstedt at Michelle.Mittelstedt@dhw.idaho.gov. Payment for reserve bed days is 100 percent of the facility rate for ICF/IID participants.

7.1.1. References: ICF/IID Leave of Absence (LOA)

(a) State Regulations

"ICF/ID: Payments for Periods of Temporary Absence." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 620. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

8. Documentation Requirements

Documentation requirements applicable in specific situations are listed throughout the handbook for provider convenience. General documentation requirements are also required and found in the *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook.

9. Reimbursement

Idaho Medicaid reimburses claims on a per diem rate at the lower of the billed amount or Medicaid allowed amount; therefore, nursing facilities and ICF/IID facilities should always bill their usual and customary charges, rather than the Medicaid allowed per diem. A separate rate is assigned to each facility.

When there are retrospective rate increases or decreases, the adjusted rates are added to the system and DHW initiates mass adjustments to previously paid claims for that facility for the time period that the rates have been adjusted. If the original claim was billed at the Medicaid allowed amount and the rate is increased retrospectively, the adjusted claim will pay at the original billed amount. The provider will not receive additional reimbursement.

See the General Billing Instructions, Idaho Medicaid Provider Handbook regarding Medicaid policy on billing all other third party resources before submitting claims to Medicaid. Participants cannot be billed for any non-reimbursed amount. Providers may only bill non-covered services to the participant if the provider meets the requirements in the Participant Financial Responsibility section of the *General Information and Requirements for Providers*, Idaho Medicaid Provider Handbook.

9.1. Participant Liability or Resource Amount

Participant liability information will be received from the Medicaid eligibility process. The Nursing Home and Waiver Claim Review Request Form and is used to request a review of the participant's share of cost (SOC). Nursing Home and Waiver Claim Review Request Form Instructions provides information on how to fill out the form. All fields in the forms are ***required***. The form can be filled out online, saved, and e-mailed to idnursinghomes@gainwelltechnologies.com. Faxed submissions are not accepted.

9.1.1. References: Participant Liability or Resource Amount

(a) State Regulations

"Nursing Facility: Post-Eligibility Treatment of Income." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 224. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

9.2. Special Rates

Special rates may be requested to pay for care given to participants who have Long-Term Care needs beyond the normal scope of facility services. The payments for such specialized care will be in addition to any payments made to the facility. Special rates are requested by submitting the form specific to the facility type found below.

Special Rate Request Forms		
Facility Type	**Webpage**	**Form**
ICF/IID	Medicaid Providers	ICF/IID Special Rate Request Form
Nursing Facility	Special Rates	Idaho Special Rate Request Form – Skilled Nursing Facility

Medicaid will notify the facility if its special rate request is approved or denied. If a participant is approved for special rate pricing, an approval letter will be sent out to the provider. The provider must submit claims with Revenue Code 0101 for approved long-term care special rate pricing.

9.2.1. References: Special Rates

(a) State Regulations

"Nursing Facility: Special Rates." *IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"* Sec. 270. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160310.pdf.

9.3. Medicare Crossovers

Nursing facility and ICF/IID services that have been paid by Medicare Part A do not automatically cross over to Medicaid. These claims must be submitted manually.

Services that have been paid by Medicare Part B will cross over to Medicaid for payment when there is a deductible or coinsurance amount due for those services. Examples of Medicare Part B covered claims are physical therapy, certain medical supplies, and liquid nutrition when it is one hundred percent of the participant's nutritional intake. Always submit the total charges billed to Medicare, not just the allowed amount. Medicaid's payment for Part B cross over services will be calculated according to the "Lesser Of" methodology.

Appendix A. Long-Term Care Admission Codes

Admission Codes			
Admission Code	**Source of Admission Code**		**Description**
-3 -Elective -The participant's condition permits adequate time to schedule the availability of a suitable accommodation.	1	Physician Referral	The participant was admitted to this facility upon recommendation of his/her personal physician.
	2	Clinic Referral	The participant was admitted to this facility upon recommendation of this facility's clinic physician.
	3	HMO Referral	The participant was admitted to this facility upon the recommendation of a health maintenance organization physician.
	4	Transfer from a Hospital	The participant was admitted to this facility as a transfer from an acute care facility where he/she was an inpatient.
	5	Transfer from a Nursing Facility or Skilled Nursing Facility	The participant was admitted to this facility as a transfer from a nursing facility or skilled nursing facility where he/she was an inpatient.
	6	Transfer from Another Health Care Facility	The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility, a nursing facility, or skilled nursing facility. This includes transfers from ICF/IID Long-Term Care facilities.
	7	Emergency Department	Not applicable to Long-Term Care facilities.
	8	Court/Law Enforcement	The participant was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
	8	Court/Law Enforcement	The participant was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

Appendix B. Patient Status Codes

Patient Status Codes (Field 17)	
Code	**Description**
01	Discharge to home
02	Transfer to hospital
03	Transfer to Long-Term Care facility
04	Transfer to state hospital
05	Discharged to another type of institution for inpatient care or referred for outpatient services
06	Discharge/transfer to other (Indicate in field 80 of the UB-04 claim form or in the appropriate field of the electronic claim form, the status or location of the participant and the time they left the Long-Term Care facility)
07	Left against medical advice
08	Discharged/transferred to home under care of a home IV provider
20	Death
30	Not discharged, still a patient
40	Expired at home
41	Expired in an institution
42	Expired, place unknown

Appendix C. Long-Term Care Revenue Codes

Revenue Codes (Field 42)	
Revenue Codes	**Description**
0100	Inpatient days (NF, ICF/IID, or swing bed)
0101	All Inclusive R&B LTC (For Special Rate or participant Specific Pricing)
0183	LOA (NF therapeutic leave to home)
0189	ICF/IID LOA (Other Leave of Absence)

Appendix D. Skilled Nursing Facility/Long-Term Care Bill Types

Long-Term Care Bill Types	
Code	**Description**
0211	Skilled Nursing - Inpatient (Admit - Through - Discharge Claim) (Including Part A)
0212	Skilled Nursing - Inpatient (Interim - First Claim) (Including Part A)
0213	Skilled Nursing - Inpatient (Interim - Continuing Claim) (Including Part A)
0214	Skilled Nursing - Inpatient (Interim - Last Claim) (Including Part A)
0217	Skilled Nursing - Inpatient (Adjustment/Replacement of Prior Claim) (Including Part A)
0218	Skilled Nursing - Inpatient (Void/Cancel of Prior Claim)

Appendix E. Long-Term Care Facility, Provider Handbook Modifications

This table lists the last three years of changes to this handbook as of the publication date.

Long-Term Care Facility, Provider Handbook Modifications				
Version	**Section**	**Modification Description**	**Published Date**	**SME**
20.0	All	Published version	11/18/2022	TQD
19.1	1.2 Provider Relations Consultants	Updated contact phone numbers for PRCs	11/18/2022	R Lynch M Payne J Kennedy-King
19.0	All	Published version	6/17/2022	TQD
18.1	1.2 Provider Relations Consultants	Updated to add Region 9 contact information	6/14/2022	G Branscum M Payne J Kennedy-King
18.0	All	Published version	12/31/2020	TQD
17.1	All	Removed DXC references, rebranded to Gainwell Technologies	12/31/2020	TQD
17.0	All	Published version	10/30/2020	TQD
16.16	Appendix E. Long-Term Care Facility, Provider Handbook Modifications	Modifications are deleted from table after three years.	10/28/2020	W Deseron E Garibovic
16.15	Appendix D. Skilled Nursing Facility/Long-Term Care Bill Types	Deleted bill-type 0215. Added bill-type 0218.	10/28/2020	W Deseron E Garibovic
16.14	Appendix C. Long-Term Care Revenue Codes	Moved patient status codes and admission codes to their own sections.	10/28/2020	W Deseron E Garibovic
16.13	Appendix B. Patient Status Codes	New section. Previously in Long-Term Care Revenue Codes.	10/28/2020	W Deseron E Garibovic
16.12	Appendix A. Long-Term Care Admission Codes	New section. Previously in Long-Term Care Revenue Codes.	10/28/2020	W Deseron E Garibovic
16.11	8.2.1. References: Special Rates	New section.	10/28/2020	W Deseron E Garibovic
16.10	8.1.1. References: Participant Liability or Resource Amount	New section.	10/28/2020	W Deseron E Garibovic
16.9	8.1. Participant Liability or Resource Amount	Section moved to under Reimbursement.	10/28/2020	W Deseron E Garibovic
16.8	10.8 References: Covered Services and Limitations Nursing Facility	Section deleted. References added to individual subsections.	10/28/2020	W Deseron E Garibovic
16.7	5.4. Outpatient Therapy Services	New section.	10/28/2020	W Deseron E Garibovic

Long-Term Care Facility, Provider Handbook Modifications				
Version	**Section**	**Modification Description**	**Published Date**	**SME**
16.6	5.2.1. References: Nursing Facility – LOA	New section.	10/28/2020	W Deseron E Garibovic
16.5	5.1.1. References: Nursing Facility – Per Diem	New section.	10/28/2020	W Deseron E Garibovic
16.4	5.1. Nursing Facility Per Diem	New section. Describes what is included in per diem.	10/28/2020	W Deseron E Garibovic
16.3	3. Advance Directives	Clarified section to match physician and non-physician practitioner handbook.	10/28/2020	W Deseron E Garibovic
16.2	2. References: Eligible Participants	New section.	10/28/2020	W Deseron E Garibovic
16.1	Long-Term Care Facility	Added description for use of references.	10/28/2020	W Deseron E Garibovic
16.0	All	Published version	01/01/2020	TQD
15.37	Appendix C Section Modifications	Renamed Long-Term Care Facility, Provider Handbook Modifications.	12/20/2019	W Deseron E Garibovic
15.36	Appendix B Skilled Nursing Facility/Long-Term Care Bill Types	New section. Previously under UB-04 Instructions, Idaho Medicaid Provider Handbook.	12/20/2019	W Deseron E Garibovic
15.35	Appendix A Long-Term Care Revenue Codes	New section. Previously under UB-04 Instructions, Idaho Medicaid Provider Handbook.	12/20/2019	W Deseron E Garibovic
15.34	2.3.6 Adjustments	Section deleted. Redundancy.	12/20/2019	W Deseron E Garibovic
15.33	2.3.5.2 Medicare Crossovers	Section moved under Reimbursement.	12/20/2019	W Deseron E Garibovic
15.32	2.3.5.1 Third Party Recovery (TPR)	Section deleted. Redundancy.	12/20/2019	W Deseron E Garibovic
15.31	1.8. Reimbursement	New Section. Incorporates previous sections Customary Fees, Retrospective Rate Increases or Decreases and Retrospective Rate Changes. Added reference to General Billing Instructions.	12/20/2019	W Deseron E Garibovic
15.30	1.7. Documentation Requirements	New Section.	12/20/2019	W Deseron E Garibovic
15.29	1.6.1.1. References: ICF/IID Leave of Absence (LOA)	New Section.	12/20/2019	W Deseron E Garibovic
15.28	2.3.4.3 Date of Discharge	Section deleted. Contents moved to Covered Services and Limitations: ICF/IID.	12/20/2019	W Deseron E Garibovic
15.27	2.3.4.2 Patient Day	Section deleted. Contents moved to Covered Services and Limitations: ICF/IID.	12/20/2019	W Deseron E Garibovic
15.26	2.3.4.1 Special Rates	Section moved under Reimbursement.	12/20/2019	W Deseron E Garibovic

Long-Term Care Facility, Provider Handbook Modifications				
Version	**Section**	**Modification Description**	**Published Date**	**SME**
15.25	2.3.4 Healthy Connections (HC)	Section deleted. Content moved to Referrals.	12/20/2019	W Deseron E Garibovic
15.24	2.3.3 Covered Services	Section deleted. Contents moved to Covered Services and Limitations: ICF/IID.	12/20/2019	W Deseron E Garibovic
15.23	2.26.2 Retrospective Rate Changes	Section deleted. Contents moved to Reimbursement.	12/20/2019	W Deseron E Garibovic
15.22	2.26.1 Overview	Header deleted. Text moved into Covered Services and Limitations: ICF/IID.	12/20/2019	W Deseron E Garibovic
15.21	1.6. Intermediate Care Facility/Individual with Intellectual Disabilities	Renamed Covered Services and Limitations: Intermediate Care Facility/Individual with Intellectual Disabilities. Incorporated Covered Services, Patient Day and Date of Discharge.	12/20/2019	W Deseron E Garibovic
15.20	1.5.4References: Covered Services and Limitations: Nursing Facility	New Section.	12/20/2019	W Deseron E Garibovic
15.19	2.25.5 Claim Replacement and Voids	Section deleted. Redundancy.	12/20/2019	W Deseron E Garibovic
15.18	1.5.2 Participant Liability or Resource Amount	Clarified that faxes are not accepted.	12/20/2019	W Deseron E Garibovic
15.17	2.2.3.2 Medicare Crossovers	Section moved to under Reimbursement.	12/20/2019	W Deseron E Garibovic
15.16	2.2.3.1Third Party Recovery (TPR)	Section deleted. Redundancy.	12/20/2019	W Deseron E Garibovic
15.15	2.2.3 Third Party Insurance and Medicare Crossovers	Header deleted.	12/20/2019	W Deseron E Garibovic
15.14	1.5.1 Leave of Absence (LOA)	Section renamed Nursing Facility: Leave of Absence (LOA)	12/20/2019	W Deseron E Garibovic
15.13	2.2.1 Overview	Section deleted. Redundancy.	12/20/2019	W Deseron E Garibovic
15.12	2.2 Long Term Care Service Policy	Header deleted.	12/20/2019	W Deseron E Garibovic
15.11	2.1.4.3 Date of Discharge	Section deleted. Text incorporated into Covered Services and Limitations: Nursing Facility.	12/20/2019	W Deseron E Garibovic
15.10	2.1.4.2 Patient Day	Section deleted. Text incorporated into Covered Services and Limitations: Nursing Facility.	12/20/2019	W Deseron E Garibovic
15.9	2.1.4.1 Special Rates	Section moved to under Reimbursement.	12/20/2019	W Deseron E Garibovic
15.8	2.1.4 Covered Services	Renamed Covered Services and Limitations: Nursing Facility.	12/20/2019	W Deseron E Garibovic

Long-Term Care Facility, Provider Handbook Modifications				
Version	**Section**	**Modification Description**	**Published Date**	**SME**
		Incorporated text from Patient Day, Date of Discharge.		
15.7	2.1.3.1 Retrospective Rate Increases or Decreases	Section deleted. Text incorporated into Reimbursement section.	12/20/2019	W Deseron E Garibovic
15.6	2.1.3 Customary Fees	Section deleted. Text incorporated into Reimbursement section.	12/20/2019	W Deseron E Garibovic
15.5	1.2.1 Referrals	New section with text incorporated from Healthy Connections (HC).	12/20/2019	W Deseron E Garibovic
15.4	1.2 Eligible Participants	New section.	12/20/2019	W Deseron E Garibovic
15.3	1.1 Provider Qualifications	New section.	12/20/2019	W Deseron E Garibovic
15.2	2.1.1 General Policy	Header deleted. Text consolidated into 1. Long-Term Care Facility. Added references to other applicable handbooks.	12/20/2019	W Deseron E Garibovic
15.1	2.1 Introduction	Header deleted.	12/20/2019	W Deseron E Garibovic
15.0	All	Published version	4/9/2019	TQD
14.4	2.3.4 Healthy Connections (HC)	Updated Healthy Connections information that a referral is not necessary for residents of a ICF/IID.	4/3/2019	E Garibovic W Deseron
14.3	2.1.6. Healthy Connections (HC)	Deleted section.	4/3/2019	E Garibovic W Deseron
14.2	2.1.5 - 2.1.5.1 Swing Bed General Policy	Updated section to point to the Hospital handbook.	4/3/2019	E Garibovic W Deseron
14.1	2.1.3. Customary Fees	Updated Healthy Connections information that a referral is not necessary for residents of a nursing.	4/3/2019	E Garibovic W Deseron
14.0	All	Published version	11/1/2018	TQD
13.1	All	Removed Molina references	11/1/2018	D Baker E Garibovic
13.0	All	Published version	10/24/2018	TQD
12.1	2.1.5 Swing Bed General Policy	Replace RMS with BLTC	10/24/2018	D Baker E Garibovic