CENTER FOR ELDERS' independence

Your life just got better

# PROVIDER MANUAL

Serving the elderly through comprehensive community-based care

# Center for Elders' Independence
# Provider Manual

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# What is Center for Elders' Independence?

Center for Elders' Independence (CEI) is a capitated Medicare/Medi-Cal program that provides fully integrated health care and social services to frail seniors. As a Program of All-inclusive Care for the Elderly (PACE), CEI is one of over 300 PACE sites operating across the United States. For more information about PACE, visit www.npaonline.org.

CEI's mission is to provide high quality, affordable, integrated health care services to the elderly, which promote autonomy, quality of life and the ability of individuals to live in their communities.

Once a Participant joins the program, a CEI Interdisciplinary Team develops an ongoing, comprehensive plan of care that is implemented by the Team, in consultation with the Participant and family/caregivers, if applicable. The PACE model emphasizes preventive care to reduce risk for both the Participant and CEI.

**The following services are provided directly by CEI staff:**

- Primary medical care
- Skilled nursing
- Adult Day Health Care, including meals and personal care while at the Center
- In-home personal care and chore services
- Transportation to the PACE Center and medical appointments
- All medications
- Medical social services
- Rehabilitation therapies (PT/OT/ST)
- Recreational activities

**The following services are provided by CEI through our contracted specialists, ancillary providers, hospitals, and nursing facilities:**

- Medical & surgical specialty consults
- Laboratory services
- Imaging services
- Podiatry
- Dentistry
- Audiology
- Optometry
- Psychiatry/Behavioral Health
- DME
- Oxygen
- Ambulance services
- Inpatient and outpatient hospital services
- Skilled Nursing Facility services
- Long-term custodial nursing home services

# Key Points

CEI is at risk for all services covered by Medi-Cal and Medicare and frequently provides services which are not traditionally covered by these programs, but which the interdisciplinary team believes are necessary for maintaining function and allowing the Participant to remain safe in the community.

- **CEI's Participants receive services only from CEI staff or from contracted providers who have received prior authorization to provide services. (See page 16 for procedures in emergency situations.)**

- **Medicare and Medi-Cal are never billed for any services provided to CEI participants.**

- **Participants are never billed for services they receive.**

- **All claims should be submitted electronically utilizing:**

  **Payer ID: 94312**
  **Clearinghouse: Optum or Office Ally**

- **Neither CEI nor participant is responsible for payment for any services not authorized by CEI.**

# Where to Get Your Questions Answered

**Center for Elders' Independence**
**510-17th Street, Suite 400**
**Oakland, CA 94612**

**(510) 433-1150 (24 hours)**

## Participant Eligibility Verification

Weekdays, 8:00 a.m. to 5:00 p.m.....O&E@cei.elders.org
Off hours, holidays.....CEI Physician On Call

## Prior Authorization/Referrals/Benefits

Weekdays, 8:00 a.m. to 5:00 p.m.....ReferralCoordinator@cei.elders.org

## Claims/Billing Questions

Weekdays, 8:00 a.m. to 5:00 p.m.....CEI-Claims@cei.elders.org

## Concerns/Suggestions/Assistance (Medical issues)

Weekdays, off hours and holidays .....MedIssues@cei.elders.org

## Problems/Issues (Administrative issues)

Weekdays, 8:00 a.m. to 5:00 p.m.……CEI-Contracts@cei.elders.org

**Complaints (Quality of Services)** .....QI@cei.elders.org

# Responsibilities and Duties of Participating Physicians and Professionals

1. Performs only a consultation and/or treatment to Participant as specified in the referral form for outpatient services.

2. Requests additional authorization from CEI before performing tests, procedures, and/or services not specified in the referral for outpatient services.

3. Make arrangements for Interpreter Services be available for CEI Participants at all services sites and service locations unless CEI notifies the Provider that the Member will be accompanied to the Provider's services location by an interpreter.

4. Accepts CEI payment as payment in full.

5. Avoids duplication of laboratory or X-ray services.

6. Sends written findings and recommendations to Primary Care Physician within thirty (30) days of Participant's visit. Notifies Primary Care Physician in a timely fashion of needs for pharmaceutical and other interventions for outpatient services. (All medications are ordered by Primary Care Physician for outpatient services)

7. Notifies the Primary Care Physician when the need arises for a referral to an additional specialist or for hospital admission.

8. Provider agrees to hold harmless the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS) of the State of California, for charges denied because of lack of compliance with referral policies and procedures.

9. Provider will, in accordance with the Medi-Cal Contract and PACE Agreement, hold harmless Medi-Cal (DHCS), Medicare (CMS) the State of California, Participant, Participant's family and the Participant's estate in the event that CEI cannot or will not pay for services performed by Provider pursuant to the Provider Agreement for any reason, including insolvency of CEI.

10. Provides to Participants the same access to service that non-CEI patients enjoy.

    a. Routine appointment—within thirty (30) days
    b. Problems of "concern" to Primary Care Physician—within five (5) days
    c. Urgent/emergent problem—same day

11. Allows facility inspection by CMS and California DHCS to confirm safe and sanitary environment for CEI Participants.

12. Establishes and maintains appropriate physician/professional coverage for his/her practice to ensure availability of specialist physician services to Participants 24 hours per day, 7 days per week.

13. Complies with CEI Participant Rights and Grievance and Appeal Procedures.

# Credentialing: Physicians and Other Licensed Professionals

1. Initial Credentialing Process

   All Specialist, physician and other licensed professional, must undergo CEI credentialing process before providing services to participants. The process is as follows:

   a. Credentialing through a CEI Contracted Hospital,

      If a specialist has been credentialed by a hospital contracted with CEI, they may be deemed to have completed CEI's credentialing process upon verification. Specialists should provide CEI with written verification of their credentialing status if CEI cannot obtain it directly from the hospital.

   b. Direct Credentialing by CEI

      If a specialist has not been credentialed by a CEI- contracted hospital or if verification is not obtainable, the specialist must submit the following documents to CEI:

      - Completed Initial application (California Participating Physicians Agreement – CPPA)
      - Signed Attestations
      - Information release authorization
      - Proof of current licensure from the State of California
      - Copy of DEA certificate or proof of issuance
      - Letter from Joint Commission-accredited hospital confirming medical staff membership in good standing.
      - Proof of Board Certification, if applicable
      - Evidence of malpractice insurance coverage

- Professional reference letters
- Curriculum Vitae (CV)
- Foreign medical graduate proficiency certificate, if applicable

2. Credentialing Timeline

   CEI aims to complete the credentialing process, within ninety (90) days, in accordance with its Credentialing Policies and Procedures.

3. Provisions of Services

   Specialists, physicians, and other licensed professionals must be fully credentialed by CEI before serving participants. Any new clinician joining a specialist practice who intends to serve CEI Participants must also complete the credentialing process prior to providing services.

4. Provisional Credentialing

   In urgent situations where services are needed promptly, CEI may, at its discretion, grant provisional credential to providers. This allows providers to offer services while the full credentialing process is underway.

5. Licensure and Compliance

   Specialists and their employees or subcontracted clinicians must: maintain current and valid licenses from the appropriate state licensing board(s) throughout the term of their agreement with CEI.

6. Notification of Changes

   Specialists are required to immediately inform CEI of any of the following events:

   a. Change in professional liability insurance premiums resulting from malpractice suits.
   b. Any modification to hospital privileges, including reductions, suspensions, or terminations.
   c. Actions taken by state or federal authorities that affect participation in the Medicare or Medicaid programs, especially those related to fraud and abuse.
   d. Change in business address or the locations where services are provided to Participants.
   e. Legal or governmental actions initiated against the specialist, such as: (a) professional negligence claims; (b) Allegations of legal violation (c) Actions against any license, or certifications related to Medicare or Medicaid program.
   f. Positive test results for any member of the specialist that could impact service delivery.

g. Any other issues or situations that could materially impair the specialist's ability to fulfill their duties and obligations under the agreement with CEI.

# Quality Management

CEI involves our Participating Physicians and Professionals in its Quality Improvement Program (QIP) as follows:

- Each year contracted providers will receive a summary of CEI's Quality Improvement initiatives.
- Participating Physicians and Professionals are part of CEI's QIP via representation on the Quality Committee. If you are interested in more information or becoming a member, please forward your resume to the Chief Medical Officer (CMO).
- Specialists are encouraged to contact the CMO or Director of Quality Improvement if they identify any quality concerns that require CEI review and investigation.

# Competency Evaluation

**Per 42 CFR §460.71 Competency Evaluations**

All contracted staff and providers delivering direct care to Participants must meet the Center for Elders' Independence (CEI) competency evaluation standards. These evaluations confirm that providers possess the necessary skills, knowledge, and abilities necessary to perform their roles effectively while upholding CEI policies and standards.

Annual competency evaluations are required and must include verification of:

1) Regulatory Compliance: Providers must adhere to all state and federal regulations governing direct patient care, including those outlined in Per 42 CFR §460.71 and CEI policies.
2) Background and Eligibility: In accordance with 42 CFR § 460.68(a), individuals with disqualifying criminal convictions may not be employed or contracted by CEI.
3) Licensure and Certification: Providers must maintain current and valid licenses/certifications for their respective disciplines. These credentials must be verified upon hiring and renewed as required by licensing boards.
4) Health and Safety Compliance: All direct care staff must:

- Be free from communicable diseases.
- Maintain up to date immunizations including those recommended by CDC guidelines for healthcare workers.
- Undergo routine healthcare screenings as required by CEI policy.

5) Understanding of the PACE program: As a PACE program, CEI requires all contracted providers to be familiar with the PACE model of care, including its focus on coordinated, participant-centered services, interdisciplinary teamwork.
6) Commitment to CEI Standards: All contracted providers must abide by the philosophy, practices, and protocols of the PACE program.

# Verifying Participant Eligibility and Benefits

## POLICY

- Specialists agree to make best efforts to confirm the eligibility of CEI Participants prior to providing non-Emergency Services, except for those Participants and services designated in CEI's referral form.

- Any services prior authorized by CEI shall be considered Covered Services. No confirmation of benefit coverage is required.

- If no authorization for services has been received, either prior to, or at the time-of-service delivery, Specialist must obtain confirmation of a Participant's eligibility with CEI to assure that CEI has authorized and will pay for services.

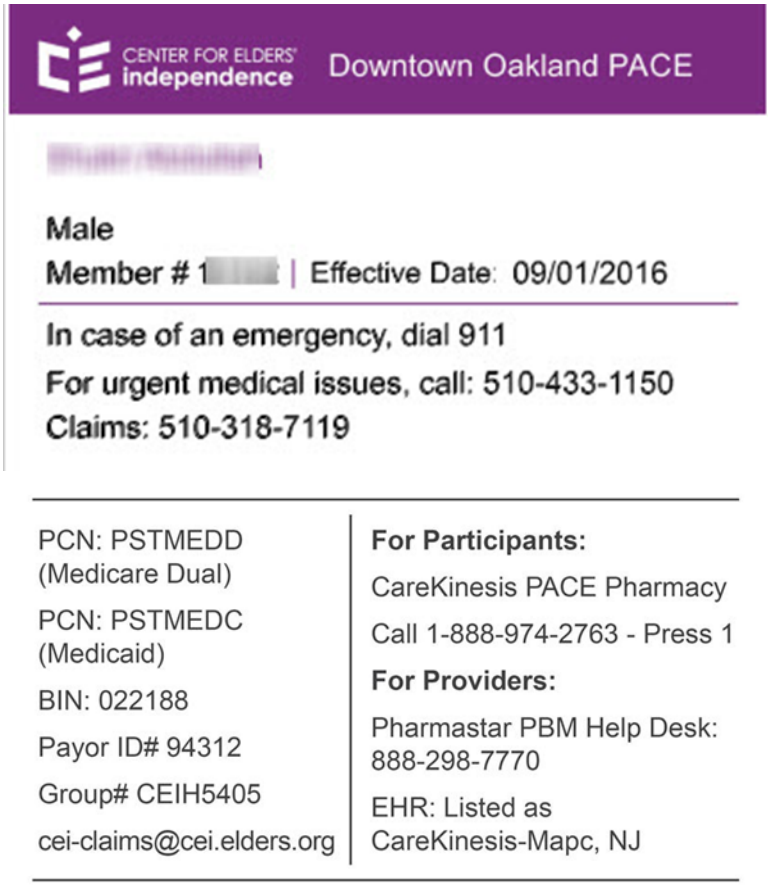
## PROCEDURES

### Referral Order

- Referral Order. A referral order for an appointment scheduled by CEI on behalf of a Participant in CEI's electronic ordering system, eCW will be considered proof of current eligibility, ***unless the referral has been issued more than 90 days prior to the visit***. In the unlikely event a referral was issued 90 days prior to the visit and the CEI Participant is not accompanied to the visit by a CEI staff member, Provider must call CEI to confirm eligibility.

### Identifying a CEI Participant and Confirming Eligibility

- Participant Identification Card. Participant will present a CEI ID card or a Medicare Card to which a CEI sticker has been affixed.




**Urgent or Emergent Services**

Telephonic Confirmation. CEI can be reached 24 hours per day by telephone at (510) 433-1150 to confirm a Participant's membership status and eligibility for CEI services.

# CEI-Initiated Referrals to Contracted Medical Specialists

**POLICY**

- A CEI Primary Care Physician (Physician, NP, or PA) MUST authorize all participant referrals for services to be covered by CEI.

- Specialist referrals are usually for either "Consultation" or "Treatment" (although they may be for both). The specialist shall provide only those services that are indicated on the referral form. Additional visits as well as diagnostic tests and treatments not initially authorized must be approved by CEI before being scheduled and delivered.

- The specialist may recommend to CEI that a Participant receive care from another specialist/sub-specialist but cannot make such referrals directly.

- In the event a hospital-based out-patient procedure, surgery, or inpatient hospitalization is approved by CEI, a specialist will provide only those services prior authorized by CEI.

## PROCEDURES

## Initiating a Referral: Consultant's Report Form

A CEI Primary Care Provider (PCP) will refer a Participant to a Specialist by writing an order for referral in CEI's electronic ordering system, eCW. The PCP will identify issues and outline the requested services and recommendations.

CEI will either send documentation generated from eCW to the specialist in advance of the appointment or a faxed copy of the Referral signed by the PCP's is also acceptable.

### Appointment Scheduling

A CEI staff member will call the Specialist's office and schedule an appointment on behalf of the Participant to ensure that CEI's Transportation Department or another responsible party can bring the Participant to the appointment.

### Specialist Visit

The person who transports the Participant to the specialist's office will accompany the patient during the visit as needed. Contracted providers are responsible for arranging Interpreter Services for CEI participants in all services sites and locations.

The Specialist will conduct the exam and, if prior authorized, provide specific diagnostic tests and/or treatment. The Specialist will seek prior authorization from the Participant's PCP before providing any services that have not been explicitly prior authorized. **The Specialist may call the Participant's PCP during the visit or the CEI Referral Office to seek authorization for additional services, if needed.**

### Consultant's Report

The Specialist will complete and fax a Consultant's Report, or the Specialist claims will not be paid until CEI receives a complete Consultant Report from the

Specialist. Urgent or critical issues should be highlighted, and a telephone call to the referring CEI Clinic is required for urgent issues.

The Consultant Report should include any information that the Specialist believes is pertinent to the case and should be communicated to the PCP. A separate written report may be attached if necessary.

The Consultant's Report includes:

a. Findings and/or services rendered: This is a summary of any services that were performed by the Specialist during the visit and the findings of any tests, if appropriate.

b. Recommendations: The Specialist indicates what, in his/her opinion, is the best treatment to produce the most positive outcome for the Participant's functional status, considering quality of life and medical condition.

c. Further Visits: If further visits to the Specialist are recommended, the Specialist must state approximately how many visits s/he feels are appropriate.

d. Date of proposed follow-up visit, if appropriate: If the Specialist believes that a follow-up visit is necessary, the proposed date of the return visit is recorded within. If a follow-up visit or visits beyond those already authorized are needed, the PCP will document approval in the EMR systems Telephone Encounter field, and a new Referral and Authorization will be issued.

## Medications

PRESCRIPTION DRUG BENEFITS

Each participant enrolled in CalOptima PACE is entitled to Medicare and Medi-Cal covered services, including prescription drugs. The participant's PCP is responsible for managing the care of the participant, including prescription drugs; the PCP may also review recommendations for drug therapy. PACE will not assume financial responsibility for unauthorized drugs or medications dispensed by another pharmacy. This requires prior authorization PACE participants do not pay any co-payments or deductibles for covered services, including prescription drug coverage benefits.

CEI provides all of the Participant medications to their homes. Specialized medications may be provided by other pharmacies or medical offices. This requires preauthorization from CEI.

The PCP prescribes and oversees all medications for CEI Participants. Medications and other therapies recommended by specialist should be listed in the Consultant's Report and **faxed or phoned** to the CEI clinic. CEI's contract pharmacy will provide medications the same day if the request reaches the clinic by 12:30 p.m. or, if the need is urgent, at any time of the day or night.

The specialist **will contact the CEI PCP directly if there is an urgent need for change in medication**. Call (510) 433-1150, give the Participant's name, and the receptionist will connect the specialist with the appropriate clinic.

## Request for Additional Visits and/or Services

If follow-up care is required, the Specialist will indicate this in the Consultant report and/or contact CEI. If Additional authorization is required CEI will send another authorization indicating how many visits and which services are authorized, and the referral process proceeds as described above.

If the Specialist wants to know at the time of the initial visit whether such follow-up will be authorized, he or she can call (510) 433-1150 between 8:30am and 5:00pm. The Specialist must provide the Participant's name, and the receptionist will connect you with the appropriate clinic.

Future appointments should never be made directly with CEI Participants or their caregivers when they visit the Specialist since visits must be prior authorized and scheduled in consultation with Transportation personnel. Therefore, it is essential that the specialist wait to hear from CEI before scheduling an appointment.

## Referrals for Diagnostic Studies and X- rays

All out-patient diagnostic studies recommended by the Specialist require prior authorization by CEI must be explicitly authorized by CEI:

**X-rays: Include MRI, CT scan, imaging - mammogram, ultrasound, etc.**

**X Rays** - X-rays done in the physician's office will not be reimbursed except under the following circumstances:

- After hours (5:00 p.m. – 8:00 a.m.) and weekends
- Orthopedic surgeon with routine two-dimensional X-rays.

**All other x-rays must be authorized by CEI contracted providers.**

## Referrals to Other Specialists or Sub- Specialists

A Specialist who recommends that a Participant be referred to another specialist/sub-specialist should indicate so on the Consultant's Report. A discussion with the PCP is preferred. If CEI authorizes the recommended referral, CEI will send a new referral to that Specialist and will follow-up directly with the new provider.

Specialists will make best efforts to recommend referrals to other providers on CEI's panel. CEI Website contains the current list of specialists/sub-specialists under "Contracted Provider Directory":

https://cei.elders.org/contracted-providers/

Referrals to out-of-plan providers are authorized only when there is a compelling medical reason why a provider on the CEI panel cannot perform services.

## Elective Procedures, Surgeries and Hospital Admissions

If a Specialist believes a CEI Participant requires inpatient or outpatient services (diagnostic, treatment, or surgical) at an acute-care hospital or surgery center, the Specialist should call the Participant's Primary Care Physician, or state so on the Consultant's Report, if time permits. The CEI Primary Care Physician **MUST** be the one to authorize all hospital-based services and elective inpatient admissions. CEI's staff will make the arrangements for a Participant to receive services from the hospital and will coordinate schedules with the Specialist, as needed.

Except for emergencies, only those tests and procedures that have been authorized prior to or at the time of service/admission will be paid for. The Specialist may request authorization for additional tests and procedures from the Participant's PCP via telephone, and approval can be granted verbally.

## Urgent and Emergency Hospital Admissions

If a Specialist believes the Participant should be admitted to an acute-care hospital on an Urgent or Emergency basis **and** the nature of the condition permits, the Specialist should contact PCP or the CEI on-call physician prior to directing the patient to the Emergency Department. A Specialist can speak with a CEI physician by telephone 24 hours a day at (510) 433-1150.

If the CEI physician concurs that it is appropriate that Urgent or Emergency services are provided, he or she where possible will call the Hospital's Emergency Department to give instructions for treating the patient. The CEI physician will request a call back from the Hospital about the patient's status after the initial treatment. If the physician determines that the situation does not constitute an Emergency, he or she will arrange appropriate follow-up, which might include:

- Meeting the patient at CEI after hours.
- Making time to see the patient in the clinic during business hours.
- Sending a CEI nurse to assess the patient's condition.
- Arranging for a PCP to make a home visit.

# CEI Participants must be admitted to Participating Hospitals except in Emergency conditions or when services cannot be provided by a Participating Hospital. The CEI Claims and Provider Services Department can provide an updated list at any time.

Consultant Reports should be faxed to - the referring CEI Clinic at these numbers:

| | |
|---|---|
| **Concord** | **(925) 363-2120** |
| **East Oakland** | **(510) 553-1099** |
| **San Leandro** | **(510) 746-0977** |
| **Temescal** | **(510) 433-1161** |
| **Tri-Valley** | **(925)-371-4415** |
| **West County** | **(510) 318-7510** |

**REMINDER:**

**A Consultant Report that requires urgent intervention or medication change must be called to the referring Clinic at these numbers:**

| | |
|---|---|
| **Concord** | **(925) 678-5250** |
| **East Oakland** | **(510) 746-5571** |
| **San Leandro** | **(510) 746-4510** |
| **Temescal** | **(510) 830-3910** |
| **Tri-Valley** | **(925) 505-4800** |
| **West County** | **(510) 844-0132** |

# Acute Care

# &

# Sub-Acute Hospitals

# &

# Skilled Nursing Facilities (SNFs)

# General Policies

## Record Review

CEI reserves the right to conduct concurrent and retrospective medical record reviews for any and all medical care provided to a CEI Participant.

- Medical records must be made available to CEI representatives upon request.

For retrospective reviews, CEI will typically provide at least 24 hours' notice, though shorter notice may be given if necessary.

## Evidence-Based Care

CEI evaluates the appropriateness and quality of care using evidence-based guidelines, such as:

- Medicare and Medi-Cal standards
- Other recognized clinical best practices

All medical decisions and rationale made by CEI physicians and Specialists must be properly documented in the medical record to support transparency and continuity of care.

# Emergency Hospital Admissions and Services

**POLICY**

- **If a CEI Participant arrives at the Emergency Department (ED), the hospital must provide treatment in accordance with state and federal laws, including EMTALA (Emergency Medical Treatment and Labor Act).**
- **Whenever feasible, the hospital should determine whether the Participant has POLST (Physician Orders for Life Sustaining Treatment) or other similar directives and provide care accordingly.**
- **Once a Participant's condition is stabilized, all further services must be pre-authorized by CEI before proceeding with hospitalization or additional treatment.**

**PROCEDURES**

**Emergency Care: Post-Stabilization**

- After stabilization, the hospital must notify the Primary Care Physician (PCP) or on-call physician before proceeding with non-emergency services.
- The Coordinated Care Services Center (CCSC) at CEI should be informed.
- CEI is available 24/7 at (510) 433-1150 for physician coordination and authorizations.

If a hospital admits a CEI participant without prior notification (e.g. because the hospital was unaware, they were enrolled in CEI), the hospital must:

- Notify CEI within one (1) business day of the admission.
- Follow the CEI's hospital admission policies for emergency and non-emergency hospitalization policies for continued care coordination.
- Comply with Non-Emergency Admissions Procedures outlines in CEI's hospital admission policies.

**CEI Denial of Request for Authorization**

If the Primary Care Physician refuses to authorize the services and the patient still wants to receive them, the CEI Participant (or his/her legal guardian) must sign a release stating that he or she was told in advance the Service might not be Covered. **If CEI denies the claim after reviewing the case retroactively, CEI is not liable for the claim, and the Hospital may bill the Participant directly.**

**Late notification of emergency admissions is subject to denial.**

# Non-Emergency Admissions to Inpatient Facilities

**POLICY**

- CEI provides care to Participants in Acute Care Hospitals, Skilled Nursing Facilities (SNFs), Rehabilitation Hospitals, Sub-Acute facilities, and in custodial settings. Prior authorization is required for all non-emergency facility admissions to support appropriate care coordination and reimbursement.

- A CEI Primary Care Physician (PCP) or a Contracted Hospitalist will serve as the Participant's attending physician during inpatient stay.

- Participants may be admitted directly to any inpatient facility. The Medicare three (3) day hospitalization rule does not apply to CEI Participants.

- All non-custodial care must be reauthorized regularly to confirm that the assigned Level of Care remains appropriate for the Participant's needs.

## PROCEDURES: Acute, Sub-Acute, Rehab & Psychiatric Hospitals

### Authorization of Elective Hospital Admissions

A CEI Primary Care Physician approves all elective admissions through CEI referral process. CEI will specify the initially authorized length of stay.

Participants & Family Communication:

- CEI will work with Participants and their families to help understand the admission, authorization, and discharge process.
- Providers should document discussions with Participants regarding hospital stays and post discharge care plans.

Care Transition & Discharge Planning:

- CEI's interdisciplinary Team (IDT)/Coordinated Care Service Center will collaborate with the hospital to facilitate a safe and timely discharge that aligns with the Participant's ongoing care needs.
- Hospitals must submit a discharge summary to CEI before the Participant transitions to a lower level of care (SNF, home, etc.). CEI will obtain a discharge summary from hospitals EHR.
- CEI may arrange home health services, DME (Durable Medical Equipment), transportation, or follow-up care to support a coordinated transition.

## PROCEDURES: Skilled Nursing Facility (SNF)

### Authorization of SNF Admission

The SNF from which a CEI client is being transferred should contact the CCSC at (510) 844-234-7223 as soon as it is deemed feasible to begin planning a patient's discharge. CEI will either make arrangements with the SNF for the transfer and admission, including transportation, or authorize the SNF staff to make the arrangements. (This includes admissions from Long-Term (Custodial) Care settings. Primary Care Physician and Interdisciplinary Team will arrange any direct admissions to a SNF for a client coming from a home setting.

**CCSC Department Phone: (510) 433-1160 x7032 or Fax (855) 732-2365.**

**Open Business hours**:

Monday through Friday 8:30am to 5pm

For after-hour services Monday through Sunday call (510) 433-1150.

CEI will send a Skilled Nursing Authorization Referral to the SNF Facility via Fax.

CCSC will indicate the beginning and end dates initially authorized and at what level of care. The authorization may be modified by CEI during this initial period based on the Participant's need for additional services or for a reduction in the number and/or type of services the SNF will provide. All Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST) evaluations, and all PT/OT/ST treatments must be explicitly authorized by CEI. All changes in days and/or levels of care shall be prospective in the SNF Referral form confirmed in writing and sent via fax to the SNF.

## Extension of Stay

The SNF must call CEI for an extension of stay no later than the 24 hours before the current authorization expires. A Primary Care Physician will verbally respond, or in eCW, a Skilled Nursing Authorization Referral within 24 hours of receipt of the request. In some cases, verbal approval may be granted, but approval is entered into eCW Skilled Authorization Referral, or by fax to the Facility within the required timeframe.

- Patient Information: Name, SSN, DOB.
- Problem/Service Requested: Indicates the number of additional days, services, or treatments the SNF believes the Participant needs.
- Indication for Extension: This can be based on medical necessity or on nursing or psychosocial rationale. If the change affects the patient's functional status or ability to live independently, this should be documented.

## Request to Provide Services Not Initially Authorized

If a SNF believes a Participant would benefit from receiving services that were not initially requested and/or required and that would result in a change in the authorized Level of Care, the SNF will call CCSC for prior authorization. The Primary Care Physician will give the facility a verbal response of approval or denial and fax a new Skilled Nursing Authorization Referral documenting the approval or denial.

**CEI reserves the right to deny payment for an increase in a Participant's Level of Care that has not been prior authorized by CEI.**

# Discharge Planning

## POLICY

- CEI will be responsible for developing and/or approving all discharge plans for Participants. The CEI Interdisciplinary Team will play a major role in managing the Participant's transition out of the Rehab facility/SNF and CCSC may assist the Hospital's discharge planners in securing admission to a facility providing a lower level of care if requested to do so.

- Whenever feasible, Participants will be discharged to the environment in which they were residing prior to their hospitalization.

- IDT facilitates end of life care and planning.

## PROCEDURES

### Coordination of Care/ Discharge Planning between Skilled Nursing Facility and CEI

The coordination of care/Discharge Planning begins upon admission to the Hospital or SNF's SNF staff should contact the Participant's CEI clinic at (510) 433-1150 or CCSC at (510) 433-1160 x7032. CEI will either make arrangements with the SNF for the transfer and admission, including transportation, or authorize the SNF staff to make the arrangements. If the CEI Participant is being discharged to another inpatient setting, CEI must approve the type of facility and Level of Care to which the patient will be sent. CEI will provide the discharging facility with a list of its Contracted Providers, and Participants will be admitted to these facilities unless otherwise approved by CEI.

The Hospital or SNF will forward all compulsory documentation (Participant's medical records, notes, etc.) to the new facility prior to or concurrent with the Participant's discharge.

For weekday discharges to a patient's home/apartment or Board and Care facility, the Hospital will notify CEI as soon as there is a potential for discharge to assure that CEI staff or another designated party(s) is are present to assist the patient CEI patients will not be discharged if proper arrangements cannot be made.

**CEI may withhold payment for claims submitted by Hospitals or SNFs that have not submitted a copy of a Discharge Summary to CEI.**

## Transportation

CEI will either make the arrangements for the patient to be transported to a new facility or to the Participant's home or will authorize the Hospital or SNF to make the arrangements. CEI will provide the Hospital or SNF with a list of those Contracted Transportation Vendors that are to be used in the event CEI's own Transportation Department is unable to transport the patient. Hospital will utilize CEI's Contracted Transportation Vendors unless otherwise approved by CEI.

## End-of-Life Arrangements

In addition to completed advanced directives and POLST relating to end-of-life treatment preferences, CEI is often aware of the burial and other end of life care preferences of its participants. CEI should be notified immediately upon the death of any participant or any time a Participant may require such care.

# Billing,

# Claims Payment,

# and Provider

# Disputes and

# Appeals

# How to Complete and File Claims

## POLICY

CEI abides by Medicare and Administrative Simplification Compliance Act (ASCA) standards and requirements for submission of claims. Provider must submit claims electronically to CEI.

Providers sending professional claims must use Form CMS-1500 in the latest version.

The required format for submitting institutional claims is CMS1450 a.k.a UB-04 form.

A “complete claim” consists of:

- All required data elements to pass electronic submission edits;
- Appropriate HIPAA standard codes have been used;
- Supplemental information or documentation necessary for CEI to determine payer liability.

## PROCEDURES

### Completion of Claim Forms

Claims must be completed according to the national standard formats for electronic submission.

### Required Data Elements

1. Insured’s type of coverage (check Group Health Plan)
2. Insured’s (i.e., Participant/Patient’s) CEI Plan ID number (the unique number assigned by CEI)
3. Participant/Patient’s name (last name, first, middle initial)
4. Participant/Patient’s date of birth
5. Participant/Patient’s gender
6. Participant/Patient’s address (street, city, state, and ZIP code)
7. Participant/Patient’s relationship to insured
8. Name of referring or ordering physician and NPI
9. Hospitalization dates related to current services
10. Diagnosis code(s) (ICD-10-CM)

11. Date of service
12. Place of service code
13. CPT/HCPCS code and applicable modifier
14. Diagnosis code pointer
15. Billed charge (for each service)
16. Days or units
17. Rendering Provider NPI
18. Provider's Tax Identification Number (TIN)
19. Provider's Patient account number
20. Claim Total charge amount
21. Signature of physician or supplier
22. Name and address of facility where services were rendered (if other than home or office)
23. Physician's/Supplier's billing name, address, zip code and phone number

## Acceptable Coding Structures

The diagnosis and procedure codes utilized by CMS (ICD-10-CM diagnosis codes, CPT-4 procedure codes, HCPCS Level II codes, ICD-10-PCS inpatient procedure codes, National Drug Code (NDC), and other applicable Medicare coding schemes) that were current as of the date services were rendered.

### Authorization Number

All non-emergency services are required to have an authorization number.

- The authorization number from the Medical Consultation Request/Report Form (MCRR) issued by Plan; or
- The name of the Primary Care Physician who authorized the service(s).

### Other Information

CEI may request additional information to process and pay a claim. Although a claim contains all required data elements, it may be necessary for CEI to review other information reasonably required to verify and substantiate the provision of Covered Services and the charges for such services. CEI shall send a written request specifying the necessary additional information.

**Claims Submission**

## I. Claims Submission, Adjudication, and Payment.

CEI abides by Medicare and Administrative Simplification Compliance Act (ASCA) standards and requirements for submission of claims. Provider must submit claims electronically to CEI.

Electronic Claims Submission. Claims will be submitted through electronic data interchange (EDI) to CEI under Payer ID 94312 within three-hundred and sixty-five (365) days from the date of service.

Electronic claims submissions are sent to:

Optum: Payer ID = 94312

Office Ally: Payer ID = 94312

Attention: Claims Department
1465 Civic Center Ct
Concord, CA 94520
Email: cei-claims@cei.elders.org

**Filing Deadline**

Claims must be received within 12 months (365 days) from:

- the date of discharge from Contractor for inpatients;
- the date of service for Participants treated as outpatients, or
- the date Contractor determines the Plan's liability for payment.

# Claims, Payments, Denials, Disputes, Appeals and Recoupments

## POLICY

- CEI abides by Medicare's standards (as modified from time to time) for reviewing, paying, and when appropriate, denying claims.

- CEI may pay claims for non-Emergency Covered Services that were not prior authorized if CEI determines them to have been Medically Necessary.

- A Contracted Provider has the right to inquire about and appeal the denial of a claim, or the amount of any payment made by CEI.

## PROCEDURES

### Provider Payments

### Timeliness of Payments

CEI follows Medicare rules for payment of claims to fee-for-service providers. Medicare requires that 95% of claims be paid within thirty (30) days of receipt for clean claims.

Contracted providers agree to accept CEI claim payment as payment in full and will not seek additional payment or "balance-bill" participants after CEI has paid the claim.

### Explanation of Payment

All payments to CEI Contracted Providers will be sent along with a Remittance Advice that includes the following information:

a. Provider's practice name and Tax ID
b. Participant's name
c. Date of service
d. Claim ID (assigned by Plan)
e. Code/Description – CPT code, HCPCS code and description of service
f. Patient account – this number reflects the number supplied by the provider on the claim form
g. Billed amount
h. Reimbursement – the actual amount paid for each participant's charges
i. Claim adjustment reason code(s) for provider

### Claims Denials

If CEI denies payment for all or a part of a claim, CEI will:

- Notify the CEI Contracted Providers in writing
- Communicate the reason for the denial ("Explanation of Benefits")
- Specify additional information required for Plan to pay the amount due with respect to the applicable claim, to the extent feasible; and
- Notify the provider of his or her appeal rights.

Claims for non-Emergency Services that have not been authorized prior to will be automatically denied. The Provider may submit documentation to CEI showing that services rendered were medically necessary and would have been authorized by CEI. If CEI agrees with the Contracted Provider's assessment, CEI will pay the Contracted Provider within sixty (60) days. If the Plan denies the claim, the Contracted Provider may submit an appeal. Note: If documentation is provided along with the original claim, the claim may not be automatically denied.

## Disputed Claims and Provider Appeals

A Contracted Provider has the right to file an appeal disputing the denial of a claim, or the amount of any payment made by CEI.

Prior to submitting an appeal, a provider may call CEI Clams and Provider Relations during normal business hours to discuss the reasons for denial or payment adjustment. CEI's goal is to resolve most issues on the telephone and avoid the need for the provider to file a formal appeal.

A Contracted Provider has 365 calendar days from the date on which CEI has paid or denied a claim(s) to submit a payment dispute to CEI. The Plan will not consider disputes filed more than 365 working days from date of payment by the Plan. The Plan will issue a formal denial of such requests within thirty (30) days from the date the Plan receives the dispute, and the original payment will be considered payment in full.

The appeal must be in writing and contain the following information to identify the claim:

- Member name.
- Member CEI ID.
- Provider name.
- Provider Contact person name.
- Provider contact address and telephone number.
- Provider Tax ID number.
- Date of service.
- Charges denied/underpaid.

- Clear explanation of the basis for provider's dispute.
- Supporting documentation for the grounds on which the provider is appealing.

The Plan will send a written request if additional information is needed from the Contracted Provider. The Provider will have thirty (30) days to respond. If the Contracted Provider does not respond within thirty (30) days, the appeal will be considered closed, and the original claim decision is upheld.

ATTN: Claims Dispute
Center for Elders'
Independence 1465 Civic Ct
Concord, CA 94520

**Processing of Provider Dispute**

CEI Claims Staff shall send a written acknowledgement of receipt of the dispute to the Provider within fourteen (14) working days of its receipt.

If CEI determines that additional information is needed in order to review and make a determination, a written request will be sent to provider specifying the information required. Provider must respond within 30 days from receipt of the letter, either sending the requested information or explaining why provider disagrees with the request.

CEI will review and send a written determination within thirty (30) calendar days from the date it receives a Contracted Provider's written dispute.

**Recoupment of Overpayment**

If CEI determines that it has overpaid a claim, it will send the provider a written notice of overpayment with request to refund the amount overpaid. Provider must respond within thirty (30) days from receipt of written notice of overpayment and either:

a. issue a check to CEI; or
b. approve permission for recoupment; or file a dispute with the Plan explaining why the refund request is incorrect.

# Participant Appeals and Grievances

## Participant Grievances

A key Compliance Management function is the processing of Participant-initiated grievances or complaints. This may include a Participant's interactions with CEI or a Contracted Provider, a Provider's staff, the perceived quality of care received, wait times for appointments or other similar issues. The grievance process provides feedback from a patient's perspective that can be useful to CEI and its Contracted Providers in improving the way we work together.

In the event a Participant files a formal grievance with CEI that involves a Contracted Provider, the Quality Department will review the merits of the grievance or complaint. **Contracted Providers must respond to any telephonic or written inquiries made by CEI within ten (10) calendar days of receiving the inquiry.** CEI is required by its regulators to respond in writing to the Participant within thirty (30) calendar days of receiving the grievance or complaint.

CEI's Provider Agreements state that Providers will make best efforts to implement changes recommended by CEI when providing care for Participants. In certain situations where CEI determines that an unresolved issue with quality of care exists, it may choose to terminate its contract with the Provider in accordance with the terms outlined in the Provider Agreement.

## Participant Appeals

Participants may also file an appeal challenging CEI's decision not to authorize the provision of services recommended by a Provider or provided without authorization.

**Providers are required to provide information requested by CEI for purposes of processing a Participant's appeal within ten (10) calendar days of receiving the inquiry**. CEI is required by its regulators to respond in writing to the Participant within thirty (30) calendar days of receiving the appeal. If the participant or their caregiver is not satisfied with the final appeal decision, they may seek a second level appeal with either the Department of Health Care Services (DHCS) or the Centers for Medicare and Medicaid (CMS).