TIPS FOR ENTERING LTC REQUESTS

NF and Chronic Level of Care Requests

1) Use Inpatient for Nursing Facility or Chronic Levels of Care (DO NOT USE INPATIENT FOR ANY WAIVER PROGRAM REQUEST)
2) Treatment Setting should be LTC-MER-NF **or** LTC-MER-Chronic (MER stands for medical eligibility review, these are for new levels of care). Do NOT choose LTC CSR NF or LTC CSR Chronic.
3) ADMIT Date is the start date (or admission as a Medicaid recipient) you are requesting for Medicaid. This is important as some residents may have been in the facility as private pay or Medicare previously.
4) Length of Stay should be 30 Days
5) LOC Type should be Initial LOC
6) You MUST enter a Diagnosis
7) You MUST enter the MA # (or the temporary ID # assigned by DFMC) as it appears on the recipients record or card
8) If MA is pending, you MUST request a temporary ID# from DFMC (call provider services at 866-571-3629 or FAX to 888-513-2002) A representative will call or FAX back a temporary ID#.
9) Complete the request, review it, and select NEXT STEP.
10) Under Additional Criteria heading (left side) select the 3871B Questionnaire and complete the form.
    - Complete all questions
    - Complete Recipient address info. and/or next of kin information
    - Print a copy of the Form for your records
11) Read information message at the top of each page. These are in RED. They will not necessarily prevent you from submitting your request.
12) If you do NOT get a request ID#, your request did not get submitted. Try Again.
13) ALL requests will have a pended status until completed by DFMC

WAIVER REQUESTS

1) Use OTHER for any Initial or Redetermination request related to a waiver program. Do NOT use for waiver CSR forms.
2) Treatment Setting should be LTC- followed by the name of the waiver program
3) ADMIT Date is the start date (or admission as a Medicaid recipient) you are requesting for Medicaid start date date for initial certification or recertification.
4) Length of Stay should be 90 Days if an initial request from AERS or 120 Days if an initial request from a hospital.
5) Length of Stay for Recertifications should be 365 days.
6) LOC Type should be Initial LOC **OR** Redetermination
7) You MUST enter a Diagnosis

8) You MUST enter a Procedure Code **(Use 99.9). You will get a message that this is an invalid code, SELECT IT ANYWAY.** Using this code will still allow you to submit your request. NOT entering a code will prevent you from submitting your request.
9) You MUST enter the MA # (or the temporary ID # assigned by DFMC) as it appears on the recipients record or card
10) If MA is pending, you MUST request a temporary ID# from DFMC (call provider services at 866-571-3629 or FAX to 888-513-2002) A representative will call or FAX back a temporary ID#.
11) Complete the request, review it, and select NEXT STEP.
12) Under Additional Criteria heading (left side) select the **3871B Questionnaire** and complete the form.
    - Complete all questions
    - Complete Recipient address info. and/or next of kin information
    - Print a copy of the Form for your records
13) Read information message at the top of each page. These are in RED. They will not necessarily prevent you from submitting your request.
14) If you do NOT get a request ID#, your request did not get submitted. Try Again.
15) ALL requests will have a pended status until completed by DFMC

TO SEE THE ACTUAL ASSIGNED LEVEL OF CARE:

1) Go to Member Search in iEXCHANGE

2) Select Treatment Update Search from the drop down box. This will take you to Treatment Search Summary

Here you can view the outcome of the review including LOC given and dates approved.