

IMPORTANT/URGENT

TO: MSI Contracted Hospitals

- Discharge Planners
- Billing Offices

FROM: Julie Puentes, Regional VP, HASC

RE: MSI Program Recuperative Care Notification and Claiming Protocols

As you may know, recuperative care is now included in the scope of benefits for MSI patients who are homeless. Hospitals may claim for these services and receive MSI Point credit at two Points per recuperative care day. This memorandum summarizes the notification and claiming protocols hospitals should follow to ensure that your facilities receive Point credit for MSI patients referred into recuperative care upon discharge. For further reference and as the basis for these protocols, please see Exhibit A, page 4 of 19 of your facility's MSI Agreement for 2011-12.

The protocols described below will not change the relationship between hospitals and the recuperative care program. Hospitals with signed Letters of Agreement will continue to refer patients into recuperative care using current referral protocols and will continue to be invoiced by the recuperative care program. With proper notification and subsequent claiming on the hospital's part, however, hospitals will now receive partial reimbursement for daily costs associated with the MSI patients you refer.

Notification

Notification of your facility's decision to refer an MSI patient into recuperative care should be provided to MSI's Utilization Management Department (UMD) within 24 hours of the patient's transfer. Please note that pre-authorization

(approval of the decision to refer) is not required; however, notification within this timeframe is required.

At the time of notification to UMD, hospitals should advise UMD of the patient's anticipated length of stay in recuperative care. A length of stay of up to 10 days is automatically approved. Lengths of stay for longer periods are authorized by UMD upon the hospital's request. If you are aware at the time of the initial notification to UMD that a longer length of stay will be necessary, you should advise UMD at the time of notification. Otherwise, advise UMD as soon as you become aware of the need and your hospital concurs with the extended stay request. Follow the same notification process and use the same UMD contact information as for other MSI patient notifications.

Claiming

An MSI patient's referral into recuperative care should become part of the patient's discharge plan. Hospitals should include recuperative care services on the electronic claim submitted to the fiscal intermediary (AMM). Use revenue code 999 for recuperative care services and include the dates of service and the authorization number provided by UMD. The MSI program staff is not requiring hospitals to submit the recuperative care program invoices with these claims.

Important: An authorization number from UMD is not required for recuperative care services provided during the months of July, August, or September. Include the authorization number commencing October 1. Additionally, while the MSI Agreement calls for claims to be submitted within 90 days of service, the claiming period for recuperative care services provided in July has been extended by one month – to October 31, 2011.

The inclusion of recuperative care services in the MSI program is a first, representing an important acknowledgement that recuperative care is an essential part of the continuum of care for some patients. Every effort has been

made to develop related protocols that are straightforward and “workable” for hospitals. Please let us know if you have any questions.

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cc: MSI Contracted Hospital CEOs
MSI Contracted Hospital Government Relations executives
MSI Program executives
AMM
NHF