Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Skilled Nursing Facility (SNF)

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary SNF services, in accordance with the member's benefits.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Tufts Health One Care
Tufts Health One Care follows Medicare coverage guidelines for Medicare-covered benefits and Medicaid coverage guidelines for Medicaid-only covered benefits.

Tufts Health RITogether
Tufts Health RITogether follows Medicaid coverage guidelines for MCO disenrollment and payment policies for Rhody Health Partners and Medicaid Expansion members admitted for a SNF stay. Placement in a SNF for more than 30 consecutive days will result in disenrollment from Tufts Health Plan at the end of the month and enrollment in fee-for-service (FFS).

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted to a SNF, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider website or by faxing a completed Inpatient Notification Form, along with supporting clinical documentation, to the Precertification Operations Department.

Note: No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

The facility must notify Tufts Health Plan following procedures outlined in the Referral, Prior Authorization, and Notification chapter of the Tufts Health Public Plans Provider Manual.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and InterQual® or 130 CMR 456.409 criteria. Tufts Health Plan performs ongoing review of the member's clinical information in order to determine the member's continued status and LOC. Any disagreements

with the member's LOC should be discussed directly with the Tufts Health Plan, following procedures outlined in the Tufts Health Public Plans Provider Manual, or with the Tufts Health Plan utilization management clinician (UCM) when applicable.

Note: Facilities that, in good faith, admit members who meet skilled criteria on a weekend or holiday will be able to obtain authorization following admission if they contact the UMC on the next business day following admission.

Each time there is a change in the member's LOC, a new inpatient notification number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient notification number. Refer to the SNF Level of Care Guidelines for clarification and descriptions of each LOC.

Services Excluded from the Per Diem

Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan provider will be the responsibility of the ordering facility.

Custodial Care

Tufts Health Direct
Tufts Health Plan does not provide coverage for custodial care. However, outpatient therapy services for members that reside in a SNF may be covered if the member meets medical necessity criteria.

The facility must notify Tufts Health Plan of all custodial admissions.

Tufts Health RITogether and Tufts Health One Care
Institutional/custodial admissions are covered for Tufts Health RITogether and Tufts Health One Care members and require prior authorization.

Levels of Care

Tufts Health Plan covers the following medically necessary levels of care based on InterQual® or 130 CMR 456.409 criteria.

- Sub-acute Level 1: Skilled nursing
- Sub-acute Level 2: Subacute care
- Sub-acute Level 3: Complex care

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Levels of Care

The following levels of payment (LOC) must be billed with the corresponding revenue codes for SNF services. The LOC billed must match the authorized LOC and length of stay.

Revenue Code	Level of Care/Service Description
0191	Level 1 - Subacute skilled nursing
0192	Level 2 - Subacute nursing and/or subacute rehabilitation
0193	Level 3 - Subacute nursing and/or subacute rehabilitation-ventilation program

Same-Day Transfers

Tufts Health One Care

Include condition code 40 on the claim if the member is transferred to another facility before midnight on the same day as the initial admission, in accordance with CMS requirements.

MassHealth Documentation Submission

Tufts Health One Care

Upon admission/discharge and during status change events, SNFs must complete and submit required documentation (including the Minimum Data Set [MDS] and Status Change Form [SC-1] to MassHealth and/or Tufts Health Plan, as requested and as often as required by MassHealth's schedule. Documentation requirements and submission channels are outlined in the SNF Documentation Submission Guide.

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered.

Custodial Care Patient Paid Amount (PPA)

Tufts Health One Care

The PPA is the portion of monthly income that a member in a nursing facility must contribute to the cost of care. When a Tufts Health One Care member transitions to a SNF, the PPA is reduced from the monthly capitation payment.

PPA, if applicable, should be reflected as a line item on the submitted claim and identified by value code FC (recurring monthly income) with corresponding amount in the following field. Use first Value Code field for PPA. Upon processing, the PPA will be deducted from the claim payment to the facility.

Preadmission Screening and Resident Review (PASRR)

Tufts Health Together

In accordance with federal regulation and the Massachusetts Executive Office of Health and Human Services (EOHHS), Tufts Health Plan does not compensate SNF services provided to Tufts Health Together members unless the SNF has completed the PASRR process. SNFs must follow the PASRR process to help ensure that individuals are not inappropriately placed in nursing homes for long-term care.

Tufts Health Plan may request copies of completed PASRR forms for members; if the SNF is unable to provide a completed form, Tufts Health Plan may retract and/or deny future payment until the PASRR process is completed.

SNF Add-on Payments

Tufts Health One Care

Providers are reimbursed for SNF add-on payments in accordance with 101 CMR 206.00. Refer to the Nursing Facility Rate Add-ons Billing Guidance for additional information.

Related Policies and Resources

- Inpatient Hospital Admissions Payment Policy
- Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Facility Payment Policy
- Physical, Occupational, and Speech Therapy Payment Policy

Document History

- April 2025: Clarified enrollment and disenrollment process for Tufts Health RITogether members admitted to a SNF for more than 30 consecutive days; added SNF add-on payment information for Tufts Health One Care members
- July 2024: Annual policy review; added Physical, Occupational, and Speech Therapy Payment Policy to Additional Resources; administrative edits
- June 2024: Clarified MassHealth documentation submission requirements for Tufts Health One Care members
- March 2024: Clarified documentation submission requirements for Tufts Health One Care; added link to SNF Documentation Submission Guide
- November 2023: Added SC-1 and MDS documentation submission requirements for Tufts Health Unify members, effective for DOS beginning January 1, 2024
- September 2023: Annual policy review; removed custodial care reference for Tufts Health Together members
- July 2022: Annual policy review; administrative updates
- March 2021: Added PASRR process language for Tufts Health Together members, effective for dates of service on or after January 1, 2020
- November 2020: Added condition code 40 billing requirement for Tufts Health Unify members being transferred to another facility, in accordance with CMS requirements
- April 2019: Policy created

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.