

Adult Day Health Payment Policy

Policy

This policy applies to NaviCare® and Fallon Health Weinberg (MLTC) products.

NaviCare

Fallon Health Weinberg

NaviCare

Effective April 1, 2020, in response to the State of Emergency in Massachusetts due to 2019 novel coronavirus (COVID 19), Adult Day Health agencies are permitted to submit claims for reimbursement equal to the per diem rate for each day an eligible member would have been scheduled to attend the provider's ADH program. Retainer payments will be provided for claims with dates with dates of service April 1, 2020 through July 31, 2020 in accordance with the following eligibility requirements:

- A. Providers are required to develop or amend individual care plans to meet the members' needs while they remain home. The care plans must identify the type and anticipated frequency of engagements being provided by ADH staff to the member during the COVID-19 public health emergency.
- B. A provider is eligible for retainer payments for a member during each month the provider engages with the member at least, but not limited to, once per week and where the provider retains sufficient staff to fulfill the requirements.
- C. Engagements with members should ensure the on-going health and safety of members in their homes and minimize risk of decompensation and emergency service utilization. Member engagements may include, but are not limited to:
 - a. Checking for COVID-19 symptoms and triaging, as needed;
 - b. Identifying and addressing any nutritional needs or deficiencies,
 - c. Appropriately monitoring, managing and refilling member medications.
 - d. Coordinating care and activities of daily living (ADL), as well as instrumental activities of daily living (IADL) for members without formal supports at home;
 - e. Providing members and their families with language and interpretation supports;
 - f. Conducting mental and emotional wellness checks and supports;
 - g. Employing interventions to promote member orientation of person, place and time;
 - h. Providing caregiver support, especially for informal caregivers supporting members with dementia.
- D. Providers must submit a copy of the monthly log outlining when and how the provider engaged with each member for whom the provider submitted claims for retainer payments during that month. ADH providers will be required to complete and submit the form to their Fallon Health Provider Relations Representative each month, no later than 15 days after the end of the month.

Adult Day Health (ADH) is a program in a non-residential facility that provides nursing care, supervision, and health-related support services in a structured setting to persons who have physical, cognitive, or behavioral health impairments. The ADH program provides meals, supervision, and assistance with medications, personal care, health care, and socialization through organized activities.

The program provides respite for the member's caregivers and support for the member's family which enables the member to continue to live in the community.

In order to effectively collaborate with the NaviCare Primary Care Team, the ADH Care assessment and the comprehensive care plan may be requested by the Nurse Case Manager representing the Primary Care Team.

The ADH Program must maintain administrative records as outlined in 105 CMR 158.031 and the daily attendance records may be requested by Fallon Health to verify claims submitted for payment. These records must be provided within seven (7) days of request by Fallon Health.

NaviCare members that qualify for Adult Day Health (ADH) Care following MassHealth Program Regulations (130 CMR 404.000) may attend licensed ADH Care Programs when criteria is met. The NaviCare Nurse Case Manager determines the level of ADH services based upon the member's ability to perform activities of daily living following MassHealth Program Regulations and Guidelines for Medical Necessity Determination for Adult Day Health. ADL assistance must be needed at least daily or on a regular basis at the ADHC.

All contracted ADH Care Programs must meet Massachusetts Department of Public Health Licensure of Adult Day Health Programs Regulations 105 CMR 158.000.

NaviCare members may attend Massachusetts Licensed ADH Care Programs when ADH Care Program is either:

- Contracted with Massachusetts Aging Service Access Point Agencies - the Aging Service Access Point Agency is responsible for paying the ADH Care Program when criteria is met following MassHealth Program Regulations (130 CMR 404.000) and Guidelines for Medical Necessity Determination for Adult Day Health and obtaining reimbursement from Fallon Health; or
- Contracted with Fallon Health NaviCare - prior authorization for the ADH payment levels (Basic or Complex) is determined by the NaviCare Primary Care Team when criteria is met following MassHealth Program Regulation Clinical Eligibility Criteria (130 CMR 404.000 – section 404.405) and Guidelines for Medical Necessity Determination for Adult Day Health.

Definitions:

Activities of Daily Living (ADL) – Fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to eating, toileting, dressing, bathing, transferring, and mobility/ambulation. .

Adult Day Health (ADH) - A community-based and non-residential service that provides nursing care, supervision, and health related support services in a structured group setting to NaviCare members who have physical, cognitive, or behavioral health impairments. The ADH service has a general goals of meeting the ADL, and/or skilled nursing therapeutic needs of NaviCare member delivered by a MassHealth agency-approved ADH provider that meets the conditions of 130 CMR 404.000.

Adult Day Health Program – A site-based program that is licensed by the Department of Public Health (DBP) under 105 CMR 158.00: Licensure of Adult Day Health Programs and that has been reviewed and approved by the MassHealth agency and by other appropriate authorities for the provision of ADH for a specific number of daily participants. If a provider offers ADH in more than one location, each location is a separate ADH program and must meet the provisions of 130 CMR 404.000.

Clinical Assessment — the screening process of documenting a member's need for ADH using a tool designated by the MassHealth agency and which assessment forms the basis for prior authorization of ADH.

Basic Payment Level – The payment rate established by Fallon Health for an ADH provider’s provision of ADH service to members who meet the criteria set forth in 130 CMR 404.414(D)(1)

Complex Payment Level – The payment rate established by Fallon Health for an ADH provider’s provision of ADH service to members who meet the criteria set forth in 130 CMR 404.414(D)(2).

Primary Care Team – a member’s interdisciplinary care team responsible for developing the member’s care plan. NaviCare employs RN Nurse Case Managers and Navigators as members of the Primary Care Team and the NaviCare RN determines the member’s eligibility for ADH

Reimbursement:

The following services are reimbursed:

- ADH that is provided by Plan-contracted providers and has been prior authorized.
- Transportation that is provided and coordinated by the ADH Center, if it is part of the member’s care plan and prior authorization has been obtained.

Prior authorization for both ADH and transportation services is required.

Referral and prior authorization requirements for services delivered via telehealth are the same as services delivered on an in-person basis; as such, telehealth services may require referral or prior authorization. NaviCare billing/coding guidelines:

Services must be submitted in the following manner at the approved level of care ‘Basic’ OR ‘Complex’ utilizing modifiers as required for the approved level of care: Per diem codes should be utilized for anything over 6 hours, for anything under 6 hours the 15 minute codes should be utilized

Code	Modifier	Description
S5100		Basic level of care, per 15 minutes
S5100	TG	Complex level of care, per 15 minutes
S5102		Basic level of care, per diem
S5102	TG	Complex level of care, per diem
T2003		Non-emergency transportation; encounter/trip

ADH services require place of service (POS) 49.

Transportation services require POS 41.

ADH and Transportation services must be submitted separately.

COVID-19 Retainer Payment billing/coding guidelines:

Providers should bill using the per diem rate for ADH services when billing for retainer payments. Services must be billed with the appropriate modifier(s) in order to designate them as retainer payments. Claims not submitted with the appropriate modifier combination will be denied. Additionally, the plan will not make retainer payments for ADH claims for transportation services.

Code	Modifier	Description
S5102	U6	Basic level of care (per diem)
S5102	TG U6	Complex level of care (per diem)

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There are two types of Adult Day Health (ADH): Social Adult Day Care and Medical Adult Day Care.

Eligible Plan members that are participants in Adult Day Health medical models must be Nursing Home Certifiable (NHC). They must require physical assistance for at least two activities of daily living (ADLs) and many have some form of Dementia.

Definitions:

Medical Model Adult Day Health is a program in a non-residential facility that provides services for elderly and/or handicapped participants. The Medical model program provides meals, supervision, and assistance with medications, personal care, health care, and socialization through organized activities. This program provides respite for the participant’s caregivers.

Social Model Day programs offer daily supervision of the elderly. These programs may include reality orientation, peer socialization, assistance with feeding and/or toileting, recreational activities (crafts, music, etc.), a hot nutritious meal, and family support. Adult Day Programs provide services from five to eight hours per day.

The Care Team is a foundation of support for the Plan member. It includes the Plan member as the primary member of the team, with the member’s PCP and their Care team as core supports to maintain the member’s wellbeing.

Reimbursement:

The following services are reimbursed:

- ADH that is provided by Plan-contracted providers and has been prior authorized.
- Transportation that is provided and coordinated by the ADH Center, if it is part of the member’s care plan and prior authorization has been obtained.

Prior authorization for both ADH and transportation services is required.

Fallon Health Weinberg billing/coding guidelines:

Services must be submitted in the following manner, or per contract terms:

Code	Modifier	Description
S5102		Basic level of care, per diem
S5102	TG	Complex level of care, per diem
S5102	UI	Health Promotion and Prevention, per diem

Place of service (POS)

This policy applies to services rendered in ADH (POS 49) and Transportation (POS 41) settings.

Policy history

Origination date: 04/01/2015

Previous revision date(s): 07/01/2015 – Introduced policy.
05/01/2016 - Annual review.

Connection date & details: July 2017 - Updated NaviCare and FHW requirements.
October 2018 – Updated NaviCare reimbursement section.
April 2020 – Updated Policy, Prior Authorizatoin and Billing and Coding sections related to COVID-19 temporary telehealth coverage.
May 2020 – Update Policy and Biling and Coding sections related to COVID-19 temporary retainer payments.
July 2020 – Updated termination date of COVID-19 retainer payments

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to

apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.