Aging Service Access Points (ASAP) Payment Policy

Policy

Aging Service Access Points (ASAP) services are reimbursed when approved by the Care Team.

Definitions

ASAPs manage the state Homecare program, established by the Executive Office of Elder Affairs (EOEA).

ASAPs provide a variety of coordinated home-care & community services to qualified seniors, individuals with disabilities, their families, and caregivers.

- Some examples of services include: Home delivered meals, adult foster care, personal care, respite, Home-care, adult day health, laundry.

There are ASAPs serving cities and towns in designated areas of the state, helping individuals to continue to live independently in the community.

Purchased services are coordinated services the client receives, provided by the ASAP and their contracted vendors. These services are billed with their associated codes.

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 Navicare® team as core supports to maintain the member's wellbeing.

Reimbursement

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

A. ADH 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. ASAPs must submit a copy of the monthly log outlining when and how the ADH provider engaged with each member for whom the provider submitted claims for retainer payments during that month. ASAP providers will be required to complete and submit the form to their Fallon Health Provider Relations representative each month and no later than 15 days after the end of the month.

The Plan reimburses contracted ASAP agencies for coordination and delivery of services provided by the ASAP agency and/or by the vendors that serve these agencies, per contract terms. Standard claim submission is 120 but we will allow up to 240 days due to special nature of the services provided, we reserve the right to return to company standards if necessary.

The Plan will only reimburse for Adult Day Health transportation billed by the ASAP. All other non-emergent transportation must be coordinated through the designated transportation vendor by calling 1-833-824-9440 or by contacting the Care Team for more information.

Referral/notification/prior authorization requirements

The Navicare model of care is based on member care coordination; therefore, the ASAP provider is required to contact the member's Care Team/designated navigator prior to coordinating and/or rendering services or adding services to the care plan.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

Billing/coding guidelines

ASAP providers will utilize the following processes to submit per member per month (PMPM), Care Management, and Purchased Services claim information. Claims will be submitted on a monthly basis.

PMPM and/or Care Management as indicated per contract are invoiced billed:

- Send a **secure** email to designated recipient and include the following information in Excel format:
    - Member name.
    - 13-digit Plan member ID number.
    - Date of Birth
    - Date span.
    - Total cost.
    - ASAP national provider identifier (NPI) number.

Note: There are no codes associated with PMPM/Care Management invoice billing.

Purchased services and/or Assessments (as applicable per contract) should be submitted as follows:

- Submit claims electronically via 837 file.
- The billing codes are Executive Office of Elder Affairs (EOEA) approved and coded into the State's database system.
- Bill the appropriate codes and modifiers (if applicable) as defined by associated service descriptions and frequency of service type. See the below table.

Code	Modifier	MA Service Name	Service Type
90791		Diagnostic Evaluation (50-90 Mins 1xOnly)	Session
90791	U1	Diagnostic Services	Hour
90832		Individual Therapy	30 Minute Session
90834		Individual Therapy (45 Minutes)	45 Minutes
90847		Couple/Family Therapy (60-90 Minutes)	Session
90853		Group Therapy (60-90 Minutes)	Session
97802		Nutrition Counseling- Initial Assessment	
97803		Nutrition Counseling- Reassessment	
99339		Level 1 Visit (SCO)	Visit
99340		Home Visit Fee Only (SCO)	Visit
99429		Completion of MH Application for Redeterm. (SCO)	Session
99456		Evaluation (PCA)	Evaluation
99456	TS	Re-Evaluation (PCA)	Evaluation
99600		Wanderer/Locator (one-time registration)	Registration
A0100*		Non-emergency transportation; taxi	Trip
A0130*		Non-emergency transportation: wheelchair van	Trip
A0425*		Transportation – per mile	Mile
A9279		Medication Dispensing System (monthly)	Month
A9901		Home Delivery of Pre-Packaged Medication	Service
G0156		Home Health Aide	Per 15 Minutes
G0299		Skilled Nursing - RN	HHS/Hospice of RN EA 15 Min
G0300		Skilled Nursing – LPB	15 Minutes
H0038		Peer Support	
H0043		GAFC (Per Diem)	Per Diem
H2021		Orientation & Mobility	
S0215		Non-emergency transportation; mileage, per mile	Mile
S5100		Adult Day Health - Basic - 15 Minutes	15 Minutes
S5100	TG	Adult Day Health - Complex - 15 Minutes	15 Minutes
S5100	U1	Adult Day Health - Health Promotion - 15 Minutes	15 Minutes
S5101		Supportive Day Program	Per ½ Day
S5102		Adult Day Health - Basic	Day
S5102	TG	Adult Day Health - Complex	Day
S5102	U1	Adult Day Health - Health Promotion & Prevention	Day
S5111		Alzheimer's/Dementia Coaching	Per Session
S5120		Chore	Per 15 Minutes
S5121		Grocery Shopping & Delivery	Per Diem
S5125		Supportive Home Care Aide	Per 15 Minutes
S5130		Homemaker	Per 15 Minutes
S5135		Companion	Per 15 Minutes

S5140		Adult Foster Care - Level I	Day
S5140	TF	Adult Foster Care - Level I Alternative Placement	Day
S5140	U6	Adult Foster Care - Level I MLOA	Day
S5140	U7	Adult Foster Care - Level I NMLOA	Day
S5140	TG	Adult Foster Care - Level II	Day
S5140	U5	Adult Foster Care - Level II Alternative Placement	Day
S5140	TGU6	Adult Foster Care - Level II MLOA	Day
S5140	TGU7	Adult Foster Care - Level II NMLOA	Day
S5160		PERS - Cellular with Fall Detection (Install)	Occurrence
S5161		PERS - Cellular with Fall Detection (Monthly)	Month
S5165		Environmental Accessibility Adaptation	Per Service
S5170		Home Delivered Meals*	Per Meal
S5175		Laundry	Service
S9129		Occupational Therapy	Per Diem
T1013		Translation/Interpreting	Visit
T1019	U1	Consumer Directed Services	15 Minutes
T1019		Personal Care (ASAP-provided)	Per 15 minutes
T1020		Administrative Task Fee	Month
T1023	U1	Intake and Orientation (Consumer Directed Svcs)	Month
T1023		Intake and Orientation (PCA)	Month
T1023	U2	Re-evaluation	Evaluation
T1028		Intake and Assessment (AFC)	Screening
T1502		Skilled Nursing - Med Admin	Visit
T2003*		Transportation – 1 way trip	Trip
T2005*		Nonemergency Transportation; Stretcher Van	Trip
T2022		Skills Training	Month
T2022	U1	Skills Training (Consumer Directed Svcs)	Month
H0045		Respite	Service
T2025		Education Services (Multiple)	
T2028		Home Based Wandering Response System (install)	Service
T2038		Transitional Assistance	Service
T5999		Medication Dispensing System (install)	Service

COVID-19 Retainer Payment billing/coding guidelines:

ASAPs 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)

Place of service (POS)

This policy applies to services rendered in ASAP settings (POS 12) and Transportation settings (POS 41).

Policy history

Origination date:	04/01/2015
Previous revision date(s):	07/01/2015 – Introduced policy. 11/01/2015 – Updated Appendix A to reflect ICD-10 code change. 05/01/2016 - Annual review. 05/01/2017 - Annual review.
Connection date & details:	May 2017 – Updated prior authorization section. July 2018 – Updated reimbursement section, added coding to purchased services. October 2019 – Updated reimbursement section and coding table. 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.