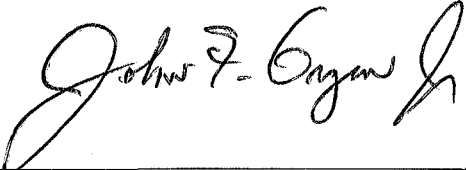


SAN FRANCISCO HEALTH PLAN

CL-16: Administrative Days Reimbursement

APPROVAL/REVIEW/REVISION HISTORY

Signature	Title	Date	Action
	CEO	1/7/20	Biennial

SFHP POLICY AND PROCEDURE

Administrative Days Reimbursement

Policy and Procedure Number:	CL-16
Department Owner:	Claims
Lines of Business and Coverage Programs Affected:	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) will adhere to the Department of Healthcare Services (DCHS) guidelines to authorize and subsequently reimburse Providers for Administrative Days, Level I, and Level II services as defined under the Procedure section below as “Appeals”.

PROCEDURE

I. Administrative Days

- A. Administrative Days are a SFHP covered benefit.
- B. Claims will be reimbursed for Authorized services only.
- C. The types of administrative days to be reimbursed are:
 - 1. Administrative Days Level 1: A lower administrative days level of service rendered to a patient in an acute care hospital awaiting placement in a Nursing Facility Level A (NF-A) or Nursing Facility Level B (NF-B). Level 1 is billed with Revenue Code 169 (room and board, other) rendered to a patient in an acute care hospital awaiting
 - 2. Administrative Days Level 2: For services rendered to patients awaiting placement in a sub-acute Nursing Facility. Per DHCS guidelines, Level 2 Administrative days are reimbursed at a higher rate than Level 1. Level 1 placement in a sub-acute Nursing Facility. Per DHCS guidelines, Level 2 administrative days are reimbursed at a higher rate than Level 1 days. Level 2 care for children is billed with revenue code 190 (room and board, subacute pediatric). Level 2 care for adults is billed with revenue code 199 (room and board, subacute, adult). All administrative day

levels are allowed to private hospitals. Publicly funded hospitals are not allowed Level 2 administrative day reimbursement. Publicly funded hospitals include UCSF and ZSFG; Private hospitals include CPMC Hospitals.

The rate for reimbursement for Private reimbursement is provided by the State on a Hospital-to-Hospital case basis, as outlined in the APR-DRG Medi-Cal State calculator tool. This tool and these rates are updated annually.

- D. Administrative Day services claims will be paid under the same DHCS mandate of within 45-business days from the receipt of the Claim.
- E. If an administrative day is not deemed medically necessary, the day will be denied and will not be reimbursed.
- F. Revenue codes 169, 190, and 199 must be used when billing for accommodation charges for administrative days, claims containing a mixture of administrative days and acute days will be denied.
- G. The Claims department's Claims Operations Manual (COM) will outline the claim requirements for Administrative Days outlined in the APR-DRG Medi-Cal State calculator tool. This tool and these rates are updated annually.
- H. Administrative Day services claims will be paid under the same DHCS mandate of within 45-business days from the receipt of the Claim.
- I. If an administrative day is not deemed medically necessary, the day will be denied and will not be reimbursed.
- J. Revenue codes 169, 190, and 199 must be used when billing for accommodation charges for administrative days, claims containing a mixture of administrative days and acute days will be denied.
- K. The Claims department's Claims Operations Manual (COM) will outline the claim requirements for Administrative Days.

MONITORING

SFHP maintains a claims quality assurance program consistent with SFHP Policy and Procedure PPI-01. 1. Any errors found will be documented and correct payments, including additional interest, shall be sent to impacted providers within 5 working days. 2. Results of quarterly review shall be sent to the Compliance Officer. SFHP provides oversight of its delegated claim adjudication responsibilities consistent with SFHP P&P DO-05.

DEFINITIONS

Administrative Day: Administrative days are inpatient stay days for patients who no longer require acute hospital care and are awaiting placement in a nursing home or other Subacute or post-acute care.

Business Day: Every official working day of the week. The days between and including Monday to Friday, and do not include federal holidays (as defined by the U.S. Office of Personnel Management) or weekends.

Federal/State (Medi-Cal) Criteria: Include CMS and DHCS Provider Manuals as well as medical necessity criteria contained in the California Code of Regulations.

Medical Necessity: The Medi-Cal definition of Medical Necessity is reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.

Claims Operations Manual (COM): A reference tool designed to guide SFHP providers and medical groups in implementing the benefit programs offered by the SFHP. The COM is maintained and distributed by SFHP's Operations, Claims department.

Post-service: A service or procedure that has already been rendered.

Receipt Date: The date the claim was received during SFHP's business hours.

AFFECTED DEPARTMENTS/PARTIES

Finance
Health Services – Clinical Operations
Operations – Claims
Operations – Customer Service
Operations – Member Eligibility
Operations – Performance & Process Improvement
Operations – Provider Network Operations
Process Performance Improvement

RELATED POLICIES & PROCEDURES, DESKTOP PROCESS and PROCESS MAPS

1. CL-07: Provider Dispute Resolution
2. CO-01: Utilization Management Notice of Action Letters
3. CO-02: Case Management of Members Admitted for Long Term Care
4. CO-12: Emergency Medical and Psychiatric Services
5. CO-20: California Children's Services (CCS)
6. CO-22: Authorization Requests
7. CO-32: Hospice Care
8. CO-48: Repatriation
9. CO-49: Provider Appeals
10. CO-53: Neonatal Intensive Care Unit (NICU) Admissions
11. CT-01: Letter of Agreement
12. MEM-01: Other Health Coverage/Coordination of Benefits

- 13. PR-12: Oversight of Delegated Functions to Medical Groups
- 14. QI-06: Member Grievances and Appeals
- 15. QI-07: Independent Medical Review (IMR)
- 16. Tutorial for Potential Quality Issues (POI) Processing

17. REVISION HISTORY

Effective Date: April 8, 2015

Revision Date(s): April 8, 2015; May 18, 2017; December 12, 2019

REFERENCES

- 1. MMCD APL 13-004
- 2. Medi-Cal Provider Manual: [Administrative Days](#)