Standard Ohio Medicaid Nursing Facility Process

Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

1) Provider verifies member's eligibility:

   a) If the member has other primary coverage:

      (1) Yes — prior authorization should be submitted with the member's primary first

         (i) EXCEPTION: Anthem Medicaid acts as primary if this is a service that should bypass COB requirements per Ohio Medicaid guidelines

   b) No — continue with Anthem prior authorization request

2) Provider requests prior authorization to the nursing facility (NF):

   a) Submit required documentation:

      i) Completed non-adverse PASRR:

         (1) Hospital Exemption/07000 form is acceptable if the member has not been inpatient psych or is not likely to require the level of services provided by an NF for more than 30 days following acute patient care at the hospital

   b) Completed Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form for a level of care request:

      i) The Hospital Exemption/07000 form is acceptable for the level of care request, and the level of care will be deemed met for NF services for the first 30 days after admission to the NF.

   c) Clinical Documentation:

      i) Current information that supports NF level of care, such as diagnoses, medications, therapy notes, wound descriptions, IV medication, discharge planning notes, barriers to reach goals, and any other pertinent information.

   d) If no prior authorization was completed prior to NF admission and the member is still in the NF—Utilization Management (UM) representative will administratively deny for late notification.

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i) NF reviews that are requested more than 48 hours past the date of service will be administratively denied for late notification from the date of admission to the day before notifying Anthem.

(1) Providers can submit the denied dates of service with an explanation of the extenuating circumstances to Grievance and Appeal or submit their supporting clinical documentation with their claim submission.

e) Retrospective request:

i) STOP—Do not request prior authorization if the member has been discharged from the NF

(1) If the member has been discharged, please submit your supporting clinical documentation with your claim submission.

ii) If the health plan does receive an NF request and member has already discharged—UM representative will administratively deny for no prior authorization and the provider should then proceed with step (1) of retrospective request above (file your claim accordingly).

f) Hospice NF request:

i) STOP—unless the hospice provider is out of network, no prior authorization is needed.

(1) Out-of-network hospice providers should submit a hospice room and board prior authorization request, and not an NF request

3) Clinical review of documentation received to Anthem for initial review:

a) Non-adverse PASRR, completed Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form, and Clinical Documentation received:

i) Not received—UM representative will make one outreach for State-required documents before performing an administrative denial for insufficient information received

(1) Exception: If the member is to admit to NF with a hospital exemption/07000 form, the PASRR and completed Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form are not required (will only need to submit clinical documentation)

b) Received—continue with medical necessity review:

i) Meets criteria:

(1) Yes—can admit to NF

(2) No—UM representative sends case to MD for review:

(a) MD approves—can admit to NF

(b) MD denies—provider/member can request:

(i) Reconsideration within 30 days after the date of denial

(ii) Peer to peer within 7 days after the date of denial

(iii) Appeal within 60 days after the date of denial

4) Next review day/continued stay review (member currently in the NF):

a) Anthem needs a completed Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form, non-adverse PASRR, and supporting clinical documentation for concurrent review

i) Not received—UM representative will make one outreach for State-required documents before performing an administrative denial for insufficient information received.

(1) Exception: If the member qualifies for a hospital exemption form/07000, it will exempt the requirement for the Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form and PASRR for 30 days after NF admission. The Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form and non-adverse PASRR will be required after the 30th day of the NF admission for each continued stay review

ii) Received—UM representative will continue with medical necessity review:

(1) Meets criteria:

(a) Yes—Approved, continue NF stay

(b) No—UM representative sends the case to MD for review:

(i) If MD approves—can continue NF stay

(ii) If MD denies—will issue a 15-day notice of action prior to issuing an adverse determination and provider/member can request:

1. Reconsideration within 30 days after the date of denial

2. Peer to peer within 7 days after the date of denial

3. Appeal within 60 days after the date of denial

5) If Long Term Care (LTC) becomes the member's discharge plan and continues to meet criteria:

    a) UM representative assists the facility in transitioning the member to traditional Medicaid (FFS) starting as early as day 60 of the NF stay, Anthem will cover 90 days of an NF stay)

    b) If the member has been in the NF for over 90 days and the discharge plan is not LTC, UM representatives will continue to follow the member

6) Bed hold notification:

    a) Provider submits a notification, with a requested start date, for bed hold days

        i) Readmission within 30 bed hold days:

        ii) Provider submits notice of readmission and updated required documents that are under section #4 "Next review day/continued stay review (member currently in the NF)" above

        iii) UM representative will adjust the bed hold days to the correct number of days used and will continue review with the level of care used prior to the bed hold days

        iv) NOTE—The member needs to be at the same level of care that they were prior to transferring to the hospital for NF readmission:

    b) A new authorization would be needed if the member's level of care changed, along with a new nonadverse PASRR and completed Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form

        i) No readmission after 30 bed hold days:

        ii) This would be considered a discharge, and the case would be closed

        iii) A new prior authorization would need to be completed after using 30 bed hold days

If you have any questions, please reach out to our Provider Relationship Account Management team at OHMedicaidENCPESupport@anthem.com.

Resources:

- Ohio Department of Medicaid. (2021, April 2). Rule 5160314: Process and timeframes for a level of care determination for nursing facility based level of care programs. Ohio Laws and Rules. https://codes.ohio.gov/ohio-administrative-code/rule-5160-3-14

- Ohio Department of Medicaid. (2017, August 17). Rule 5160-3-16.4: Nursing facilities (NFs): covered days and bed-hold days. Ohio Laws and Rules. https://codes.ohio.gov/ohio-administrative-code/rule-5160-3-16.4

- Ohio Department of Medicaid. (2021, April 2). Rule 5160-3-15.1: Preadmission screening requirements for individuals seeking admission to nursing facilities. Ohio Laws and Rules. https://codes.ohio.gov/ohio-administrative-code/rule-5160-3-15.1

- Ohio Department of Medicaid. (2023, January 1). Rule 5160-26-08.4: Managed care: appeal and grievance system. Ohio Laws and Rules. https://codes.ohio.gov/ohio-administrative-code/rule-5160-26-08.4

- Anthem Blue Cross and Blue Shield. (2025, April). Ohio Medicaid Managed Care Provider Manual. Anthem Ohio Medicaid. https://providers.Anthem.com/docs/gpp/OH_CAID_ProviderManual.pdf?v=202210032112

- The Ohio Department of Medicaid. (n.d.). Ohio Medicaid provider agreement for managed care organizations. Ohio Medicaid. https://medicaid.ohio.gov/wps/portal/gov/odm/home

- Ohio Department of Medicaid. (n.d.). Ohio Medicaid Managed Care/MyCare Ohio. Ohio Medicaid. https://managedcare.medicaid.ohio.gov