



December 16, 2020

Web Announcement 2374

COVID-19 Related Hospital Transfers

The Division of Health Care Financing and Policy (DHCFP) has been continuously monitoring the impact of COVID-19 on Nevada's hospitals. Based on the upward trajectory of COVID-19 cases and Nevada hospitals' high occupancy levels, the 75% capacity level requirement related to the consideration of Letter of Agreements (LOAs) is being suspended. LOAs will be evaluated as requested by Inpatient Rehabilitation, Long Term Acute Care (LTAC) Specialty Hospitals and Critical Access Hospitals (CAHs). LOA requests related to accepting a transferring patient from an acute care hospital to free up acute care beds will be evaluated on a case-by-case basis.

In order to request the LOA, follow the steps below:

- Non-COVID-19 positive transfers and services will still need to be prior authorized (PA), when required normally under policy. The PA will still be submitted under the provider type (PT) 56 - Inpatient Rehabilitation / LTAC or the PT 75 - CAH.
 - LOAs are payment agreements only, so the LOA does not override any other policy requirements (PA, enrollment, etc.)
 - The Medicaid Services Manual (MSM), Chapter 200, Section 203.1 (B)(7) Inpatient Admission Requiring Authorization Within Five Business Days, Section 203.1 (B)(9) Concurrent Review, Section 203.2 (P) In-State or Out-of-State Hospital Transfers are common policies related to prior and/or concurrent authorizations; however, they are not all-inclusive. Reference the MSM, Chapter 200 – Hospital Services for the applicable policy related to authorizations for transfers and/or concurrent authorization requirements.
- COVID-19 positive prior authorizations are waived under Nevada's approved 1135 Waiver for COVID-19 treatment.
- Please send the recipient's information (name, Medicaid ID, date of birth and PA number) to rates@dhcfp.nv.gov requesting an LOA. Sheila Heflin-Conour @ shconour@dhcfp.nv.gov, Kimberly Adams @ k.adams@dhcfp.nv.gov and Sean Linehan @ selinehan@dhcfp.nv.gov can be included in the CC of the email.
 - The effective date of the LOA is the date of the request. If a recipient is being admitted on a holiday or weekend, please still send in the request so it can be backdated to the date the request was received.
 - LOAs can only be issued for Fee-for-Service recipients. DHCFP is not authorized to issue LOAs for Managed Care patients. Facilities will need to contact their contracted MCO for Managed Care patients.
 - Requests for renewal of the LOAs must be submitted prior to the expiration date listed on Page 1 of the LOA.
- The DHCFP Rates Unit will draft the LOA and send it to the provider for signature first; it is then returned to DHCFP for countersignature. Once signed by the DHCFP, the LOA is considered complete. A final copy will be emailed to the provider. Generally, LOAs can be completed within a few business days (depending on how quickly signatures can be secured).
- When billing these claims, the LOA must be attached to the claim in an EXCP batch as described below in order for the claim to pay per the terms of the LOA. Failing to attach the LOA could result in an over or underpayment. These instructions are also included on all LOAs:
 - "This Letter of Agreement must be submitted as an attachment to the billing claim to the Nevada Medicaid Fiscal Agent, Gainwell Technologies. Please submit the claim and a copy of the approved LOA via the Provider Web Portal. In the Attachment Description field, the provider MUST enter EXCP as the first four characters. This must be in caps and must be the first thing entered in the Attachment Description field. Additional information can be entered after the EXCP as well. Additional billing instructions can be found in Chapter 3 of the EVS User Manual for MMIS Modernization, which is located online at <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>."