



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

***Trading Partner Account (TPA)***

***Long Term Care User Guide***

***for***

***State of Idaho MMIS***



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## 1. Introduction

Medicaid pays for services in two types of long-term care facilities.

- Nursing Facilities (NF)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The Division of Welfare and the Division of Medicaid share responsibilities for determining an individual's eligibility for Medicaid in these facilities. This includes a financial eligibility determination and a level of care determination. The criteria for determining financial eligibility are the same regardless of the type of long-term care facility. The level of care determination differs depending on the type of facility.

For an NF, a completed Preadmission Screening and Resident Review (PASRR) is necessary to determine level of care. For individuals in an ICF/IID facility, the following documentation must be provided by the ICF/IID facility in order to receive final approval for a member's admission. This documentation is reviewed by the Bureau of Developmental Disability Services (BDDS) to determine Level of Care (LOC) needs in an ICF facility.

- Physician's Medicaid Care Evaluation (form HW0603) or an evaluation that includes diagnosis, medical finding/history, mental and physical functional capacity, prognosis and mobility status, and a statement by the physician certifying ICF LOC need.
- Initial Plan of Care by a Physician
- Social Evaluation
- Psychological Evaluation
- Initial Plan of Care by ICF/IID
- Functional Assessment

Long Term Care (LTC) member eligibility is approved in the eligibility system and can be identified in Medicaid by Aid Code 17.

LTC case submission will only be accepted with valid LTC documentation that is submitted from your TPA account.

### 1.1. Policy

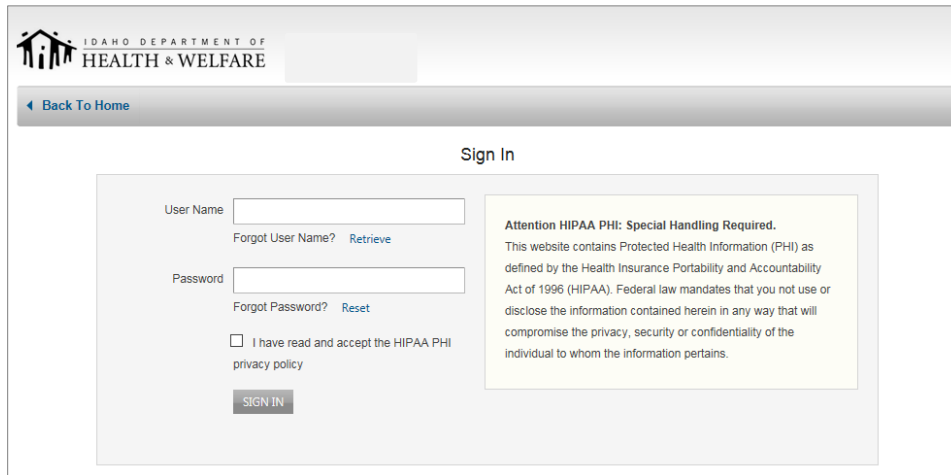
Specific policy information surrounding the Admission and Discharge process can be found in the [LTC Provider Guidelines](#) in the Provider Handbook.

### 1.2. Claims

Information concerning claims that are pended or denied for the Admission and Discharge process can be found in the [LTC Provider Guidelines](#) in the Provider Handbook.

### 1.3. Portal Entry Process

To begin the LTC admission and discharge process, go to the Idaho Gainwell Technologies Medicaid website at [www.idmedicaid.com](http://www.idmedicaid.com) and sign in (Figure 1-1) to your Trading Partner Account (TPA).

**Figure 1-1: Sign In**


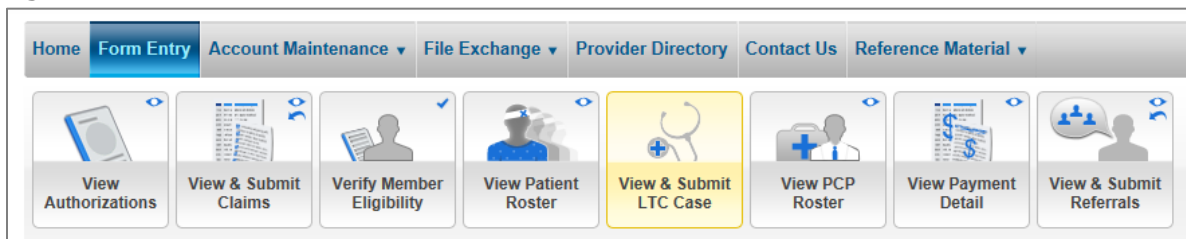
## 2. LTC Case Submission

Before creating a new LTC case, it is important to check the State's eligibility system to ensure that an Application for Assistance has been submitted. If LTC case information is entered in the Gainwell Technologies Portal without an application filed with the Departments Eligibility system, the LTC case information cannot be finalized. The application can be pending or approved, but an application must be on file in order to finalize the LTC case information.

Providers should continue to use the Idaho Gainwell Technologies Medicaid website for checking eligibility and validating Share of Cost.

Use the following steps for participant admissions, re-admissions and discharges.

- 1) Select the **View & Submit LTC Case** tile under the **Form Entry** tab (Figure 2-1). The *LTC Case Status* page will display.

**Figure 2-1: View & Submit LTC Case**

- 2) Choose your LTC billing provider from the drop-down and select **LTC Case Submission** (Figure 2-2). This information will be auto-populated if there is only one billing provider associated to the TPA. Choosing an invalid LTC billing provider will not allow you to move forward with the LTC case submission (Figure 2-3).

Figure 2-2: LTC Case Submission

Figure 2-3: LTC Case Submission Error

### 2.1.1. Member Lookup

This screen (Figure 2-4) requires entry of search criteria in at least two rows, one of which *must* be the Member ID **or** Social Security Number. **If the Member ID has not been verified, then the SSN must be used.** If there are not at least two criteria entered, the system will display a message asking for two values. If searching by member name, enter the full last name and at least three characters of the first name.

- 1) Enter at least two search criteria.
- 2) Select **Submit**.

Figure 2-4: Add LTC Detail – Find Member

If the member is found (Figure 2-5), select the member from the results and verify the information is correct before selecting **Continue** to proceed to the LTC Detail section (see 2.1.2 LTC Detail) or select **CANCEL** to exit the transaction.

Figure 2-5: Member Found

If the member is not found (Figure 2-6), follow the instructions in 2.1.1.1 Member Not Found to enter a LTC case. If you believe that the member should be found, select **Cancel**

to review the member information that was entered and re-search. Otherwise, select **Continue** to add the member not found.

**Figure 2-6: Member Not Found**

### 2.1.1.1. Member Not Found

When a member is not found, the provider must input the following information in the *Enter Member Demographic Information* screen (Figure 2-7). **Note:** ALL of these fields are required in order to continue with the case submission.

- Social Security Number
- Name (Last and First)
- Date of Birth

**Verify that the member information has been entered correctly before going further.**

After entering the member's information select **continue** to be directed to the *LTC Case Submission* screen, where you can enter the details of the member's admission (Figure 2-9). Select **Reset** to exit the transaction without saving.

**Figure 2-7: Add Member**

Note that the **Member ID** field in the LTC case detail is BLANK for members not found (Figure 2-8). You **must** return to the LTC case and update this number once eligibility for the member has been approved; failure to do so will prevent you from being able to discharge the member. For more information, see [3.2 Updating Member ID for Member Not Found](#) below.

Figure 2-8: LTC Case Submission – Member Not Found

**You Are Here:** LTC Case Submission

Enter information in the fields provided below and click the **Submit** button.

**\* Required Field**

**Member Information**

Member Name: DOE, JANE                      SSN: 123-45-6789  
 Date of Birth: 4/1/1965  
 Member ID: Member ID will be blank

**Provider Information**

Billing Provider: ACME HEALTH                      Provider ID: 1234567890  
 Service Location\*: Select Service Location  
 Address: 1111 PROVIDER WAY  
 BOISE, ID 83706

### 2.1.2. LTC Detail

LTC Case Submission screen will create the LTC case for both members found and not found (Figure 2-9).

Figure 2-9: LTC Case Submission Screen

**You Are Here:** LTC Case Submission

Enter information in the fields provided below and click the **Submit** button.

**\* Required Field**

**Member Information**

Member Name: DOE, JANE                      SSN: 123-45-6789  
 Date of Birth: 4/1/1965  
 Member ID: Member ID will populate here if the member was found

**Provider Information**

Billing Provider: ACME HEALTH                      Provider ID: 1234567890  
 Service Location\*: Select Service Location  
 Address: 1111 PROVIDER WAY  
 BOISE, ID 83706

**Admission Detail**

Readmission

Admission Date \* :                        Time \* :

Hospital                       Home                       Residential Assisted Living Facility (RALF)/Certified Family

Enter From:  Psychiatric Hospitals     Swing Beds Facility

Nursing Home / ICF                       Other

**Discharge Detail**

Discharge Date:                        Time:

Hospital                       Home                       Residential Assisted Living Facility (RALF)/Certified Family

Discharge To:  Psychiatric Hospitals     Swing Beds Facility

Nursing Home / ICF     Deceased                       Other

Discharge Address:

**Contact Information**

Create Date: 6/30/2017

Form Completed by:

Phone Number:                       Extension:

Email:

Notes:



### 2.1.2.1. Member Information

The initial search was populated with specific participant information. Verify the member information is correct. If it is not, select **Cancel** to exit transaction without saving.

**Note:** If the member was not found in your search, the Member ID field will be blank.

### 2.1.2.2. Provider Information

Provider information is auto-populated according to the information associated with the specific TPA. Verify the information is correct. If there is only one service location, it will auto-populate; otherwise, select the service location.

### 2.1.2.3. Preadmission for ICF/IID Providers ONLY

Prior to entering your case information, you should obtain preadmission approval from BDDS. To do this, scroll to the bottom of the LTC Case Submission screen, fill out the **Contact Information**, and select **Submit** without entering any admission information. (Contact information is needed so BDDS can contact you regarding the status of your preadmission.) You will be assigned a case ID and a request for preadmission approval will be sent to DHW. You will be notified by BDDS when you have been approved to enter a case for this member.

Once you have received approval, follow the LTC edit process outlined in *3.1 Editing an LTC Case*.

### 2.1.2.4. Admission Detail

If the LTC case is for admission (Figure 2-10):

- 1) Enter the **Admission Date** (required).
- 2) Enter the **Time** (required).
- 3) In the **Enter From** area, select the radio button that applies.

**Figure 2-10: Admission Details**

The screenshot shows the 'Admission Detail' form. At the top, there is a tab labeled 'Admission Detail'. Below the tab, there is a checkbox for 'Readmission'. The 'Admission Date' field is marked with an asterisk and includes a calendar icon. The 'Time' field is also marked with an asterisk and includes a clock icon. Below these fields, there are three radio buttons for 'Hospital', 'Home', and 'Residential Assisted Living Facility (RALF)/Certified Family'. Under the 'Enter From:' label, there are four radio buttons: 'Psychiatric Hospitals', 'Swing Beds Facility', 'Nursing Home / ICF', and 'Other' with an adjacent text input field.

### 2.1.2.5. Discharge Detail

If the LTC case is for discharge (Figure 2-11):

**Note:** The valid date of discharge must be reported in a timely manner, as this can affect other providers. It is very important this is done, as it helps to keep the historical information accurate and prevents discrepancies that could possibly cause payment issues.

- 1) Enter the **Discharge Date**.
- 2) Enter the **Time**.
- 3) In the **Discharge To** area, select the radio button that applies.
- 4) Enter the address of the discharge location.

**Note:** The discharge location address cannot contain any special characters (periods, commas, etc.).

**Figure 2-11: Discharge Details**

### 2.1.2.6. Contact Information

Contact information is optional, but is very important for continued correspondence during the LTC case process.

Complete the following information and select **Submit** (Figure 2-12).

- **Create Date** is auto-populated with the date of entry.
- **Form Completed by**
- **Phone Number**: No dashes allowed.
- **Extension**
- **Email**
- **Notes**: 500 character limit.

If an e-mail address is entered, an e-mail will be generated to notify the facility when eligibility approval is received from the State's eligibility system. The notification cannot be generated if an e-mail is not entered or the member was not found. See *5 E-mail Notification for Eligibility Approvals* for additional information.

**Figure 2-12: Contact Information**

The *LTC Case Submission* confirmation screen will display with the Case ID number (Figure 2-13).

**Figure 2-13: LTC Submission Case ID**

**You Are Here:** LTC Case Submission

**Case ID:** 111111

Your Long Term Care Case detail was submitted successfully.

Submission details can be viewed on the [LTC Detail Page](#).

---

PASRR document must be received within 7 calendar days.

PASRR may be uploaded, mailed or faxed. If PASRR is not RECEIVED within 7 calendar days, admission data will be archived.

PASRR can be uploaded here by selecting the "Upload Attachment" button. If mailing or faxing documents, please print the attached cover sheet which must accompany your faxed or mailed documents.

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**Note:** If the attachments cannot be uploaded by the provider, they can be printed and either mailed or faxed to:

Gainwell Technologies  
PO Box 70087  
Boise, ID 83707  
Fax: 1 (877) 517-2039

For Upload Attachment and Print Attachment Cover information, see Section 2.3 of this document. Please ensure the PASRR is complete to prevent delay in determining level of care for the member. See *2.2 Guide for PASRR (HW0087) Submissions* for more information on submitting the PASRR.

The details of the submission can be reviewed by selecting the LTC Detail link. The LTC Detail screen will display with all of the information entered on the LTC record (Figure 2-14).

**Figure 2-14: LTC Details Screen**

You Are Here: LTC Detail

Case ID: 111111

**Member Information**

Member Name: DOE, JANE      SSN: 123-45-6789  
 Date of Birth: 4/1/1965  
 Member ID: 0123456789

**Provider Information**

Billing Provider: ACME HEALTH      Provider ID: 1234567890  
 Service Location: ACME HEALTH | 1234567890  
 Address: 1111 PROVIDER WAY  
 BOISE, ID 83706

**Admission Detail**

Admission Date: 6/30/2017      Time: 9:00 AM  
 Enter From: Hospital

**Discharge Detail**

Discharge Date:      Time:  
 Discharge To:  
 Discharge Address:

**Contact Information**

Created Date: 6/30/2017  
 Form Completed by: John  
 Phone Number: 2085555555      Extension:  
 Email: johnprovider@providermail.com

Notes:

To return to the LTC case, select **Return to LTC Case Status**.

A listing of all LTC cases for the TPA will appear (Figure 2-15).

**Figure 2-15: LTC Case Status**

You Are Here: LTC Case Status

Billing Providers: ACME HEALTH | 1234567890      LTC Case Submission

NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.

LTC Case Status      Print List      Export to Excel      Search

	Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input type="radio"/>	111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/>	100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/>	099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

For descriptions of the different form statuses, see *3 LTC Status*.

## 2.2. Guide for PASRR (HW0087) Submissions

The Department of Health and Welfare requires a completed PASRR to determine if a Medicaid member meets Nursing Facility Level of Care. The following (Figure 2-16) should be used as a guide for submitting completed PASRR forms/documentation. The right column identifies when a PASRR is considered incomplete, which will result in delay or denial of Level of Care needs.

**Figure 2-16: PASRR (HW0087) Cheat Sheet**

Acceptable	Incomplete/Requires Additional Approval
A completed HW0087 is submitted and also included (if required) the HW0090.	A completed HW0087 is submitted and does not include (if required) the HW0090.
A completed HW0090 indicates that a HW0088 is required and it has been submitted.	A completed HW0090 indicates that a HW0088 is required and it has not been submitted.
A completed HW0090 indicates that a HW0089 is required and it has been submitted.	A completed HW0090 indicates that a HW0089 is required and it has not been submitted.
On the HW0087, if any of questions 1, 6, 7, 9, 10, 14, 15, 16, 17, 18, 19 marked YES and an HW0090 is included.	On the HW0087, if any of questions 1, 6, 7, 9, 10, 14, 15, 16, 17, 18, 19 marked YES but an HW0090 is not included.
On the HW0090, question 31 is marked YES and questions 33-37 have been completed by the Mental Health and/or DD authority.	On the HW0090, question 31 within Section VIII Outcome is marked YES and questions 33-37 have not been completed by the Mental Health and/or DD authority
On the HW0090, if question 33 is marked YES and the HW0088 is included.	On the HW0090, if question 33 is marked YES and the HW0088 is not included.
On the HW0090, if question 34 is marked YES and the HW0089 is included.	On the HW0090, if question 34 is marked YES and the HW0089 is not included.

HW0087 = Level I Pre-Admission Screening and Resident Review

HW0090 = PASRR Screening for Nursing Facility Placement

HW0088 = PASRR MI Evaluation

HW0089 = PASRR ID Evaluation

## 2.3. Uploading an Attachment and Printing an Attachment Cover Sheet

A provider can upload required attachments and/or print an attachment cover sheet (Figure 2-17).

After a case has been submitted, the provider will need to submit supporting documentation within **seven** calendar days by following these steps:

- 1) Find the case number on the LTC Status screen.
- 2) Select the radio button next to the correct case number.
- 3) Scroll down to the bottom of the page.
- 4) Select the **Upload Attachment** button.

**Figure 2-17: Uploading Attachment**

You Are Here: LTC Case Status

Billing Providers: ACME HEALTH | 1234567890 LTC Case Submission

NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.

LTC Case Status Print List Export to Excel Search

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input checked="" type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/> 099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

Edit Upload Attachment Print Attachment Coversheet

If the case was just submitted, the attachment can be uploaded from the *LTC Case Submission* confirmation screen (Figure 2-13).

From the portal, take the following steps to add attachments to the LTC case.

- 1) Select **Upload Attachment**. The **Upload Attachments** screen displays (Figure 2-18).
- 2) Make a selection from the **Type of Attachment** drop-down list.
- 3) Select **Browse** to search for and attach the specified attachment.
- 4) Highlight the file and select **Open**.
- 5) Select **Attach**.

The system will generate the message *Attachment submitted to queue successfully*.

**Figure 2-18: Uploading Attachments**

You Are Here: Upload Attachments

LTC Case ID: 111111 Case Type: LTCU

Provider Name: ACME HEALTH

Member Name: DOE, JANE LTC Case Status: Submitted

Admission Date: 6/30/2017

Attachments

Type of Attachment: PASRR

File Format: Valid file formats are:  
GIF, JPEG, MS Excel, MS Word, PDF, TIFF

Browse...

Attach Cancel

### 2.3.1. Printing an Attachment Cover Sheet

There are two different cover sheets that can display according to your specialty: one for nursing facilities and one for ICF/IID facilities. The cover sheet must be completely filled out and must accompany any supporting medical documentation that is faxed. Medical documentation not accompanied by a cover sheet cannot be routed correctly. To print an attachment cover sheet, do the following.

- 1) Select **Print Attachment Cover**; the cover sheet displays.
- 2) Select **Print**.

The first example is a cover sheet for providers with a NF specialty and it shows the PASRR information (Figure 2-19).

**Figure 2-19: Coversheet for NF**

**Long Term Care Case Coversheet**

Recipient  
Name: Molina Medicaid Solutions  
Address: PO Box 70087 Boise, ID 83707  
Fax number: 877-517-2039

[REDACTED]

LTC Case ID: 100025  
LTC Case Type: LTCU  
Billing Provider ID: 1234567890  
Billing Provider Name: ACME HEALTH

[REDACTED]

Member ID: 0123456789  
Member Name: LINCOLN, ABRAHAM  
Admit Date: 2/1/2013

[REDACTED]

PASRR document must be received within 7 calendar days.

PASRR may be uploaded, mailed or faxed. If PASRR is not RECEIVED within 7 calendar days, admission data will be archived.

PASRR can be uploaded here by selecting the "Upload Attachment" button. If mailing or faxing documents, please print the attached cover sheet which must accompany your faxed or mailed documents.

Total Pages included

The second example is a cover sheet for an ICF/IID that shows the six documents that must be received (Figure 2-20). You are not required to upload these documents when entering your pre-admission information or to start your admission; however, these documents must be uploaded/faxed within seven days of the admission in order to finalize the LTC case.

ICF/IID providers can continue to submit medical documentation to Medicaid prior to a member's admission to obtain a level of care pre-approval. This documentation can be sent by e-mail to [Jared.Fletcher@dhw.idaho.gov](mailto:Jared.Fletcher@dhw.idaho.gov) or the mailed to the following address.

Bureau of Developmental Disability Services  
150 Shoup, Suite 20  
Idaho Falls, ID 83402

After the level of care pre-approval for the ICF/IID is received from the Department, admission information must be entered on the Gainwell Technologies Medicaid website instead of sending the HW-0458.

**Figure 2-20: Coversheet for ICF/IID**

**Long Term Care Case Coversheet**

Recipient Name: Molina Medicaid Solutions  
Address: PO Box 70087 Boise, ID 83707  
Fax number: 877-517-2039

LTC Case ID: 100064  
LTC Case Type: BDDS  
Billing Provider ID: 1234567890  
Billing Provider Name: ACME HEALTH

Member ID: 0123456789  
Member Name: LINCOLN, ABRAHAM  
Admit Date: 2/11/2013

The following documents must be RECEIVED within 7 calendar days.

- Physicians Evaluation
- Plan of Care Physician
- Social Evaluation
- Psychological Evaluation
- Plan of Care ICF/ID
- Functional Assessment

Documents can be uploaded here by selecting the "Upload Attachment" button. If mailing or faxing documents, please print the attached cover sheet which must accompany your faxed or mailed documents.

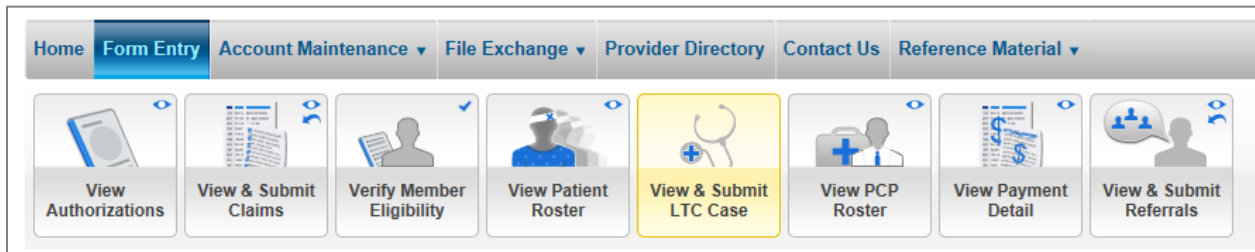
Total Pages Included

[Close Window](#) [Print](#)

### 3. LTC Status

Once an LTC Case has been created, providers have the ability to look for a specific case status. Select the **View & Submit LTC Case** tile under **Form Entry** (Figure 3-1).

Figure 3-1: View & Submit LTC Case



The LTC Case Status screen appears. This screen displays the most 40 recent LTC cases submitted (Figure 3-2). To view additional cases, the user may search by selecting the appropriate Billing Provider from the drop-down. This information will be auto-populated if there is only one billing provider associated to the TPA.

Figure 3-2: LTC Case Status



NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.

The most recent 40 LTC submitted are displayed below. Use the search feature to view additional LTC.

LTC Case Status    Print List    Export to Excel    Search

LTC Case ID:

Last Name:     First Name:

Date of Birth:

Social Security Number:

Member ID:

Admission Date:     Discharge Date:  (MM/DD/YYYY)

Search    Reset    Close

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input checked="" type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/> 099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

There are four different Form Statuses; a description of each follows (Figure 3-3).

Figure 3-3: Form Statuses

Status	Description
Submitted	Initial status of a newly submitted Case. Attachments for level of care have NOT been received. Record will be archived in seven days if an attachment is not received.  <b>Note:</b> ICF/IIDs are <u>not</u> required to submit documentation if documentation has already been submitted to the Department. Cases submitted by ICF/IIDs will show a status of In Progress immediately upon submission.
In Progress	Admission document and at least one supporting document for the case is received.
Expired	If supporting documentation is not received within the system, the case expires. The provider will not be able to submit documentation for expired cases. A new admission will need to be re-entered with supporting documentation.
Processed	The Department has taken action on the case to approve or reject. The provider will not be able to submit documentation for processed cases.

The most direct way to view information for a case is to select the **Case ID** number (Figure 3-4).

Figure 3-4: Case ID

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input checked="" type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/> 099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

<< Prev Next >>

The specific case information will display. If you need to return to the LTC listing, select **Return to LTC Case Status** at the bottom of the page.

**Note:** If an attachment needs to be uploaded once the LTC Case ID is found, please follow the same procedure stepped out in 2.3 *Uploading an Attachment and Printing an Attachment Cover Sheet*.

If the member name or case ID in question does not appear in the first 40 list, an extended search can be done by selecting the **Search** link (Figure 3-5).

**Figure 3-5: Search Link**

The screenshot shows the 'LTC Case Status' page. At the top, it says 'You Are Here: LTC Case Status'. Below that, there is a 'Billing Providers' dropdown menu set to 'ACME HEALTH | 1234567890' and an 'LTC Case Submission' button. A red note states: 'NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.' Below the note are three buttons: 'LTC Case Status', 'Print List', and 'Export to Excel'. A 'Search' button with a magnifying glass icon is highlighted with a red box. Below the buttons is a table with columns: Case ID, Patient Name, Billing Provider, Service Location, Admission Date, Discharge Date, Create Date, and Form Status. Two rows of data are visible:

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED

Fill in at least one field in the search; the more criteria and more specific the information, the more precise the search results will be (Figure 3-6).

**Figure 3-6: LTC Case Search**

The screenshot shows the 'LTC Case Search' form. It has buttons for 'LTC Case Status', 'Print List', and 'Export to Excel', and a 'Search' button with a magnifying glass icon. The form contains several input fields:

- LTC Case ID:
- Last Name:
- Date of Birth:
- Social Security Number:
- Member ID:
- Admission Date:
- First Name:
- Discharge Date:  (MM/DD/YYYY)

A red callout box points to the form with the text: 'Enter as many criteria as possible for a precise search.' At the bottom are 'Search', 'Reset', and 'Close' buttons.

### 3.1. Editing an LTC Case

The **Edit** function on the LTC Case Status screen allows you to do the following:

- Enter admission information (for ICF/IIDs, once preadmission has been approved by BDDS)
- Add discharge information (see 2.1.2.5 *Discharge Detail* for detailed information)
- Edit contact information
- Add member ID for members not found in initial case submission (see 2.1.1.1 *Member Not Found* for detailed information)

**Note:** The member ID cannot be added until the member is showing in the Gainwell Technologies system. See Section 5 for more information.

To edit an LTC case, select the radio button next to the applicable case and select Edit (Figure 3-7).

Figure 3-7: LTC Case Edit

You Are Here: LTC Case Status

Billing Providers: ACME HEALTH | 1234567890 LTC Case Submission

NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.

LTC Case Status Print List Export to Excel Search

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input checked="" type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/> 099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

Edit Upload Attachment Print Attachment Coversheet

After making the updates, select **Submit** at the bottom of the screen. The *LTC Case Update Confirmation* screen will display with a link to the *LTC Detail* page.

### 3.2. Updating Member ID for Member Not Found

If you add a member to LTC case for a member not found, you **must** update the member's Medicaid ID number once eligibility has been approved. Members whose ID numbers are not updated cannot be correctly discharged in the system.

You will need to follow up on the member's eligibility to determine when they have been approved for Medicaid. Once they are approved and have been assigned a Medicaid ID number, complete the following steps to update the LTC case with the member's number.

**Note:** Once you have updated the member's ID number, it cannot be modified.

- 1) On the **Form Entry** menu, select **View & Submit LTC Case**.
- 2) Choose the appropriate Billing Provider from the drop-down. This information will be auto-populated if there is only one billing provider associated to the TPA.
- 3) Under the *LTC Case Status* tab, select the radio button to the left of the appropriate **Case ID** number (Figure 3-8).
- 4) Select the **Edit** button.

Figure 3-8: LTC Case Edit

You Are Here: LTC Case Status

Billing Providers: ACME HEALTH | 1234567890 LTC Case Submission

NOTE: Admissions that require documents will be removed 7 days from the Create Date if the documents are not received.

LTC Case Status Print List Export to Excel Search

Case ID	Patient Name	Billing Provider	Service Location	Admission Date	Discharge Date	Create Date	Form Status
<input checked="" type="radio"/> 111111	DOE, JANE	ACME HEALTH	ACME HEALTH	6/30/2017		6/30/2017	SUBMITTED
<input type="radio"/> 100000	PATIENT, JOHN	ACME HEALTH	ACME HEALTH	6/10/2017		6/5/2017	SUBMITTED
<input type="radio"/> 099999	JEFFERSON, THOMAS	ACME HEALTH	ACME HEALTH	4/15/2017	6/26/2017	6/30/2017	SUBMITTED

Edit Upload Attachment Print Attachment Coversheet

- 5) Under the *Member Information* tab, enter the member's Medicaid ID number in the **Member ID** field (Figure 3-9). This field requires ten digits.

**Figure 3-9: Update Member ID**

**You Are Here:** LTC Case Edit

Enter information in the fields provided below and click the **Submit** button.

**\* Required Field**

**Member Information**

LTCCase #: 111111                      SSN: 123-45-6789

Member Name: DOE, JANE

Date of Birth: 4/1/1965

Member ID:

**Only enter a verified MID.**

Select the **Submit** button at the bottom of the screen.

## 4. Readmission

For information on readmission guidelines and requirements, refer to the [LTC Provider Guidelines](#) in the Provider Handbook.


If a participant was discharged to the hospital and is going to be readmitted from the hospital to the same facility, follow the instructions to find the member in *2.1.1 Member Lookup*.

Once the participant has been found, select the **Continue** button. The *LTC Case Submission* screen appears. Information is populated for the participant and the provider.

On the **Admission Detail** tab, a checkbox for Readmission is available. When the mouse hovers over the box, a message appears defining Readmission (Figure 4-1). Select the **OK** button to close the message.

**Figure 4-1: Readmission Definition**

Message from webpage



 Readmission = A Medicaid member who was readmitted to a facility from a hospital to which he/she was transferred for the purpose of receiving care.

Check the **Readmission** box, enter the **Admission Date**, and enter the **Time** of readmission (Figure 4-2). Select the radio button that matches where the participant was previously.

**Figure 4-2: Readmission Check Box**

**Admission Detail**

**Readmission**

**Admission Date \***:        **Time \***:  

Hospital       Home       Residential Assisted Living Facility (RALF)/Certified Family

**Enter From:**  Psychiatric Hospitals    Swing Beds Facility

Nursing Home / ICF       Other

Select the **Submit** button to enter the information into the system. No documentation is required.

After the readmission information has been submitted, the status will automatically go to *In Progress* when viewed in LTC Status.

## 5. E-mail Notification for Eligibility Approvals

An automated e-mail will be generated to the LTC case contact e-mail to notify the nursing facilities, ICF/IID facilities, and swing bed providers when an eligibility approval for aid code 17 is received from the State's Eligibility System. **Note:** This e-mail can only be sent if an e-mail address was entered in the contact information section of the LTC Case Submission Screen (See 2.1.2.6 *Contact Information*).

The e-mail notification replaces the eligibility notification that used to be sent from the Department's Long Term Care Unit via the HW-0459. This e-mail does not replace the need for the provider to complete an eligibility verification request for service dates; it merely alerts the facility that an eligibility approval has been received. The e-mail will be a notification only, and replies to the e-mail will not be monitored.

E-mails will not be generated in the following situations:

- 1) An e-mail is not entered in the contact section of the LTC Case Submission screen when the member admission is keyed.
- 2) A member is not found when a query is completed in LTC Case Submission. In these cases, a MID does not exist on the LTC case to link to the eligibility approval.

## 6. Glossary

This table contains a glossary of terms found in this document (Figure 6-1).

**Figure 6-1: Glossary of Terms Table**

Term	Definition
BDDS	Bureau of Developmental Disability Services
DDE	Direct Data Entry
HW-0213	Long Term Care Application form is replaced by the online form
HW-0458	Provider Identifier
ICF/IID	Intermediate Care Facilities for People Individuals with Intellectual Disabilities
LOC	Level of Care
LOE	Length of Eligibility
LTCU	Long Term Care Unit
NF	Nursing Facility
PASRR	Pre-Admission Screening and Resident Review
SR	Self Reliance

## Revision History

Version	Date	Author	Action/Summary of Changes
1.0	06/06/2013	N Carlson/M Lloyd	Initial Document
2.0	06/17/2013	C Stickney/M Lloyd	Approved with revisions from UB01011B
2.1	06/26/2013	C Stickney	Updated section 2.1.2 with new screen shot of "Find Member Results" and removed information about the link to other forms. Updated Figure 2-6: Coversheet that has correct fax number.
2.2	7/2/2013	C Stickney	Added section 6 <i>Readmission</i> .
2.3	7/17/2013	H McCain	Updated section 2.2 with new screen shot for "LTC Case Submission Screen," and section 2.6 with new screen shot for "Discharge Details."
2.4	7/19/2013	H McCain	Updated bullet lists in sections 2.5 and 2.6 to correspond with screen shots. Updated first sentence of section 6 for clarity.
3.0	07/19/2013	TQD	DHW validated changes 07/19/13
4.0	7/30/2013	TQD	Updated Long Term Care Case Coversheet with correct fax number.
4.1	10/15/2013	H McCain	Updated Member Not Found, Contact Information, and LTC Status information and screen shots for CCF 10632B2.
4.2	10/21/2013	H McCain	Updated with revisions from Patti Campbell.
4.3	10/24/2013	H McCain	Added information about e-mail notifications to Section 5 per Patti Campbell.
5.0	10/24/2013	TQD	Finalized and published.
5.1	3/17/2014	H McCain	Updated Figures 2-15 and 3-4. Clarified details of process for Member Not Found, and noted that special characters cannot be used in Discharge To address. Updated case search information for clarity. Updated screenshots throughout for consistency.
5.2	4/7/2014	H McCain	Added Section 2.4 Preadmission for ICF/ID Providers, and clarified documentation requirements for ICF/IDs for CCF 10632B3.
6.0	4/14/2014	TQD	DHW validated changes 4/10/14
6.0	5/26/2015	B Rasmussen	Semi-annual review; no changes necessary.
6.1	9/2/2015	Hope McCain	Updated Figures 2-3, 2-8, and 2-9 to include callouts.
7.0	9/9/2015	TQD	DHW validated changes 9/8/15.
7.1	5/27/2016	B Rasmussen, H McCain	Semi-annual review; updated 2.1.2.6 Contact Information to clarify e-mails not sent for eligibility when member not found.
8.0	6/16/2016	TQD	DHW validated changes 6/14/16
8.1	8/10/2017	Myranda Payne	Updated for TPA upgrade
8.2	8/14/2017	Hope McCain	Additional updates for TPA upgrade

Version	Date	Author	Action/Summary of Changes
8.3	11/2/2017	Tara Humpherys	Additional updates for TPA upgrade
8.4	11/2/2017	Hope McCain	Additional updates for TPA upgrade based on walkthrough with State
8.5	11/3/2017	Tara Humpherys	Additional changes and content reorganization for flow
9.0	11/20/2017	TQD	DHW validated changes 11/17/2017.
9.1	2/26/2018	Hope McCain	Added additional detail regarding searching for LTC cases
10.0	3/8/2018	TQD	DHW validated changes 3/5/2018.
10.0	10/5/2018	M Zampierin	Removed Molina references and replaced with DXC Technology
10.0	12/31/2018	Myranda Payne	Semi-annual review; no updates necessary.
10.0	1/11/2019	M Zampierin	Updated Copyright statement to DXC
10.0	6/5/2019	Myranda Payne	Semi-annual review; no updates necessary.
10.0	12/30/2019	Myranda Payne	Semi-annual review; no updates necessary.
10.0	5/29/2020	Myranda Payne	Semi-annual review; no updates necessary.
10.0	11/16/2020	Myranda Payne	Semi-annual review; no updates necessary.
10.1	6/14/2021	Myranda Payne	Semi-annual review. Rebranded throughout from DXC to Gainwell. Email approval granted by DHW.
11.0	07/08/2021	TQD	Finalized per rebranding approval granted.