



MAY 2020

COVID-19 – HOSPITAL ADMINISTRATIVE DAY POLICY

In response to the COVID-19 public health emergency and the recommendations by Illinois Department of Healthcare and Family Services (HFS), **CountyCare will provide hospitals reimbursement for "Administrative Days."** Administrative Days may occur when members no longer meet medical necessity for inpatient hospital care but discharge efforts to a sub-acute or post-acute setting prove problematic due to the unique circumstances of these members.

These changes will be effective for dates of service 03/01/2020 and after. This notice, along with the required Request for Administrative Days form, are both posted on the [Provider Resources Page](#).

Provider Request and Authorization Process:

1. Administrative days may be requested by an acute care facility **within 2 business days of the last approved day**
2. Provider should fully complete and submit Request for Administrative Days form.
 - a. Requests form should be submitted via the portal or faxed to the following numbers:
 - i. Physical Health Fax Number: 1-800-854-9434
 - ii. Behavioral Health/Substance Use Fax Number: 1-800-498-8217
 - b. The preferred method for providers to submit the form is electronic via the provider portal, however, forms may also be completed by hand and submitted via fax. Handwritten forms must be legible. Illegible and/or incomplete forms will be rejected, and administrative days will not be approved.
3. CountyCare will review the Request for Administrative Days form for documentation of substantial discharge barriers and efforts to transition the member to an alternative level of care based on the criteria noted in Addendum A (see below).
 - a. If approved, the UM clinician will approve up to 7 calendar days at time. Subsequent requests for review would still need to meet criteria for administrative days.
 - b. If request does not meet criteria, including the facility not providing additional information requested, then CountyCare will send a Service Rejection form.

Provider Claims / Billing Submission Requirements:

HFS /CountyCare will allow \$289.48 per day payment for correctly document and authorized Administrative Days. Add-on payments (MHVA, MPA or any others) **do not apply** to Administrative Days per legislative mandate.

Administrative Days will need to be billed on an UB04/837I Institutional Claim format. When Administrative Days are necessary, the facility will submit two claims to the MCO:

Claim 1: Regular inpatient claim with room and board, services and ancillaries

- follow billing guidelines per the inpatient section of the [IAMHP Comprehensive Billing Guide](#)
- the regular inpatient claim must have discharge date preceding admission date of Claim 2
- must use discharge code 95

Claim 2: Inpatient claim for Administrative Days only

- submit using revenue code 0169 for room and board charges only
- ancillary codes/services should not be billed on this second claim and will not be payable by an MCO while the member is awaiting placement
- value code 80 should be utilized for all Administrative Days on Claim 2.
- The inpatient claim for Administrative Days must have admission date subsequent of discharge date from Claim 1
- use Type of Bill 011X
- since the second claim is reimbursable at a per diem rate, the standard HFS rules for Interim Claims apply. As noted in the [IAMHP Comprehensive Billing Guide](#), interim claims for inpatient services rendered and paid by the per diem reimbursement methodology cannot be split unless the stay exceeds 30 days or the patient is transferred to another facility or category of service.

ADDENDUM A: ADMINISTRATIVE DAY CRITERIA for COVID-19	
ADMINISTRATIVE DAYS MAY BE COVERED WHEN:	<ul style="list-style-type: none">• Member is approved for at least one acute inpatient hospital day immediately preceding the initial request for administrative days• Admitted with or acquired COVID Dx• No longer meets continued stay criteria for inpatient acute care; OR due to COVID-19 the member cannot be discharged to a post-acute setting nor back to the member’s home nor another isolation area given housing instability• Daily documentation of ongoing discharge planning by the inpatient facility and Plan Discharge Planning Team (UMDP) starting when barriers to discharge were identified; AND• Documentation of no appropriate lower level of care is available to member• Notification/Communication processes are followed throughout stay and specific to Admin Days request:<ul style="list-style-type: none">○ Initial notification of stay○ Additional clinical information has been provided as needed○ Notification/request to MCO for Admin Day coverage occurs prior to day of d/c○ Facility responds to UM at the time of outreach; OR Facility attempts to outreach to MCO or UM or TOC team member• Provider completion and submission of the Admin Day Request Form
ADMINISTRATIVE DAYS WILL NOT BE COVERED WHEN/ DUE TO:	<ul style="list-style-type: none">• Convenience of the recipient, recipient’s family or physician; OR• The facility, physician or member refuse to cooperate with Health Plan discharge planning efforts or refuse placement at lower level of care or other available alternative setting; OR• A facility has not provided documented evidence of a comprehensive discharge plan; OR• There is not an acceptable reason and timeframe for unavoidable delay of discharge, such as awaiting a court date for appointment of medical guardianship, to allow an out-of-state NF placement, or surgical date

Contact Us

The [CountyCare Coronavirus Task Force](#) is actively monitoring the rapidly evolving coronavirus outbreak, including guidance from trusted sources of clinical information such as the [Centers for Disease Control](#) (CDC) and [World Health Organization](#) (WHO). If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.