

Procedure

DEPARTMENT: Utilization Management	TITLE: Insurance Change
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Purpose

Members may elect to change from Longevity Health Plan to another Medicare Advantage Plan, Traditional Medicare, or another form of coverage. This procedure outlines scenarios and how those will be handled by Longevity Health Plan and/or Utilization Management. For hospitals paid under the Prospective Payment System (PPS), the Code of Federal Regulation (42 CFR 422.264) outlined a policy for coverage in a Medicare Advantage (MA) organization that begins or ends during an inpatient stay.

The rule states that the patient's status at admission determines liability. For example, a patient is admitted to the hospital on January 28th and discharges on February 5th. On February 1st, the patient enrolls in a Medicare Advantage Plan. Medicare Fee-for-Service (FFS) is liable for the inpatient stay because the patient had Medicare Fee-for-Service (FFS) at the time of admission.

A similar scenario would be true if the patient disenrolled in the Medicare Advantage Plan on February 1st. In this case, the Medicare Advantage Plan would be responsible for the inpatient stay since the stay was initiated prior to the disenrollment.

Procedure

If a member is covered under Longevity Health Plan on the day of their inpatient admission, Longevity Health Plan is liable for the entirety of the inpatient stay regardless of the member's choice to disenroll during the inpatient stay.

If the provider is an inpatient acute care hospital, inpatient rehabilitation facility, or long-term care hospital, and the patient changes Medicare Advantage status during an inpatient stay for an inpatient institution, the patient's status at admission or the start of care determines liability.

If the patient was not a Longevity Health Plan enrollee upon admission but enrolls before discharge, Longevity Health Plan is not responsible for payment of the inpatient stay.

For hospitals exempt from Prospective Payment System (PPS), such as an inpatient psychiatric hospital, Longevity Health Plan is responsible for payment for services on and after the day of enrollment up through the day that disenrollment is effective.

Change Log

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1.0	New	8/3/2022	Courtney Gonzales	Initial creation

Appendices



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