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lowerlevelcare@meritagemed.com

- Please email with any questions regarding status, networks, discharge planning, etc.

MERITAGE MEDICAL NETWORK LOWER LEVEL CARE TEAM:



Lower Level Care Nurse
 Ana Solis, LVN
 415.475.5280

Lower Level Care Contact:

- Fax # 415-483-8065
- EM
lowerlevelcare@meritagemed.com



Lower Level Care Coordinator
 Kristyn Garcia
 415.475.6974



833.446.1758 | meritagemed.com

BETTER CARE IS HERE.



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How to request Lower Level Care Services:

- Authorization will only be provided to the accepting facility
- Discharging facilities should not submit a request without an accepting facility clearly indicated
- FAX IS ALWAYS BEST!!!
 - Lower Level Care at Meritage now has a separate fax line for faster response times: Fax # 415-483-8065
- When submitting your request via MeritageNet Portal
 - Requesting and Referring to providers should both reflect the accepting facility
 - Place of Service will always be
 - 31 for Skilled Nursing Facility
 - 61 for Acute Rehabilitation
 - CPT Service Codes will always be
 - 0550 for Skilled Nursing Facility
 - 0128 for Acute Rehabilitation

Submitting Records for Review:

We have a new fax line dedicated for all things Lower Level!!!

- New requests for admission
- Updated records for extending stay
- SNF/ARU/LTACH/Subacute

Lower Level Care Fax # 415-483-8065

Claims for Transportation for Transfer:

- Transition from HLOC to LLC does not currently require prior authorization.
- Claims should be submitted with the facility authorization and should include the following documents as appropriate:
 - PCS - Physician Certification Statement
 - PCR - Patient Care Report

Questions you may have about Lower Level Care.

How long will it take to get an authorization?

While we aim for same day response, turn around time for Lower Level Care initial review for authorization to transfer may take to the end of the next business day. Availability of records and/or returned communication for clarity of clinical information may delay this timeline further.

Why does the authorization still show a status of "Under Review"?

Our new process is to provide you with verbal authorization, leaving the authorization in the status of "Under Review" until the member's approved services have ended. This will help to avoid inappropriate authorization statuses for events where the member ultimately returns to a different setting. To obtain the most up to date information on authorization status, next review date, or last covered date issued, give us a call to discuss MeritageNet Portal access.

What do I do with a NOMNC when it is received?

It is your duty to advise of the member immediately of an issued NOMNC, along with member rights to appeal. You must have the member sign the form within the time frame set by industry standard. The complete signed copy must be returned to Meritage via fax or secure and encrypted email. Return all pages; do not return the signature page alone as this is invalid.

How do I escalate issues or concerns?

If you have been pending response for more than 1 business day, please feel free to reach out to Concurrent Review Manager, Jennifer Carey, RN at jcarey@meritagemed.com

How do I get authorization for level of care?

Currently, Meritage does not issue authorization by level of care. We allow for each lower level care facility to determine their own level of care based on the member's status and treatment being provided. You simply submit claims based on the level of care you have determined. We may explore reviewing and issuing level of care in the future.