

Senior Care Options (SCO) Skilled Nursing Facility Documentation Submission Guide

The following information applies to Tufts Health Plan Senior Care Options (SCO) skilled nursing facilities (SNFs).

LEVEL OF CARE	FACILITY RESPONSIBILITIES
Skilled Care (member will be returning home)	
Less than two months	<ul style="list-style-type: none"> <u>Inpatient Notification</u> - complete and submit to: <ul style="list-style-type: none"> Tufts Health Plan's Precertification Operations Department via fax # 617-673-0705 or secure Provider website
Custodial Care (short-term/non-skilled stay; member will be returning home)	
Less than two months	<ul style="list-style-type: none"> <u>Inpatient Notification</u> - complete and submit to: <ul style="list-style-type: none"> Tufts Health Plan's Precertification Operations Department via fax # 617-673-0705 or secure Provider website
Greater than two full months but less than six months	<ul style="list-style-type: none"> <u>Status Change Form (SC-1)</u> - complete and submit form to: <ul style="list-style-type: none"> MassHealth Enrollment Center <u>Management Minutes Questionnaire (MMQ)</u>: <ul style="list-style-type: none"> Submit Management Minutes Questionnaire (MMQ) electronically through the MassHealth Enrollment system¹ <u>MDS 3.0</u> - complete and submit to: <ul style="list-style-type: none"> MassHealth SCO Clinical Department via fax # 617-673-0781
Upon discharge of short term stay greater than two months but less than 6 months	<ul style="list-style-type: none"> <u>Status Change Form (SC-1)</u> - complete and submit form to: <ul style="list-style-type: none"> MassHealth Enrollment Center

¹ Refer to Appendices D and E of the MassHealth [Nursing Facility \(NF\) Manual](#) for specific requirements and electronic submission instructions.

Long-term Stay (SNF will be member's residence)	
Upon admission	<ul style="list-style-type: none"> • <u>Provider Notification</u> – complete and submit to: <ul style="list-style-type: none"> • Tufts Health Plan's Precertification Operations Department via fax # 617-673-0705 or secure Provider website • <u>Status Change Form (SC-1)</u> - complete and submit form to: <ul style="list-style-type: none"> • MassHealth Enrollment Center • Tufts Health Plan's Membership Accounting Department fax #617-673-0926 or Email: MembershipaccountingSCoreconciliation@tufts-health.com • <u>Permission to Share Information (PSI) form</u> - complete and fax to MassHealth Enrollment Center <ul style="list-style-type: none"> • Submit any eligibility information received by the facility to Tufts Health Plan's Membership Accounting Department (fax #617-673-0926) or Email: MembershipaccountingSCoreconciliation@tufts-health.com within 5 business days of receipt. • <u>Conversion Packet</u> received from the State - complete within established timeframe <ul style="list-style-type: none"> • Fax completed Conversion Packet to MassHealth Enrollment Center • Fax notification of submission to Tufts Health Plan's Membership Accounting (fax #617-673-0926) or Email: MembershipaccountingSCoreconciliation@tufts-health.com on same business day • <u>Management Minutes Questionnaire (MMQ)</u> - complete within 30 days <ul style="list-style-type: none"> • Fax to Tufts Health Plan's Membership Account Department (fax #617-673-0926) or Email: MembershipaccountingSCoreconciliation@tufts-health.com within 1 business day of completion • Submit electronically through the MassHealth Enrollment Center system, upon approval of Conversion Packet • <u>MDS 3.0</u> - complete and submit to: <ul style="list-style-type: none"> • MassHealth • SCO Clinical Department via fax # 617-673-0781
Ongoing	<ul style="list-style-type: none"> • <u>Management Minutes Questionnaire (MMQ)</u> - complete within facility's assigned cycle timeframes. <ul style="list-style-type: none"> • Submit electronically through the MassHealth Enrollment Center system • Fax to THP Membership Account Department (fax #617-673-0926) or Email: MembershipaccountingSCoreconciliation@tufts-health.com same day as submission to MassHealth Enrollment Center

Status changes	<ul style="list-style-type: none">• <u>Status Change Form (SC-1)</u> - complete and submit form, within 5 business days, to:<ul style="list-style-type: none">• MassHealth Enrollment Center• THP Membership Accounting Department (fax #617-673-0926) or Email: MembershipaccountingSCOreconciliation@tufts-health.com • <u>Management Minutes Questionnaire (MMQ)</u> - complete and submit within 5 business days<ul style="list-style-type: none">• Submit electronically through the MassHealth Enrollment Center system• Fax to THP Membership Account Department (fax #617-673-0926) or Email: MembershipaccountingSCOreconciliation@tufts-health.com same day as submission to MEC • <u>MDS 3.0</u> - complete and submit to:<ul style="list-style-type: none">- MassHealth- SCO Clinical Department via fax # 617-673-0781
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