



Skilled Nursing Facility Review Tips

Inpatient SNF

Admission Review:

- Admissions **MUST** have an approved prior authorization **prior to** transferring the member
 - Admission is subject to Medical Necessity review.
 - **Three (3) day qualifying hospital stays may not be required to have a prior authorization (contract dependent) BUT must meet admission criteria.**
- To ensure efficient request processing, provide the following information to Customer Care:
 - Member's ID number
 - Member's name
 - Admission date
 - Customer Care will direct your call to the Health Plan RN Care Coordinator to review the request
- Health Plan (HP) SNF Utilization management (**1-800-614-5470**):
 - Review clinical (skilled therapy and medical needs)
 - Utilize nationally recognized criteria (Medicare guidelines, Interqual®, criteria-product dependent)
 - Provide determination, next clinical review date

Continued Stay Review:

- Concurrent reviews are performed at reasonable intervals to determine the appropriateness of a continued stay.

Current clinical information required includes: clinical notes, interventions, therapies, skilled medical, progress towards goals and expected length of stay. (Providers may use the health plan recertification form)
- To process and review clinical documentation, clinical may be provided:



- the day **prior** to the **last approved date**
- **or** by 12:00PM of the last **approved date**
- SNF is responsible for notifying the Health Plan with: changes in level of care, **hospital transfers and discharges**

Health Plan Determinations to include:

- Approval: number of days and next review date
- Denial: rationale and last covered date

***Medicare Advantage Products/Reminder:**

For Medicare Advantage members, the health plan is required to follow Medicare rules and regulations, including the issuance of the Notice of Medicare Non-Coverage (NOMNC):

- As a Medicare health provider, the **SNF is required** to provide all members advance notice of discharge. The NOMNC must be issued at least two (2) days prior to the last day of coverage. (requirement 42CFR 422.624)
- For Medicare members who will no longer be receiving skilled services and are being lowered to a custodial level of care (long term care at the facility), the health plan must be notified at least two (2) days prior to the proposed change to ensure proper review and timely issuance of notices. Please refer to our Participating Provider Manual Subsection 9.9.3 for requirements.
 - The SNF is responsible for delivering the NOMNC on behalf of the health plan
 - SNF must fax the completed NOMNC to the health plan on the day issued
 - SNF must provide the health plan a signed NOMNC

Reminder: SNF providers are required to obtain prior authorization for skilled services. Unauthorized days are subject to non-payment.

For any clarifications, please contact your Provider Relations representative.