

SMSO Policy Manual

SKILLED NURSING FACILITY PROVIDER

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- | | |
|---|---|
| <input checked="" type="checkbox"/> SummaCare | <input checked="" type="checkbox"/> Apex |
| <input type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

Line of Business:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input checked="" type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicare Supplemental | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange | <input checked="" type="checkbox"/> Self-Funded |

1.0 Purpose:

- 1.1 To ensure initial and ongoing eligibility for the SNF benefit, to enable care coordinators to monitor and assess patient care, and to ensure the achievement of desired clinical outcome(s) through the SNF intervention.

2.0 Policy:

- 2.1 Skilled Nursing Facility (SNF) providers will obtain prior authorization from the Plan for SNF services.
- 2.2 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
- 2.3 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate.
- 2.4

3.0 Procedure:

- 3.1 *Initial Authorization for Skilled Nursing Facility (SNF) Admission - **Responsibilities of Ordering Physician/Facility***
 - 3.1.1 Contact the SNF of need for admission. This applies to all providers/facilities except Summa Health System (SHS) and Southwest General (SWGH) facilities and providers who will contact the Plan directly.
 - 3.1.2 Supply the following information to the SNF/Plan:
 - 3.1.2.1 Patient Name;
 - 3.1.2.2 Diagnosis and circumstance(s) that precipitated need for SNF intervention;
 - 3.1.2.3 Types of services;
 - 3.1.2.4 Anticipated length of stay;
 - 3.1.2.5 Clinical outcome(s) desired as a result of SNF intervention; and
 - 3.1.2.6 Physician's order for SNF admission.
 - 3.1.3 Arrange transportation as appropriate.

3.2 *Admission Authorizations - **Responsibilities of SNF Provider***

- 3.2.1 The SNF provider or the Plan will receive written notice of admission authorization and clinical information from the hospital.
- 3.2.2 The SNF or SHS/SWGH provider/facility will complete the Plan's Authorization Request for Inpatient Skilled Nursing Admission template (see attachment) and fax it to the Clinical Management Department along with the physical, occupational and speech evaluations, and last medical progress note.
- 3.2.3 Upon receipt of the Plan's approval for SNF admission, the SNF informs the hospital and schedules the admission.

3.3 *Continued Care Authorizations - **Responsibilities of SNF Provider***

- 3.3.1 For continued stay, request the facility complete the Skilled Nursing Continued Stay Review fax form (see attachment) and include the most recent therapy notes.
 - 3.3.1.1 In emergency situations or when a physician orders services outside of business hours, HSM will retroactively authorize SNF services if the patient is:
 - 3.3.1.1.1 Eligible;
 - 3.3.1.1.2 The service is a covered benefit; and
 - 3.3.1.1.3 The service is medically necessary and meets plan criteria.

3.4 *Notification Requirements of SNF Provider*

- 3.4.1 The SNF Provider will report to HSM:
 - 3.4.1.1 Any unplanned emergency room or inpatient acute care transfers.
 - 3.4.1.2 Any unusual incidents including, but not limited to, falls, reports of abuse or neglect (as defined by state and federal statutes applicable to licensed/certified SNFs), problems interfering with patient progress, patient/family complaints regarding care or treatment.
 - 3.4.1.3 Reports as requested by the Plan.

3.5 *Notification of Non-Coverage Letters*

- 3.5.1 HSM will submit Notices of Non-Coverage to the SNF via fax and members will be given the notice at least 48 hours in advance.
- 3.5.2 The SNF designee will review the Notice of Non-Coverage letter with the member or the legal representative/responsible party.

- 3.5.2.1 If the member is competent, the facility designee will review the letter with the member and have the member sign the letter.
- 3.5.2.2 If the member is not competent, the facility designee will contact the legal representative/responsible party for signature of the letter in person. If the Notice of Non-Coverage is discussed over the phone, the Facility designee will sign the letter stating they discussed the contents of the form with the representative.
- 3.5.2.3 The facility designee will fax the signed copy to the SummaCare SNF designee.
- 3.6 HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.7 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.
 - 3.7.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.

4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
 - 4.1.1 42 CFR § 422.624(b); 45 CFR § 156.110; Medicare Managed Care Manual Chapter 4 § 10.9, §10.13
 - 4.1.2 Medicare Managed Care Manual Chapter 1, 10.2
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 Skilled Nursing Facility (SNF) Services
- 4.3 Are there other policies that work in conjunction with this policy?
 - 4.3.1 None
- 4.4 Replaces (if applicable):
 - 4.4.1 None

5.0 Definitions:

- 5.1 **Extended Care Services:** the following items and services furnished to an inpatient of a skilled nursing facility (SNF)
 - 5.1.1 Nursing care provided by or under the supervision of a registered nurse;
 - 5.1.2 Bed and board in connection with furnishing of such nursing care;

- 5.1.3 Physical or occupational therapy and/or speech-language pathology services furnished by a skilled nursing facility or by others under arrangements made with them by the facility;
- 5.1.4 Medical social services;
- 5.1.5 Such drugs, biologicals, supplies, appliances, and equipment, furnished for use in the skilled nursing facility, as are ordinarily furnished by such facility for care and treatment of inpatients;
- 5.1.6 Other services necessary to the health of the patients as are generally provided by skilled nursing facilities or by others under arrangements made with them by the facility.

6.0 Key Words or Aliases (Optional):

- 6.1 Skilled nursing facility provider authorization
- 6.2 Responsibilities of SNF provider

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