

SMSO Policy Manual

SKILLED NURSING FACILITY (SNF) SERVICES

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 provide guidance for decision-making and coordination of care for beneficiaries requiring inpatient skilled nursing facility (SNF) care.
- 1.2 To ensure members and providers that the Plan follows and adheres to all federal and state guidelines pertaining utilization and prior authorizations.

2.0 Policy:

- 2.1 The Plan provides medically necessary coverage of skilled nursing facility (SNF) services according to the beneficiary's insurance plan benefit and coverage limits. Beneficiaries may qualify for SNF services for purposes of rehabilitation or for maintenance of current function. Coverage of skilled nursing care or therapy to perform a maintenance program does not turn on the presence or absence of a patient's potential for improvement from the nursing care or therapy, but rather on the patient's need for skilled care.
- 2.2 The Plan requires prior authorization of SNF services and provides assistance with coordination of admission to a skilled nursing facility from our beneficiaries' homes, emergency departments, inpatient acute care, long-term acute care and inpatient rehabilitation settings.
- 2.3 For situations where the beneficiary is currently in an acute, long-term acute, or rehabilitation inpatient setting, the Plan performs a medical necessity review and notifies the requesting provider within the timeliness standards for standard organization determinations. For situations where a direct admission to skilled nursing is indicated for a member in a home or emergency department setting, the Plan will process the request within the Expedited organization determinations time frames.
- 2.4 Medicare beneficiaries who reside in an extended care facility and require SNF level of care may opt to receive their skilled care in their home facility at the in-network level of coverage.
- 2.5 Clinical Management will approve In-Network services at Out-of-Network Skilled Nursing Facilities (SNF) where the member was living prior to admission to an in-patient facility or where a spouse is living at the time of the member's discharge from an in-patient facility.
- 2.6 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.
- 2.7 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.

3.0 Procedure:

3.1 Inpatient Skilled Nursing Facility (SNF) Services

- 3.1.1 Upon identification of need for skilled nursing services, the requesting facility or provider submits an organization determination request to the Plan. Beneficiaries or their representatives may also directly request inpatient SNF services. In this case, the Plan works with the beneficiary or his/her representative and coordinates in obtaining clinical information from the necessary providers.
- 3.1.2 The Plan performs organization determinations for SNF admission as expeditiously as the beneficiary's condition requires and notifies the requesting provider and beneficiary of the determination. (Reference policy, "Medicare Pre-Service Organization Determinations").

3.2 Ongoing Verification of Medical Necessity for SNF Services

- 3.2.1 The Plan works collaboratively with SNFs to monitor beneficiary progress. This is done through reviewing the goals for the beneficiary and comparing the clinical documentation of progress to the beneficiary's baseline and potential for improvement.
- 3.2.2 Clinical progress reviews are carried out by a registered nurse. Questions or concerns about progress or care are discussed with the attending physician and direct care clinical team, and as needed, the Plan's Medical Director.
- 3.2.3 For beneficiaries receiving SNF services for the purposes of maintaining his/her current level of function, the Plan will approve continued services if the records from the clinical team indicate that daily skilled services are necessary for the beneficiary to maintain his/her level of functioning.

3.3 Decisions to Terminate Coverage of SNF Services

- 3.3.1 The Plan works to insure that discharge planning for beneficiaries in SNFs is proactive and inclusive of the member and family, and aligned to make use of the benefits available to them for services after discharge.
- 3.3.2 The Plan uses Utilization Management (UM) RNs that review progress both remotely and/or on-site for high-volume facilities with the clinical team, at a frequency appropriate to the beneficiary's condition, treatment plan, and expected rate of progress.
- 3.3.3 Decisions to terminate coverage of a previously approved course of SNF services are made collaboratively with the clinical team at the facility who is working with the beneficiary and his/her representatives, whenever possible. All decisions to terminate coverage of SNF services are reviewed and determined by a physician reviewer.
- 3.3.4 The Plan delivers to the member (or his/her representative) through the SNF Provider, a valid written notice of the decision to terminate services no later than two days before

the proposed end of services. If, after delivery of the notice of termination of services there is a change in the beneficiary's status indicating the need for further SNF services, the Plan rescinds the termination of services notice and reinstates periodic progress reviews.

3.4 Follow-up After Discharge

3.4.1 The Plan reviews the discharge plan and clinical status of each beneficiary being discharged from a SNF to home and contacts a subset of members, as appropriate in the judgment of the nurse reviewer, to review post-discharge status and offer any assistance needed in coordinating further care needs.

3.5 Members may have In-Network cost sharing for a Skilled Nursing Facility (SNF) that isn't a network provider if the facility accepts the Plan's rates. This applies in the following situations:

3.5.1 A Skilled Nursing Facility (SNF) or Continuing Care Retirement Community (that provides SNF services) where the member was living immediately before they were admitted for an in-patient stay.

3.5.2 A SNF where the member's spouse is living at the time the member is discharged from the in-patient facility.

3.6 Director, 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 Medicare Benefit Policy Manual, Chapter 8, Coverage of Extended Care (SNF) Services

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 Medicare Pre-Service Organization Determinations

4.3.2 Utilization Management (UM)

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 (SNF) services

6.2 Out-of-network skilled nursing facility coverage

6.3 OON SNF

ORIGINAL *EFFECTIVE DATE*: 08/31/2014

REVIEWED: 08/31/2014; 11/30/2016; 11/30/2017; 11/26/2018; 07/10/2019; 04/28/2023,
10/24/2023

REVISED: 08/31/2014; 11/30/2016; 11/30/2017; 08/12/2019 (format); 04/28/2023,
10/24/2023,