



Effective Jan. 1, 2018

Federal Employee Program (FEP) Checklist for Discharge Planning

Post-acute care services that require pre-authorization:

- Acute Rehabilitative hospitalization

Post-acute care services require **Case Management enrollment and pre-authorization** prior to the member transfer (Care at these levels may be covered as a benefit or as a benefit exception):

- Long Term Acute care (LTAC) – *not a covered benefit, by benefit exception only*
- Skilled Nursing Facility (SNF) – *benefit for Standard option, benefit exception for Basic option*

As a hospital discharge planner, you may be contacted by a Highmark FEP Case Manager during the member's inpatient stay to assess your discharge plan for the member to avoid any discharge delays. If a case manager has not contacted you and a LTAC or SNF transfer is being considered for the member, please call the member's customer service number on the back of the insurance card to have an FEP Case Manager assigned prior to transfer.

Please provide a direct dial number to reach the member or member's surrogate decision maker/ proxy since the member must accept Highmark Case Management enrollment prior to Highmark's evaluation of the transfer request.

Once the member agrees to Case Management, we ask you to deliver the case management consent to the member or proxy and return the signed consent to the Plan's Case Manager. This step must occur prior to a determination being made for either the LTAC or SNF request to be considered.

When the service is not a benefit (LTAC and certain SNF requests, i.e., Basic Option Plan), we will ask you to deliver and return a signed Flexible Benefit letter prior to the member being transferred if services are approved. Please return Case Management consent and Flexible Benefit letters to fax number: 1-844-816-8149

Do not submit the member's clinical information to the above fax number.

The hospital discharge planner must submit a detailed description of the member's clinical status and the proposed treatment plan for the Plan's review of the proposed post-acute admission. **FEP LTAC and SNF reviews do not follow InterQual Criteria. LTAC is a covered benefit only when the member meets continued inpatient acute criteria.**

For more information, please visit FEP Utilization Management Guideline for Inpatient Skilled Nursing Facility services.

Requirements of the Skilled Nursing facility:

- SNF must be notified of the new benefit, including the benefit limitations and requirements prior to acceptance of the member for care at their facility. Facilities should not expect benefits will be available in excess of the 30 days per year benefit. The facility discharge planner and/or the FEP Case Manager can discuss SNF requirements when a facility is identified for a potential discharge.
- Case Management signed consent must be received by Highmark Case Manager prior to precertification approval of the SNF admission. No benefit is available to members when there is not a signed consent for Case Management and precertification approval prior to SNF admission.
- The attending physician in the SNF must write admission orders and review the preliminary treatment plan within 24 hours of the member's admission.
- A pulmonologist must see members admitted on a ventilator within 12 hours of admission, and respiratory therapy must be available in the facility 24 hours a day.
- A physical therapist must evaluate members admitted for rehabilitation, and a physical therapy treatment plan must be in place within 16 hours of admission. Members admitted primarily for rehabilitation must receive at least two (2) hours of physical therapy and occupational therapy combined at least 5 days per week. The facility must provide logs to the Plan to document therapy time.
- SNF must be aware that the Plan's Case Manager will have regular conversations with the member and/or proxy during the member's stay in the SNF.
- SNF's representative must provide specific information regarding the member's status, progress toward goals, changes to the treatment plan and/or discharge plan, and documentation of any obstacles preventing the member from achieving the goals within the timeframes established by the Plan.