



Effective Jan. 1, 2018
Federal Employee Program (FEP) Skilled Nursing Facility Check List

Benefit

Skilled Nursing Facility (SNF) services require Case Management enrollment and pre-authorization prior to the member transfer (Care at this level may be covered as a benefit or as a benefit exception):

- Skilled Nursing Care (SNF) – *benefit for Standard Option with a 30 day per calendar year limit, possible benefit exception for Basic option*
- Case Management signed consent must be received by the Highmark Case Manager *prior to* the authorization 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 the SNF admission.**
- Continued authorization of a SNF admission requires ongoing Case Manager/member caregiver discussions. When the member or their proxy does not have access to a phone, the facility Case Manager will be asked to arrange for this discussion to occur before an authorization is extended.

Requirements of the Skilled Nursing Facility

Initial Mandatory Care Requirements

- SNF facilities should not expect benefits will be available in excess of the 30 day per year benefit.
- 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 per 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 five (5) days per week. Therapy logs with documented therapy time must be provided to the Plan.

Continued Stay Reviews:

- Continued stay review requests must be obtained from the FEP Case Manager regularly. A request for a continued stay review can be made by calling the case manager who provided the original authorization. For a continued stay review, you will be asked to provide:
 - Date and time of admission (initial review)
 - Date and time written admission orders were provided by the attending physician (initial review)
 - Date and time of the initial PT/OT therapy evaluation including dates, duration, and type of therapy provided
 - If ventilator dependent, date and time of initial pulmonologist assessment that includes admission orders, and the respiratory therapist initial treatment plan and reviews
 - Medication reconciliation (comparison of current regime to inpatient hospital discharge medication list, ongoing skilled care medication changes, and member's home medication list)
 - SNF 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.
- When a benefit exception is requested, a signed Flexible Benefit letter must be returned via fax to Highmark prior to an approval authorization being given to the facility. The fax number is: 1-844-816-8149. Please note: *Do **not** submit the member's clinical information to the above fax number.*
- SNF must be aware that the Plan's Case Manager will be having regular conversations with the member and/or the member's proxy during the member's stay in the SNF. For members without telephone access, the facility will be required to assist in setting up these conversations with the member.
- **SNF reviews do not follow InterQual Criteria.** For more information, see FEP Utilization Management Guideline for Inpatient Skilled Nursing Facility services.