Skilled Nursing Facility – Continued Stay Request

Getting the best care in the most appropriate setting is key to achieving the best outcomes for our Medicare Advantage members. These members rely on their health care professionals and their health plan to help coordinate this important aspect of their care. To do this, timely requests for service and communication are essential.

Please be aware of the following skilled nursing facility considerations and requirements effective March 16, 2015 to help ensure effective coordination of care for our Medicare Advantage members:

Requirements for a continued stay in a skilled nursing facility: According to CMS guidelines, patients should be admitted to or remain in a skilled nursing facility when “… as a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF.*

Skilled Nursing Facilities are required to obtain authorization to allow Medicare Advantage members to continue their stay. For members to receive maximum benefits, the health plan must pre-certify the admission AND authorize any subsequent days.

Please note:
- Please present the request for continued stay in a Skilled Nursing Facility prior to the last approved day.
- You must provide all supporting documentation for the request at the time of the request for a continued stay.
- The health plan may not reimburse the facility for the days for which there is no continued authorization, in accordance with the provider’s contract.
- When a continued stay request is submitted and supporting clinical information is not provided, the health plan may withhold facility payment for the days between the last approved day and when clinical is provided to support the request.
- If we receive supporting clinical information after the last approved day and there has been no request for additional days. We will issue a facility only denial for the days between the last approved day and when the clinical was received.

To obtain authorization or to verify member eligibility, benefits and account information, please call the telephone number listed on the back of the member’s identification card.

* Medicare Benefit Policy Manual
Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance
(Rev. 183, 04-04-2014)
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