Operations Bulletin 04-13

Date: April 11, 2013

To: Participating Skilled Nursing Facilities

Re: **CORRECTION: SNF Precertification and Concurrent Review Process**

We would like to apologize for the previous Operations Bulletin regarding Geisinger Health Plan's[1] SNF precertification process you may have received via fax in early February. That document was sent in error due to oversights in our communication distribution process. We ask that you please disregard that communication. Precertification requirements of utilization of Geisinger Health Plan specific forms put forth in that document are inaccurate.

Please allow this Operations Bulletin to serve as a clarification of Geisinger Health Plan's SNF precertification process and the ways we can work together to exchange important clinical information more efficiently.

Geisinger Health Plan believes in the value and quality an efficient precertification and concurrent review process can provide for members. However, we do appreciate the administrative burden these processes can cause for provider partners like you. Our goal is to afford members the benefits of utilization oversight while limiting provider inconvenience to the greatest extent possible. We can achieve this goal in a couple of ways:

1. Through a clear and thorough understanding of the types of clinical data Geisinger Health Plan's Medical Management team is requesting for precertification of SNF admissions, concurrent review, and discharge planning. And;
2. By working collaboratively with provider partners to leverage electronic medical record (EMR), email, online forms, etc., to find the most efficient manner of information exchange that works for both payor and provider. In no way is it Geisinger Health Plan's intention to mandate antiquated modes of notification that would result in additional administrative burden and duplicative work on behalf of the provider.

Clinical Data Needed by Geisinger Health Plan Medical Management

- **Information required from SNF providers for the precertification of skilled level of care admissions:**
    - Member name, date of birth, and ID number
    - Admitting SNF fax number
    - Admitting SNF name
    - Admission date (not to exceed 30 days from the date of request)
    - Other insurance info
    - Diagnosis and associated diagnosis codes
    - Pertinent member medical and surgical history
    - Member's current living situation (e.g., levels of home, lives alone, lives with spouse)
    - Member's medical status:
        - Mental status
        - Tube feedings
        - Bowel/bladder
        - Weight
        - Skin integrity
        - Respiratory
        - Medications
        - Special equipment needs
        - Medical/hemodynamic stability
    - Member's functional status:
        - Bed mobility

[1]Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Geisinger Health Plan."

- Transfer
- Ambulation
- Balance
- ADL status
- Speech Therapy
- Services requested
- Requestor name, phone, and fax number
- Any additional/supportive information

- **Information required from SNF providers to conduct medical and therapy concurrent review:**

  - Medical concurrent review:
    - Member name, date of birth, and ID number
    - Admitting facility, date of admission, and attending physician
    - Date medical evaluation completed
    - Cognitive/behavioral issues
    - Respiratory
    - Cardiac
    - GI
    - IV
    - GU
    - Skin Integrity
    - Falls
    - Pain
    - FSBS ranges
    - Treatment for infection
    - Anticoagulation therapy
    - Medical/hemodynamic stability
    - Education
  - Therapy concurrent review:
    - Member name, date of birth, and ID number
    - Admitting facility, date of admission, and attending physician
    - Date medical evaluation completed
    - Physical therapy evaluation:
      - Date completed
      - Gait
      - Transfers
      - Endurance
      - Balance
    - Occupational therapy evaluation:
      - Date completed
      - Dressing
      - Bathing
      - Bed mobility
      - Self-feeding
      - Toileting
      - Home evaluation
    - Speech therapy evaluation:
      - Date completed
      - Speech
      - Cognition
      - Therapy education
  - Any additional/supportive information

- **Information required from SNF providers for discharge planning:**

  o Information needed prior to discharge:
    - Member name, date of birth, and ID number
    - Authorization number
    - Description of discharge plan
    - Home evaluation
    - Needed home care services
    - Needed DME
    - Target discharge date
    - Any additional/supportive information
  o Information needed after discharge:
    - LCD
    - Discharge date
    - Discharge disposition code:
      - 01 – home/personal care home/assisted living facility
      - 02 – hospital
      - 03 – another SNF, skilled level
      - 04 – ICF (custodial level of care at the nursing home)
      - 06 – home with home health services
      - 07 – AMA (left against medical advice)
      - 20 - expired
    - If discharge to another facility, name of facility

Preferred Modes of Data Submission to Geisinger Health Plan Medical Management

- <u>Electronic Medical Record (EMR)</u> – If your office or facility has EMR capability and would like to coordinate precertification and concurrent review with Geisinger Health Plan using EMR, please contact your assigned Geisinger Health Plan Medical Management Reviewer. *Please note:* **Do not send the entire chart**. Only send the applicable information such as admission history and physical, pertinent lab and test information, physician progress notes, etc.

- <u>E-mail</u> – Send a brief E-mail containing only pertinent information to GHP_MM_AUTH@geisinger.edu. In the subject line of the email, please identify your submission as one of the following:
  o SNF Precertification
  o SNF Admission Notification
  o SNF Concurrent Review

- <u>Facility Specific Forms</u> – If your facility currently uses a form that captures the required data, GHP Medical Management will accept these forms via fax at (570) 271-5534 or e-mail at GHP_MM_AUTH@geisinger.edu.

- <u>GHP SNF Forms</u> – Writable SNF precertification and concurrent review forms will soon be available on the Health Care Provider section of www.thehealthplan.com. GHP Medical Management will accept these forms via fax at (570) 271-5534 or e-mail at GHP_MM_AUTH@geisinger.edu.

Please contact Medical Management at (800) 544-3907 and ask to speak with one of the management team if you have questions regarding this Operations Bulletin. Information contained in this Operations Bulletin supersedes content found in the Operations Bulletin dated January 31, 2013, and is effective May 13, 2013 for all Geisinger Health Plan product lines and amends the Participating Provider Guide.