Referrals and Precertifications/Prior Authorizations

Skilled nursing facility

Geisinger Health Plan

Skilled nursing facility (SNF) admission

Precertification is the responsibility of the SNF or hospital provider accepting the skilled admission.

Precertification must be requested no less than one business day prior to admission; requests made after 3:00 p.m. may be pended to the next business day.

SNF or hospital providers are required to notify Geisinger Health Plan within 1 business day of a skilled level of care admission that occurred during non-business hours (Monday through Friday, 4:30 p.m. to 8:00 a.m., or on a weekend or holiday).

Information required when requesting precertification

- Demographics: member's name, Geisinger Health Plan ID number, admission date, admitting participating provider's full name, SNF or hospital provider, member's PCP and requestor's name, fax number and telephone number.
- Reason for admission, including objective and subjective findings and member's primary diagnosis
- Clinical findings: current functional status and rehabilitative therapy evaluations or recommendations
- Previous clinical findings
- Anticipated plan of care
- Discharge plan

Subsequent concurrent review

- To be provided as requested by the medical management department.
- Information discussed includes skilled nursing or therapy updates, including quantitative progress toward goals (nursing notes, therapy notes or logs may be requested) and the plan of care with anticipated disposition and length of stay.
- Medical management department staff will authorize continued coverage as deemed medically necessary, confirm level of care and establish the date for the next review.

Notification process for member discharge from covered services

- When a Gold member's needs are determined to no longer meet skilled criteria and skilled nursing care will be terminated, the participating provider (referred to as the

"provider of care") is required to inform Geisinger Health Plan no later than two days prior to the services terminating. This notice should include the Notice of Medicare Non-Coverage (NOMNC) form issued from the provider of care to the Gold member, and including the member's signature acknowledging receipt.

  - If the provider of care is unable to obtain the member's signature, an authorized representative may be contacted by telephone, an informed of the contents of the notice. The call should be documented, and the notice mailed to the representative, who should sign and return the NOMNC to the provider of care as soon as possible.

- If the member's services are expected to be fewer than two days in duration, the provider of care should notify Geisinger Health Plan at the time of admission.
- If a member and/or the member's family, authorized representative, physician and/or provider is dissatisfied with an impending discharge, Geisinger Health Plan should be notified immediately.
- Gold member appeal for end of coverage;
  - Gold Member must contact Livanta no later than noon on the day before the services are to end. Livanta's telephone number is included on the NOMNC form.
  - Livanta will inform Geisinger Health Plan and the provider of care that the request for review has been received. Geisinger Health Plan is responsible for providing Livanta and the Gold member with a detailed explanation of why coverage is ending. The provider of care must comply with Geisinger Health Plan requests for necessary information and provide it within the applicable timeframes.
  - Livanta's decision should be rendered and communicated by close of business of the day coverage is to end.
  - If a non-Gold member wishes to appeal the end of coverage, they must contact Geisinger Health Plan customer service team number listed on the back of the insurance card.
- Financial liability for non-compliance with member discharge process – the provider of care may be financial liable for covered services rendered to the member if non-compliant with the requirements for delivery of the denial notice. Liability may not be passed on to the member.

PCP management

A referral is not required for services rendered in the skilled or intermediate care facility setting.

A referral is required for services rendered outside of the skilled or intermediate care facility setting for **Marketplace, TPA and GHP Family** plans only.

SNF services requiring coordination

- **Hospice election** – SNF or hospital provider is required to notify the home health/hospice management department and the medical management department immediately upon a member's decision to invoke their hospice benefit.
- **Personal care facility** - A personal care facility (PCF) is considered an alternative to home living and not an institutionalized facility, according to Medicare standards. An outpatient referral is needed from the member's PCP for specialty consultations,

evaluation and management and surgical services (excluding emergency services and direct access services) for **Marketplace, TPA and GHP Family** plans only.

- **Infusion therapy services** – Participating providers should refer to their agreement for information regarding the reimbursement for infusion therapy services. Questions regarding these services should be reviewed during the concurrent review process with medical management.
- **Mental health and substance abuse services** – Participating providers may assist members with coordinating these services. Refer to the reverse side of the member's identification card for vendor's name and telephone number or contact customer service for further assistance.
- **Laboratory/pathology services** – all laboratory/pathology specimens must be forwarded to a participating provider for analysis.
- **Home phlebotomy services** - Home phlebotomy services for members residing in a PCF who meet homebound criteria must be coordinated through the home health/hospice management department.
- **Outpatient pharmacy coverage** – (This information only applies to Geisinger Health Plan members who do not have a point-of-service benefit, Gold, and certain Geisinger Health Options members.) When a member's skilled level of care benefit has been exhausted or the level of care has changed to intermediate care status, the member may have outpatient prescription coverage available through their Geisinger Health Plan benefit document. In this circumstance, a participating physician must issue all prescriptions for medications. The prescriptions must be dispensed by a participating pharmacy provider for coverage under the terms of the member's benefit document. Contact customer service at the number on the back of the insurance card for questions on benefits and coverage.
- **Radiology services** – All radiology services must be rendered by a participating provider for gatekeeper product members.
- **Outpatient rehabilitative therapy services** - Participating providers should refer to their agreement for information regarding the reimbursement for outpatient physical, occupational or speech therapy services for members who no longer meet skilled level of care criteria or who have exhausted their skilled level of care benefit. (See inpatient rehabilitation admission section for further information regarding precertification, policy and procedures.) Providers with no reimbursement for outpatient rehabilitative services should arrange these services with a participating provider.

Notification of a non-skilled admission

SNF or hospital provider accepting a non-skilled admission is required to notify the medical management department prior to the admission, and again upon discharge.

This notification is required by the Center for Medicare and Medicaid Services (CMS).

Failure to notify Geisinger Health Plan may reflect non-compliant behavior and result in administrative action.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: