



An Independent Licensee of the
Blue Cross and Blue Shield Association

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Skilled Nursing Facility Level of Care Review

Our Transitional Review Team now determines the level of care for initial admission and continued stays at a skilled nursing facility (SNF) based on the Florida Blue Ancillary Provider Agreement. This change, effective October 1, 2018, is to ensure the appropriate level of care is established during the inpatient stay.

What This Means to You

When you request an authorization, we will provide the level of care you're authorized to bill based on the current SNF levels of care. Our Transitional Review nurses will ask for complete clinical information and review documentation to support the level of care.

We do not provide authorizations or levels of care for non-Florida Blue (BlueCard) patients. Please contact the patient's home plan if you should have any questions regarding the authorization or the level of care.

If an admission or continuous stay level of care claim is denied, you have the option to appeal the decision. Information on the appeal process is available in the [Manual for Physicians and Providers](#) or at: *floridablue.com*> *Providers*> *Forms*> *Provider Clinical Appeal Form*. Please select "*Utilization Management*" as the reason for the appeal.

For more information on this process change, contact our Network Management Service Unit at 800-727-2227 and choose "*Contract Inquiries*."

Here are answers to questions you may have.

Questions and Answers

Skilled Nursing Facility Review Based on Level of Care

Background

Our Transitional Review Team (TRT) now determines the level of care for initial admission and continued stays at a skilled nursing facility (SNF) based on the Florida Blue Ancillary Provider Agreement. This change, effective October 1, 2018, is to ensure the appropriate level of care is established during the inpatient stay.

What is the process for obtaining an authorized level of care on admission?

The SNF will submit via fax a request to Florida Blue through availity.com^{®1} and fax the medical records to Florida Blue to support the request for admission. A Transitions Review Nurse (TRN) will review the request for medical necessity. If approved, the TRN will notify the facility of the approved level of care. The approved authorization can be viewed at availity.com.

What is the process if the SNF disagrees with the assigned level of care at admission and concurrent stay?

Should Florida Blue and the SNF disagree on the assigned level of care, a second-level review pre-discharge can be requested. Additional documentation may be submitted at this time to support the request.

Where can we locate the level of care on the authorization?

At this time, the level of care is not viewable on availity.com. During the entire patient stay, the TRN will document the level of care in the patient's record, create a claim note and communicate the level of care to the SNF.

What is the process for asking for a level of care increase?

The Florida Blue TRN reviews the episode of care weekly. If there is a change in the patient's medical condition, the SNF should contact their Florida Blue TRN and send supporting documentation for the requested level of care increase.

Will Florida Blue decrease the assigned level of care?

If, during the review the TRN determines the patient no longer meets the assigned level of care, the TRN will contact the SNF to discuss the appropriate level of care. If there is no additional information to support the current level of care, then the facility will be notified of the change and the patient's record will be updated to reflect the decrease in level of care.

What is the appeal process once the patient is discharged?

If a claim is denied for the inappropriate level of care, the SNF may submit a Provider Clinical Appeal form via mail or through availity.com. Please refer to the following link: [Manual for Physicians and Providers](http://floridablue.com/Providers/Forms/Provider%20Clinical%20Appeal%20Form)> *floridablue.com*> *Providers*> *Forms*> *Provider Clinical Appeal Form*. Please select "Utilization Management" as the reason for the appeal.

What documents exist to explain the appeal guidelines including the required timeframe?

Please refer to our online [Manual for Physician and Providers](http://floridablue.com/Manual%20for%20Physicians%20and%20Providers) for information on the appeal process (search words: *appeals process*).

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at availity.com.