

Skilled Nursing Facility Information Deck

Skilled Nursing

Definition:

A skilled nursing facility (SNF) is a place where people receive medical care, therapy, and help with daily activities to recover from illness, surgery, or other health issues. These facilities have trained professionals, like nurses, therapists (physical, occupational, and speech), who provide medical care under a doctor's guidance.

In addition to medical services like wound care, managing medications, and therapy, SNFs also offer custodial care. This includes help with bathing, dressing, and eating. SNFs are often used when someone no longer needs to stay in a hospital but still needs medical and personal care before they can return home.

Coverage Levels (By Line of Business)

Line of Business	Skilled Level of Care	Custodial Level of Care
INTEGRITY for Duals	Covered when medical necessity criteria is met	Covered with approved Nursing facility LTSS waiver
Dual CONNECT	Covered after three-day qualifying stay in hospital	Not covered for custodial care
Commercial	Covered when medical necessity is met	Not covered for custodial care
Medicaid	Covered when medical necessity is met	Covered when medical necessity is met

Care Management

Skilled	Custodial Care Members (INTEGRITY for Duals)	Transitioning from Custodial Care to Community
<p>Initial Contact: Case manager conducts facility visit within one week to meet the member and staff.</p>	<p>Annual Wellness Assessment: Conducted as per contract.</p>	<p>Assessment: Care manager evaluates eligibility for Nursing Home Transitions Program (NHTP) or Money Follows the Person (MFP).</p>
<p>Member Interaction: Discusses discharge plans directly with the member.</p>	<p>Post-Hospitalization: Care manager performs a post-discharge assessment within 15 days of hospitalization.</p>	<p>Program Enrollment: Assists with enrollment process; enrolls member in monthly collaboration with facility for discharge.</p>
<p>Staff Collaboration: Educates and collaborates with facility staff on discharge needs.</p>	<p>Discharge Opportunities: Assesses potential for discharge during each member assessment.</p>	<p>Continued Follow-Up: Supports member until member is discharged into community.</p>
<p>Ongoing Outreach: Weekly follow-ups via in-person or phone contact.</p>		

Long-Term Services & Supports

Neighborhood *INTEGRITY* for Duals Only

LTSS is an *INTEGRITY* for Duals benefit available to members with chronic illnesses or disabilities who need a certain level of care and meet the eligibility criteria. The type of services a member receives depends on the level of care needs.

LTSS Services

Assisted Living Facilities, Home Delivered Meals, Home Health Care, Personal Choice, Shared Living and Skilled Nursing Facilities (Custodial Care)

If an *INTEGRITY* for Duals member requires services on a long-term basis, the member should apply for an [LTSS waiver](#). If approved, the member is eligible to receive these services.

For more information, refer to the EOHHS site:

[Long-Term Services And Supports | Executive Office of Health and Human Services \(ri.gov\)](#)

LTSS Waiver Overview

Each SNF is responsible to ensure the accuracy of each INTEGRITY for Duals member's level of care/Medicaid status. When applicable, the facility must notify [EOHHS via the portal](#), when a Neighborhood INTEGRITY for Duals member is deemed a custodial resident.

In addition, the following forms from the Medicaid Long-Term Services and Supports (LTSS) Application and Nursing Home Forms must be completed:

- [Authorization for Disclosure/ Use of Health Information](#) (DHS-25M)
- [Authorization to Obtain or Release Confidential Information](#) (DHS-25)
- [Home and Community Based Waiver-Notification of Recipient Choice](#) (CP-12)
- [LTSS Change Report/Program Change Form](#)
- [Medical Evaluation of Applicant for Level of Care](#) (GW-OMR-PM-1)
- Nursing Home Form: [SCW Evaluation of Care](#) (AP 70.1)
- Nursing Home Form: [Identification for MI and DD](#) (MA-PAS-1)

Members may have a **Patient Share** also known as **Cost Share**. This is the amount the member is asked to contribute towards the payment of services based upon their income. This amount is paid directly to the provider not to Neighborhood. This amount is determined by DHS.

EOHHS Portal

Providers must use the [EOHHS Healthcare Portal](#) for access to:

- Member eligibility
- Plan assignment
- Patient-share amount

Please reference this [quick reference guide](#) for more information.

The screenshot displays the 'Eligibility Verification Response' page. At the top, it shows the breadcrumb 'Eligibility > Eligibility Verification Response' and the date/time 'Friday 06/07/2013 04:18AM EST'. The main heading is 'Eligibility Verification Response' with a 'Back to Eligibility Verification Request' link. Below this, the 'Verification Number' is 2013099012345. The 'Recipient Information' section includes: Recipient ID 0132546789, Recipient Name John Doe, Birth Date 06/21/1986, and Gender Male. The 'Benefit Plan Details' section contains a table with columns for Plan Name, Effective From Date, Effective To Date, Base Deductible, and Message. The table lists 'Categorical and Fee for Service' with an effective date of 06/15/2012 and a base deductible of \$0.00. Below the table are several expandable sections: Service Type Code Details - Covered, Service Type Code Details - Not Covered, Managed Care Details, Managed Care Service Type Code Details - Covered, Lock-in Details, Medicare Details, TPL Details, Premium Payment Details, and Long Term Care Details.

Prior Authorization Process (Skilled)

For a [prior authorization request](#) to a SNF for skilled level of care, facilities must provide:

- Medical Necessity:** Diagnosis, recent hospital discharge summary, and reason for SNF care
- Requested Service:** Type of care (skilled nursing, therapy)
- Provider details:** Referring physician and SNF information
- Supporting documentation:** Medical Records, therapy evaluation and notes, and physician orders

Prior Authorization Process

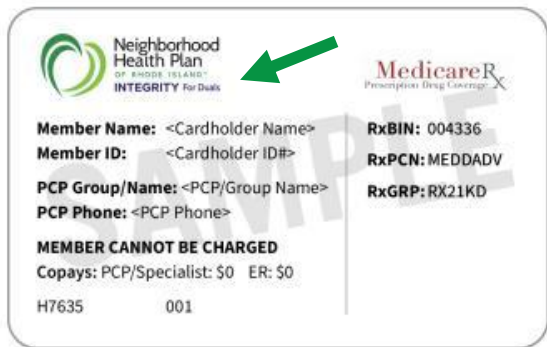
(Custodial)

- **Initial Authorization:** Neighborhood will provide an authorization for up to 30 days. If the member does not have an approved institutional LTSS waiver by the end of the 30-day period, any subsequent authorization will be denied. To avoid disruption in services, it is imperative that providers submit a completed institutional LTSS waiver application to EOHHS as soon as the member is at a custodial level of care.
- **Existing Authorization:** If the member does not have an approved institutional LTSS waiver when the authorization comes up for renewal, subsequent authorization will be denied.
- **Status Changes:** Facilities must notify Neighborhood within **24 hours** of any member status changes (e.g., discharge, level of care changes, or expiration.)
- **Discharges:** Providers must submit a discharge slip to the DHS promptly upon discharge to the community.
- **Admission or Readmission:** Facilities must notify Neighborhood within 7 calendar days.

Member ID Cards

All Neighborhood members are assigned a primary care provider (PCP) displayed on the member's Neighborhood identification card.

Primary care providers (PCP) must verify the member is assigned to the provider group and one of the group's participating PCPs to receive reimbursement for services rendered.



All D-SNP members (both **Neighborhood Dual CONNECT** and Neighborhood **INTEGRITY for Duals**) will be issued new member ID cards with ID numbers that:

- Are 12 digits in length
- Start with “12” as an identifying prefix

Certificate Report

Neighborhood sends out automated notifications (certificate reports) via email or fax. These reports are generated when a new authorization is created or an existing authorization is updated.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service
- Status (Pending/Denied/Approved)

It is best practice to provide Neighborhood with a **shared inbox** to receive the **certificate report** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email jjones@nhpri.org or fax to 401-459-6023.

Monthly Member Roster

Neighborhood sends out an automated member roster via email or fax on the second day of every month. These reports are automatically generated and include any active Neighborhood members who resided in your facility during the previous month.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service

It is best practice to provide Neighborhood with a **shared inbox** to receive the **member roster** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email jjones@nhpri.org or fax to 401-459-6023.

Resources

General

- [Provider Manual](#)
- [Quick Reference Guide](#)
- [Claims and Eligibility Information](#)
- [Claim Adjustments](#)
- [Navinet \(claim status, member eligibility\)](#)
- [Provider Resources](#)

SNF Specific

- [SNF Prior Authorization](#)
- [EOHHS LTSS Resources](#)
- [LTSS Waiver Application](#)
- [EOHHS Portal](#)
- [LTSS Change Communication Form](#)
- [Payment Policy](#)
- [Clinical Medical Policy](#)
- [SNF Coverage Guidance \(D-SNP\)](#)
- [SNF Coverage Guidance \(Medicaid/Commercial\)](#)

Neighborhood SNF Contacts

For Escalated Issues

If you have contacted Provider Services (PS) and the issue remains unresolved, please send a secure email with your PS **call-reference number** to the appropriate Neighborhood staff:

- **Amy Simpson**, Manager Utilization Management, Coordinator Team - asimpson@nhpri.org
Escalated authorization inquiries
- **Jody Dodge**, Manager Utilization Management, - jdodge@nhpri.org
Escalated clinical authorization inquiries
- **Anita Sowers**, Manager Care Management - asowers@nhpri.org
Escalated case management issues
- **Liggia Soto**, Senior Manager LTSS - lsoto@nhpri.org
Escalated LTSS issues
- **Ramona Nunez**, LTSS Provider Relations Representative - rnunez@nhpri.org
Escalated general issues

Questions?

Please contact **Provider Services** at (800) 963-1001 for questions regarding any of the below topics:

- Contract rates
- Member eligibility issues
- Claim status/issues
- Specific payment policy questions
- General prior authorization inquiries
- Member Benefit questions

If your patients have any concerns, please have them contact Member Services at 1-866-696-4774

Neighborhood is contracted with [NaviNet](#) to provide online eligibility and claims status lookup 24/7.