Skilled Nursing Facility Certification Reports Update

Neighborhood News – October 2023

Neighborhood Health Plan of Rhode Island's (Neighborhood) Utilization Management (UM) Department dispatches Skilled Nursing Facility (SNF) certification reports daily. These reports are tailored for SNF providers maintaining open authorizations for members. You can expect to receive a report under two circumstances:

1. Whenever there's a modification to an authorization, like a decision to approve or deny days.
2. When a discharge date has been documented, concluding an authorization.

Each report is comprehensive, detailing:

- Tracking or Authorization Number
- Member Name, ID, and Date of Birth
- Line of Business
- Service Start and End Dates
- Service Level of Care
- Service Decision
- Number of Days Approved or Denied

This certification report is instrumental. It ensures Neighborhood retains precise, up-to-date information that might influence an authorization or claim record. Such details would necessitate collaboration between the SNF facility's clinical review team and its business office. Additionally, the report is a valuable tool for keeping tabs on upcoming review dates and for the punctual submission of updated clinical notes when extra days are sought.

Action Required for SNF Providers

If you're a SNF provider already receiving these certification reports and need to modify your contact email or fax deails, please send the updates via fax to Neighborhood's UM Department at 401-459-6023. Your fax should outline the individual or group email addresses and/or the pertinent fax numbers, ensuring the reports reach the right stakeholders in your facility.

If you're an SNF provider not currently getting these reports, the same procedure applies.

For each SNF provider, multiple contacts can be submitted. Regardless of whether you're updating contact details or initiating report receipt for your facility, ensure your fax request includes the information listed below.

Request for UM authorization daily SNF certification report:

- Name of the SNF Facility
- Specific NPI of the SNF facility
- Email Addresses (individual or group)
- Fax Number(s) (with area code)