

Floor to skilled nursing facility provider process

Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

- Provider (hospital, individual practitioner, SNF liaison) identifies that a member would benefit from a skilled facility admission.
- Provider contacts the participating SNF to refer the member for potential admission.
- Provider does the following:
 - Evaluates the member by completing the [SNF/rehab worksheet](#).
 - Verifies member eligibility and that the SNF facility and provider are in the network.
 - Confirms that member has a score of 18 or below on six-click therapy assessment and has no exclusions (See exclusions at bottom of this document):
 - If this is not true, the provider will follow the normal pre-authorization process to determine if the member can be approved for SNF level of care.
 - If this is true, the provider must notify Anthem within 48 hours or the next business day of admission to the SNF.
- SNF sends the required documentation below through <https://Avality.com> or by faxing to **877-643-0671** with the subject line or note indicating **Floor to SNF (include SNF name)** within 72 hours or three business days of admission on weekends or holidays:
 - Completed SNF/rehab worksheet
 - Initial six-click evaluation with a score 18 or below (from hospital or outpatient therapy)
 - Initial SNF therapy evaluation completed within 24 hours of admission to the SNF
 - Completed *Preadmission Screening and Resident Review (PASRR)* or *7000 form*
 - Detailed hospital/outpatient clinical notes:
 - Detailed clinical includes history and physical, referrals, therapy notes, medications, wound descriptions, treatment plan, discharge planning, noted barriers to discharge, and any other documentation to support medical necessity.
- Anthem receives the required information (listed above) and builds a prior authorization case.
- Anthem reviews and prenotes seven days.
- By no later than day eight of admission, SNF is required to submit additional clinical for continued stay review:
 - Clinical update may include therapy notes, care plan, medications, orders, wound descriptions, discharge planning notes (social work, case management, care conference notes), and any other updated pertinent information.

- Anthem representative receives clinical (via Availity Essentials or fax) by the next review day (day eight) and will review for medical necessity:
 - If a member meets skilled nursing care criteria:
 - Anthem will approve additional days and notify the facility of the number of days until the next review day.
 - If a member does not meet skilled nursing care criteria:
 - An Anthem representative sends the case to the medical director for formal review and will notify the facility of the decision once it has been determined.
- Anthem will conduct random audits and monitor trends to evaluate the effectiveness of this initiative.

Floor to SNF exclusions:

- Transfer from a long-term acute care hospital (LTAC) facility
- Transfer from an acute rehabilitation facility
- Transfer from a psychiatric/geropsychiatric hospital unit
- Member has been admitted to a hospital from a SNF
- Member whose prior level of function (PLOF) is non-ambulatory
- Member was denied an LTAC admission
- Member was denied an acute rehabilitation admission
- Member was denied a standard SNF precertification request
- SNF or the SNF provider is out of network with the plan



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<http://anthem.ly/signup-abcbs-oh>.