

Medical Policy

Hospital Stay Requirements for Skilled Nursing Facility Admission (MA)	
MEDICAL POLICY NUMBER	MED_Clin_Ops_012
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	Individual Family Plan: NA Small Group: NA Medicare Advantage: H2288-003 (DSNP)_

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

PURPOSE

The purpose of this policy is to outline how Brand New Day/Central Health Medicare Plan will administer a benefit for skilled nursing facility (SNF) services when a member's plan benefit package requires a three-day inpatient hospital stay prior to a SNF admission.

SCOPE

This policy shall apply to all Brand New Day/Central Health Medicare Plan departments, staff members, and entities under contract with Brand New Day/Central Health Medicare Plan who provide any level of service or involvement with the Brand New Day/Central Health Medicare Plan Medicare Advantage product.

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POLICY

Brand New Day/Central Health Medicare Plan waives the requirement for a three-day inpatient hospital stay prior to a SNF admission if the requested SNF admission is determined to be medically necessary.

PROCEDURE

1. Brand New Day/Central Health Medicare Plan requires prior authorization for all SNF stays and ongoing concurrent review for the duration of the stay.
2. When a provider submits an authorization request for a SNF admission, Brand New Day/Central Health Medicare Plan conducts a medical necessity review in accordance with Brand New Day/Central Health Medicare Plan's utilization management policies, accreditation requirements, and applicable Centers for Medicare and Medicaid Services National Coverage and Local Coverage guidelines.
3. If the authorization request is for a member who has an inpatient stay of less than three days, and the member is enrolled in one of Medicare Advantage contracts/ plan benefit package that requires a three-day inpatient stay to qualify for a SNF stay, the review will involve a two-step determination:
 - a. If the utilization management (UM) reviewer determines the SNF stay is medically necessary and meets the in-network requirements, the authorization request will be approved.
 - b. The UM reviewer will then determine if appropriate to waive the three-day inpatient stay based upon level of care and health plan resources. The UM reviewer will waive the three-day inpatient stay if it is determined:
 - i. Skilled Nursing Facility (SNF) is the most appropriate level of care; AND
 - ii. Skilled Nursing Facility (SNF) is the most cost-effective and appropriate use of health plan resources.

DEFINITIONS

1. **Covered person or member** means a person entitled to receive benefits or services under a plan benefit package offered by Brand New Day/Central Health Medicare Plan. The term includes the designated representative of a member.
2. **Medically Necessary** means services supplies or drugs that are needed for the prevention, diagnosis or treatment of a member's medical condition and meet accepted standards of medical practice.

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3. **Plan Benefit Package or PBP** means a set of Medicare health benefits and/or prescription drug coverage offered by an organization that has contracted with CMS.
4. **Preauthorization** means a process by which a provider is required to notify the plan before a member receives a covered service(s). The approval ensures that the service, product or procedure is appropriate and medically necessary.
5. **Provider** means any physician, dentist, hospital or other person or health care facility that is licensed or otherwise authorized by the appropriate state to furnish health care services.

REFERENCES/CITATIONS

Centers for Medicare and Medicaid Services, Medicare Managed Care Manual,
Chapter 4 Centers for Medicare and Medicaid Services, Medicare Managed Care
Manual, Chapter 13