Medical Policy

Policy Name	Policy Number	Scope
Sub-acute Levels of Care (Skill Nursing and Rehabilitation	HSIP-005	✓ MMM MA MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☐X Other _____

Service Description

Skill nursing facilities ("SNF") and Rehabilitation ("Rehab") services are facilities with sub-acute levels of care that offer specialized services and medically necessary professional services. Skilled nursing and/or rehabilitation services are those services, furnished pursuant to physician orders, that: require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists. The services provided in these facilities are nursing care, physical, occupational, speech, and audiology therapy. These services must be provided directly by or under the general supervision of these skilled nursing or rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result. Skilled nursing services are covered where such skilled nursing services are necessary to maintain the patient's current condition or prevent or slow further deterioration, so long as the beneficiary requires skilled care for the services to be safely and effectively provided. Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program. Such a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program.
At the acute level, hospital personnel are responsible for submitting the request for SNF/Rehab services as soon as the need for service is identified. To avoid delays in the transition process, the request must be faxed to (787) 999-1744 and must include medical order, goals of treatment, and information that justifies the need for the service. Based on the documentation received, an inHealth Medical Director will evaluate medical necessity and determine request following the LCD, NCD and MCG clinical guideline for medical necessity. SNF/Rehab services must be evaluated and pre-authorized by inHealth Management, LLC, prior to the member's transfer. An administrative adverse determination will be applied if the patient was transferred without prior authorization. Members should be transferred to MSO of Puerto Rico, LLC contracted facilities.

Once inHealth receives notification of the member's admission to the sub-acute facility, inHealth Management, LLC will send a copy of the Notice of Medicare Non-Coverage letter (NOMNC) to the facility Discharge Planner or Service Coordinator to be delivered to the member**.** This will provide the

hospital with enough time to coordinate delivery of the letter and evaluate the medical need to extend the service.

If after the member's follow-up medical evaluation, it is identified that an extension of the services is required, the SNF/Rehab facility personnel must send the medical order, patient progress notes, and information justifying the service via fax 787-999-1744. An inHealth Medical Director will evaluate medical necessity and determine request for service based on LCD, NCD and MCG clinical guideline. If the determination is to approve extension of services, inHealth Management, LLC will send a new NOMNC letter considering the extended days approved by the medical director. If the medical director's determination is to deny services, inHealth Management personnel will notify the facility of the determination. The member will receive the Integrated Denial Notice (IDN letter). This letter explains how to proceed with an appeal. When the member does not agree with an adverse determination, he/she has the right to appeal the decision.

Once the official appeal notification is received (QIO-Livanta), inHealth Management will send a Detailed Explanation of Non-Coverage (DENC letter) to the QIO, no later than the next calendar day of the notification. The delivery reasons for an NOMNC are specified in the Centers for Medicare and Medicaid Services Manual.

Notice of Medicare Non-Coverage letter (NOMNC) Details:

The notice (NOMNC Letter) applies to sub-acute hospital facilities (SNF) and is provided when Medicare-covered services end and informs members about the right to appeal through the Quality Improvement Organization (QIO). MSO of PR has delegated the delivery of this written notice, to the hospital provider under the federal regulation of CMS.

The SNF must use the letter established by the MSO of Puerto Rico, this being the format required by CMS (Centers for Medicare and Medicaid Services). The SNF will not be able to use forms altered by the agency or those that are not the current and active forms sent by the plan. The facility provider is responsible for submitting the NOMNC at least 2 days (48 hours) before discharge and educate the patient on the process of transition to home. This notification must be signed by the patient or representative and returned to inHealth Management at least 48 hours before discharge. If the patient's representative is who signs the NOMNC letter, the relationship and name in legible handwriting should be included.

The signed notification should be sent to inHealth Management, LLC via fax 787-999-1747 or to the following e-mails:

inpatient@inhealthpr.com or inhealthdatamanagement&configurations@inhealthpr.com

If the member or their representative files an appeal, hospital staff must notify inHealth Management, LLC immediately to comply with sending the DENC letter (Detailed Explanation of Non-Coverage) to the QIO.

The contact numbers for QIO-Livanta to appeal the decision or questions are:
1-866-815-5440 (Toll Free), 1-855-843-4776 (TTY) y 1-833-868-4056 (Fax).

inHealth will proactively provide documents in the language or alternate format notified by the

Enrollee. The inpatient unit will confirm the enrollee selection based on (MHK) application to guarantee the alternate format selected by the Enrollee when generating and sending enrollee communication.

Medical Necessity Guidelines

- NCD 70.5
- Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services
- MCG care web care guidelines 27th edition; Recovery Facility Care

Reference Information

- Code of Federal Regulations: Title 42 Chapter IV, Subchapter B; Part 409: § 409.44 Skilled services
- Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services 110 - Inpatient Rehabilitation Facility (IRF) Services
- MCG care web care guidelines 27th Edition

Policy History

Effective Date	Reviewer	Title	Description change
11/13/2023	Nilsa Gonzalez Suarez	AVP Operations, inHealth Management, LLC	NA
02/16/2024	Nilsa Gonzalez Suarez	Chief Clinical Operations Officer	Reviewed to comply with CMS Final Rule.