SKILLED NURSING FACILITY (SNF) CLINICAL CHECKLIST AND FAST PASS AUTHORIZATION

FirstCarolinaCare (FCC) SNF Fast Pass Prior Authorization (PA) Weekend COVID Surge Approval Process

Skilled Nursing Facility FAQ

When can I use the fast pass?

The fast pass may be used on Friday-Saturday-Sunday only. The health plan utilization management department continues to be available for reviews on Friday if needed.

Is this available for all of your members?

Yes, you may use fast pass on all eligible members.

Who completes the fast pass?

The inpatient care coordinator (eg discharge planner, case manager) at the hospital who is responsible for obtaining SNF authorizations will own the SNF clinical checklist and fast pass process.

- They will fax the initial prior authorization letter to the SNF and to the health plan.
- Details on how to do this are listed in the SNF Clinical Checklist form.

The hospital inpatient care coordinator is also responsible for notifying and providing a copy of the approval letter to the member.

What is the inclusion criteria for someone to use the fast pass?

Must meet the following:

- Patient must have active FirstCarolinaCare Benefit Coverage
- SNF must be in patient's insurance network
- Patient can tolerate daily skilled therapy
- Patient has adequate cognitive ability and motivation (without refusals) to participate in a skilled therapy program
- Patient's baseline of function is significantly lower from normal or since admission and has a reasonable potential for achieving improved function in a reasonable period of time.
- Patient is not in Hospice or Palliative Care
- Patient is not custodial care appropriate.

Must qualify and meet criteria on the checklist in one of the following categories:

- Skilled therapy
- Complex wound care
- Intravenous therapy
- High risk for readmission (inpatient only)

Who completes the fast pass?

The inpatient care coordinator at the hospital will own the SNF clinical checklist and fast pass process. They will fax the initial prior authorization letter to the SNF and to the health plan. Details on how to do this are listed in the SNF Clinical Checklist form. The hospital inpatient care coordinator is also responsible for notifying and providing a copy of the approval letter to the member.

What if the individual does not meet criteria?

If the care team feels the member does meet criteria for SNF admission or if the facility is out of the patient's insurance network, the request can be submitted to the health plan through the normal prior authorization process for review.

What does this prior authorization letter mean?

It means that this patient has met criteria for to be approved for skilled nursing facility care for three days. SNF will receive a prior authorization letter from the inpatient care coordination team. This letter serves as a temporary prior authorization and gives SNF the necessary authorization to proceed to admit patient and begin necessary treatments. The authorization will include non-urgent ambulance transfer if required.

How and when will I get the authorization number?

The health plan will provide the authorization number to the SNF on the next business day.

What happens after the first three days of approved coverage?

Approval of coverage beyond this initial three days is dependent on review of clinical information supplied to the plan by the skilled nursing facility. Medical records must be submitted to FCC for review on the 3rd covered day *or* the next business day in the case the 3rd covered day falls on a weekend or holiday.

Covered Day	Details	Need to Submit Medical Records to FCC?
1st Covered Day	Date patient admits to SNF	No
2nd Covered Day		No
3rd Covered Day	If falls on weekend or holiday	No
3rd Covered Day	If falls on business day	Yes
4th Covered Day	If 3rd covered day fell on weekend or holiday	Yes

Does this mean these patients will only get three days covered before denial?

No, this does not mean that these fast pass patients will only receive three covered SNF days by the health plan. All patients will be reviewed for continued medical necessity for continued skilled coverage, as is standard practice.

Who should I contact if I have any questions?

FCC Commercial PA Phone Number: 910-687-6013

FCC FMD PA Phone Number: 910-687-6605

FirstCarolinaCare UM Department Fax Number: 866-896-1941

Disclaimer: A SNF Fast pass approval or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.

Note: The plan may conduct a post-service utilization management review, which may include requesting medical records and reviewing SNF Clinical Checklist to ensure the clinical documentation supports the Fast Pass score that was utilized for the SNF admission.