

Skilled Nursing Facility (SNF) Benefit Change for Federal Employee Plan (FEP) Members

How do you treat a senior patient with an **FEP Standard Option** health plan who is not enrolled in Medicare Part A and needs rehabilitation that a nursing home does not offer? Starting Jan. 1, 2018, these patients will be covered for up to 30 days per benefit year of inpatient SNF care.

Here are some requirements that you need to know:

- The patient must be enrolled in Blue Cross and Blue Shield of Texas' (BCBSTX) case management program before being admitted to an SNF.
- Per the Federal Employee Health Benefit Plan, before precertifying the SNF admission, a patient's signed consent to be enrolled in the case management program must be filed with BCBSTX. When the patient transfers from an acute care facility, discharge staff will collaborate with the BCBSTX case manager to ensure this consent paperwork is completed by the patient or the patient's guardian.
- When applying for precertification, the requesting provider and discharging acute care facility must submit a detailed description of the patient's clinical status and proposed treatment plan to BCBSTX for review. The treatment plan includes:
 - Rationale for inpatient care
 - Estimated length of stay
 - Medical and rehabilitation therapies to be provided during the stay, including frequency
 - Preliminary short and long-term goals
 - Plan for discharge, including discharge location and ongoing care
- A SNF representative must provide BCBSTX with updates on the patient's status at least every seven days. Updates convey progress towards goals as well as changes to the treatment and the discharge plan.
- The SNF's attending physician must write the admission orders within 24 hours of a patient's admission.
- Within 12 hours of admission, patients on a ventilator must be seen by a pulmonologist. Respiratory therapy must always be available.
- Within 16 hours of admission, patients who are admitted primarily for rehabilitation must be seen by a physical therapist and have a treatment plan in place. These patients must get at least two hours of physical and occupational therapy, a minimum of five days per week. Documentation must be provided to BCBSTX.

For benefit approval, a patient's information can be faxed to BCBSTX at (877)404-6455.

The new utilization management guidelines for SNF services have been added to the FEP Medical Policy Manual. This manual will be available to members at www.fepblue.org after Jan. 1, 2018.

If you have any questions regarding this update or to verify a patient's eligibility, please call **FEP Customer Service at 800-972-8382**.