

Medical Coverage Policy



Skilled Nursing Facilities: Network Requirements for Participating

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	10/4/2011	Policy Last Updated:	2/19/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Skilled Nursing Facility Policy and Procedures

As part of our efforts to improve the quality and affordability of care for our members, Blue Cross & Blue Shield of Rhode Island (BCBSRI) is implementing a new Skilled Nursing Facility (SNF) Policy and Procedures for 2012. This policy and procedures is designed to help ensure that clinical care teams are engaged with members, their families, and their doctors, who will help improve member outcomes and moderate long-term healthcare costs. All the requirements outlined below must be met by BCBSRI participating SNFs for continued participation in BCBSRI's SNF network. The effective date(s) for each specific requirement is noted below.

1. Standards for access and availability of physician or registered nurse practitioner (RNP)

BCBSRI seeks to assure that members have timely access to BCBSRI participating physician or RNP who provide clinical assessment and treatment services. Facility staff must be able to rely on the availability of advanced level clinicians in an effort to improve the quality of care provided to BCBSRI members and to avoid unnecessary emergency department use and hospital admissions for conditions that can be managed safely within the facility.

BCBSRI requires the following:

- The facility shall require that all attending physicians of record shall provide 24 hours a day, seven (7) day a week coverage. This may include telephonic coverage.
- The facility shall require that all attending physicians of record agree to allow their patients to be seen as needed by an advanced independently licensed clinician (RNP) to meet this standard or agree to personally see their patients weekly.
- The facility shall provide a mechanism whereby hospital discharge planners and/or hospital attending physicians can contact the facility attending physician or RNP during

the discharge process.

- The initial clinical assessment of a physician, currently required by State and Federal regulation, occur within the range of twenty-four (24) to forty eight (48) hours of admission.

The following are suggestions the facility may use to meet those requirements:

- The facility arranges for an MD/DO or RNP to be available to see all patients on a weekly (once within every seven (7) calendar day) basis, and the MD/DO or RNP is physically present in the facility to meet this requirement.
- A defined schedule may be created that utilizes a single independently licensed professional and/or a group of professionals that in combination meet these requirements. The key requirements are for a predictable physical presence in the facility with sufficient time to see BCBSRI patients needing evaluation and/or treatment.

If the services of an RNP are used to meet these requirements, the facility must have policies and procedures that promote coordination and communication between the RNP providing care oversight and the attending physician of record. The RNP shall notify the attending physician of all visits and confirm orders in an effort to foster collaborative relationships and continuity of care.

Please Note: Financial arrangements that facilities make to meet these standards are the responsibility of the facility. The physicians or RNP clinicians providing services may seek payment directly from BCBSRI according to BCBSRI's usual contractual provisions by reporting properly coded, medically necessary services and submitting claims directly to BCBSRI.

2. Care Coordination

BCBSRI seeks to assure that all facilities coordinate care and utilize community resources as appropriate.

- The facility shall identify and refer patients who would benefit from hospice and palliative care programs consistent with patient-centered care.
- The facility shall identify members appropriate for referral to BCBSRI Care Coordination programs during the Utilization Review process.
- The facility will collaborate with BCBSRI or its designated Utilization Review vendor to support transition from the SNF to the community.
- The facility will strive to improve coordination of transfers into the facility with hospital discharge coordinators and hospital attending medical staff.
- The facility shall maintain the following documentation in their medical record for audit purposes:

- Interventions to Reduce Acute Care Transfers (INTERACT II) and Situation, Background, Assessment (Request (SBAR) that are available for emergency transfers to hospitals);
 - Patient/surrogate preferences for levels of care choices (example :Advance Directives), the patient's usual source of primary care in the community, and contact information for the facility during off hours;
 - Complete medication records shall be provided on transfer to another facility.
 - Other relevant documentation to patient care.
 - The facility shall comply with all quality initiatives promulgated statewide by Healthcentric Advisors (formerly known as Quality Partners of Rhode Island) and communicated by BCBSRI.
3. **Compliance with contractual 24 hours a day 7 days a week admission requirement to ensure adequate member access**

- Facilities must have a policy and procedure with appropriate infrastructure to support admission of BCBSRI members 24 hours a day, seven (7) days a week. The policy must specifically outline the facility's process to accept admissions after normal business hours. This policy is required to support the transition of members to the SNF from the hospital emergency department, acute setting, and/or directly from a physician's office.
- Beginning **April 1, 2012**, the facility will maintain a monthly Non-Acceptance of Admission Report (NAOAR):

Each facility must maintain a NAOAR (**See Attachment A**) for each admission not accepted that includes: the reason for non-acceptance of admission, member name, member's BCBSRI identification number, date and time of non-accepted admission (use standard selections whenever possible), name of the requesting provider/facility, and name of the person completing the report.

BCBSRI reserves the right to audit these monthly NAOAR reports. Upon request the facility will send these reports to the BCBSRI Quality Management Consultant within two (2) business days. If a facility does not submit the NAOAR in a timely manner, the Quality Management Consultant for SNFs will notify the facility via email for remediation.

4. **Facility Quality Management Program to include strategies to address hospital emergency department utilization and acute hospital admission**

A. **Facility Quality Management Program, Quality Measures Review**

- SNFs shall review the quality program guidelines outlined in **Attachment B** and submit a Quality Management Program to BCBSRI's SNF Quality Consultant by *April 1, 2012*, that includes all information contained in **Attachment B**.
- SNFs shall continue submission to the Rhode Island Department of Health of all Short Stay Measure for Quality Reporting on Nursing Home Compare. BCBSRI will be monitoring these measures and requesting additional information from the SNFs when necessary to ensure quality care outcomes for its members.

B. Reducing Acute Care Transfers – Use of INTERACT II Program

The “Interventions to Reduce Acute Care Transfers” program is an acute hospital and emergency room preadmission communication system (<http://interact2.net/tools.htm>) There are several Care Paths, Advanced Care Planning, Quality Improvement, and Communication tools that are part of INTERACT II, and BCBSRI encourages the use of all components of the INTERACT II Program. **However, BCBSRI is requiring all SNFs to adopt the following elements of Interact II effective April 1, 2012:**

Element 1

Situation, Background, Assessment, and Request (SBAR) Tool: The SBAR tool must be used to capture condition changes to evaluate the necessity to transfer the member to the emergency department. Documentation and maintenance within the member’s medical record is required by the SNF nursing staff prior to contacting the attending MD/DO/RNP/PA.

- *An alternate to the SBAR Tool may be used (i.e., a form located on the SNF’s electronic medical record) upon prior approval of BCBSRI’s SNF Quality Consultant. If an alternative is used, the same elements required in the Interact II SBAR form must be included (See Attachment C).*

Element 2

INTERACT II Quality Improvement Tool: For facility performance improvement, use of the Quality Improvement Tool is required for analysis of barriers to appropriate emergency department transfers.

Element 3

Rhode Island State Coordination of Care Form: Continued use of the Rhode Island State Coordination of Care Form (Interagency Communication), which has been endorsed by Healthcentric Advisors and the Rhode Island Department of Health, is required for all member transfers. Documentation of the use of the Coordination of Care form must be kept in the member’s medical record. Use of the INTERACT II Resident Transfer Tool is ***not required as BCBSRI encourages the support of Healthcentric Advisors statewide efforts.***

5. Compliance with network/quality requirements

- BCBSRI reserves the right to audit any and all reports and facility records.
- The facility contact will send requested reports identified in this Policy and Procedure to BCBSRI Quality Management within 48 hours of written request.
- If a facility does not cooperate with the requirements of this policy and the BCBSRI Quality Management Program within the requested time frame, BCBSRI’s Quality Management Consultant for SNFs will notify the facility of non-compliance via email requesting remediation. Continued non-compliance will be escalated to BCBSRI’s SNF Contract

Manager who will contact the facility's administrative staff to facilitate the receipt of the requested information.

- Providers must adhere to SNF network and quality program requirements outlined above and must implement recommended Corrective Action Plans to maintain continued participation in the BCBSRI SNF provider network.

Required Forms:

Attachment A:		ATTCH-A-NAOAR instructions.pdf
Attachment B:		ATTCH-B-SNF Quality Indicator Req_Guide.pdf
Attachment C:		ATTCH-C-SNF SBAR BCBSRI REQUIREMENT.pdf

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