

FACT SHEET

Skilled Nursing Facility benefit for FEP Standard Option members

Introduction

Blue Cross Blue Shield of Massachusetts provides benefits for inpatient skilled nursing facility (SNF) care for Federal Employee Program (FEP) Standard Option plan members who don't have Medicare Part A. Basic Option and FEP Blue Focus members do not have this benefit.

Determining which members are eligible

If the patient has	Or	Then
Standard Option without Medicare Part A	Standard Option with Medicare Part A secondary	They are eligible for a 30-day annual benefit of SNF coverage if criteria are met. Review FEP utilization management criteria for eligibility.

Benefits are not available for inpatient skilled nursing facility care solely for:

- Management of tube feedings
- Home level dialysis treatment
- Interim transition to long-term care placement, or
- Any other non-covered services

If the patient has	And	Then
Standard Option with Medicare A <i>primary</i>	Medicare pays for the first 20 SNF days in full*	The copayment for days 21-30 is covered by FEP.

^{*} Medicare pays for the inpatient SNF stay unless the three-day qualifying stay is not met or the Medicare SNF days are exhausted. **Please note:** FEP SNF benefits are *not available* even when the Medicare qualifying stay is not met or when the Medicare SNF days are exhausted.

If the patient has	Then
Basic Option with Medicare A secondary	FEP SNF benefits are not available.
Basic Option or FEP Blue Focus	

Qualifications

To qualify for the program, all of the following conditions must be met:
 Participation by the member in all treatment and care planning activities, including discharge planning.
 Preliminary treatment plan approved prior to admission (plan must include proposed therapies and document the need for inpatient care).
 Medication reconciliation between transferring facility and the receiving SNF.
 Medical necessity, as determined by the FEP UM Criteria for Inpatient Skilled Nursing

Facility. InterQual is not used for FEP SNF inpatient benefits.

Steps for a SNF to follow when an FEP member is referred from acute care

Step	Action
1	Review FEP utilization management criteria for eligibility.
2	 Fax the completed SNF precertification form to 1-800-205-8885 with the following: Proposed treatment plan (needed for inpatient SNF care and admission date) Proposed discharge plan Medication list for reconciliation Applicable clinical information to support medical necessity criteria
3	Transfer the member only when all criteria are met and precertification authorization is received. • You will receive a fax back with the SNF authorization number. • Members transferred during non-business hours (weekends and holidays) without a confirmed pre-certification authorization with all criteria met will receive a denial for inpatient SNF benefits.

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