e-referral overview for Skilled Nursing Facilities

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Agenda

- Introductions
- Scope
- High level process
- Requirements of facilities
- Requirements of Blue Cross/BCN
- e-referral downtime
- Peer-to-peer process
- Urgent and after hours
- Questions
- e-referral introduction
- Contact us
Scope

Blue Cross Blue Shield of Michigan and Blue Care Network continue to expand the providers’ ability to submit inpatient admission requests electronically through the use of the e-referral portal.

Currently, Skilled Nursing Facilities complete an inpatient request using an assessment form and submit by fax.

The new process requires providers to submit these requests for authorization electronically through e-referral beginning December 1, 2020.

This change will affect Blue Cross PPO and BCN HMO commercial plans.
High level review process

Requests submitted through e-referral by hospital or SNF

All cases require review based on InterQual

SNF Prior Authorization Process

Physician reviews cases not meeting IQ criteria

RN reviews clinical information submitted for approval

If denied, option for peer to peer to discuss denial

Two-level provider appeal process
Facilities will be required to:

Starting December 1, 2020, submit inpatient SNF admission requests through e-referral. Facilities will be required to attach clinical information for all cases and all cases will pend for clinical review.

- SNF requests will no longer be able to be submitted by fax.
- The SNF or acute hospital may submit the request.
- This updated submission process for SNFs applies to:
  - Admission requests
  - Extension requests

If you determine that the case may be a possible long length of stay (LOS) and/or complicated discharge plan, the facility can refer the member to Blue Cross’ care management by calling 1-800-845-5982.
Facilities will be required to:

For initial authorization requests, the clinical information must be submitted on a completed Skilled nursing facility assessment form (see example on next page).

Incomplete SNF assessment forms will delay processing your request.

Clinical includes:

- History and physical
- Any additional pertinent clinical documentation to support the need for the SNF admission
- Completed, signed Case Management member agreement letter for all FEP admissions
  - Call 1-800-845-5982 to obtain a copy of the letter

All clinical should be attached in the Case Communication section of the case.

Note: All Physical Therapy, Occupational Therapy and Speech Therapy clinical information submitted on the form must be within 24-48 hours from admission date.
SNF assessment form

**Attestations**
- **SNF benefits are verified:** ☑ Yes ☑ No
- **All therapy notes are within 24-48 hours of admission date or last covered date:** ☑ Yes ☑ No
- **Member is receiving at least 1 hour of therapy 6 days a week:** ☑ Yes ☑ No

**Member demographic information**
- **Member name:**
- **Date of birth:**
- **Enrollee ID:**

**Admission information**
- **Height:**
- **Weight:**
- **Estimated length of stay:**

**Prior level of function (home):**

**Cognition**
- **A&O x:**
- **Or Other:**

**Vital signs**
- **Body temperature:**
- **Pulse:**
- **Respiration:**
- **Blood pressure (BP):**

**Diet**
- **Type:**
  - **TPN:**
  - **NPO:**
  - **Tube feeding:**

**Diagnosis**
- **Calories/day:**
- **CCs/day:**

**Bowel/bladder**
- **Bowel:**
  - **Continent:**
  - **Incontinent:**
- **Bladder:**
  - **Continent:**
  - **Incontinent:**
- **Catheter:**
  - **No:**
  - **Yes — Type:**
- **Ostomy:**
  - **No:**
  - **Yes:**

**Oxygen delivery**
- **Delivery mechanism:**
  - **Type:**
    - **Vent:**
      - **No:**
      - **Yes — Saturation:**
- **Suction per 24 hours:**
- **Respiratory treatment**
  - **Type:**
  - **Tracheostomy:**
  - **No:**
  - **Yes — Type:**
  - **Pain:**
  - **Location:**
  - **Medication:**
    - **No:**
    - **Yes — Drug:**
    - **Route:**
    - **Dose:**
    - **Frequency:**

**Significant medication changes at reassessment that affect functioning:**

**List the changes:**
**SNF assessment form**

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**Skilled nursing facility assessment form**

For attaching to the case in the e-referral system

For Blue Cross® PPO (commercial) and BCN HMO® (commercial) members

December 2020

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**IV medications**

<table>
<thead>
<tr>
<th>IV / PICC line</th>
<th>No</th>
<th>Yes — Complete the medication information below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication name</td>
<td></td>
<td>Date: Frequency</td>
</tr>
</tbody>
</table>

**Skin status**

<table>
<thead>
<tr>
<th>Is intact</th>
<th>Is not intact — Complete the fields below:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wound or incision</th>
<th>No</th>
<th>Yes — Size: L x W x D (cm):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location and stage</th>
<th>Treatment (type, frequency):</th>
</tr>
</thead>
</table>

**PT / OT — Date of notes:**

Focus goal:

**Bed mobility / assist needed**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Transfers**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Gait / assist needed**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Gait / distance**

| None | Type |

**Stairs**

Current number of stairs patient can climb:

| Number of stairs in home: |

**Stairs / assist needed**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Comments:**

**Self-care: current functioning**

**Occupational therapy — focus goal:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Bathing / UE:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Bathing / LE:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Dressing / UE:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Dressing / LE:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Toileting / hygiene management:**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**ADL transfers**

| Total assist | Max assist | Mod assist | Min assist | CGA | SBA | Mod ind | Ind |

**Speech therapy: current status**

| No speech therapy needed | Dysphagia evaluation / modified barium swallow assessment needed |

Result / aspiration risk / recommendations:
SNF assessment form

Skilled nursing facility assessment form
For attaching to the case in the e-referral system
For Blue Cross* PPO (commercial) and
BCN HMO℠ (commercial) members
December 2020

<table>
<thead>
<tr>
<th>Discharge plans (must be initiated at admission)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge date (tentative):</td>
</tr>
<tr>
<td>Discharge location — Assisted living</td>
</tr>
<tr>
<td>Home with family support</td>
</tr>
<tr>
<td>Home evaluation date:</td>
</tr>
<tr>
<td>Home – number of levels — 1 level</td>
</tr>
<tr>
<td>Home – number of steps — At entry:</td>
</tr>
<tr>
<td>Lives with:</td>
</tr>
<tr>
<td>Supervision needs at discharge:</td>
</tr>
<tr>
<td>Equipment needs at discharge:</td>
</tr>
<tr>
<td>Discharge barriers:</td>
</tr>
</tbody>
</table>

Additional notes

Note: For BCN members, for DME, contact Northwood at 1-800-667-8406. For diabetic supplies, contact J&R Medical Supply at 1-888-890-6323. For Blue Cross* PPO members: For information about DME and diabetic supplies, contact Provider Inquiry at 1-800-240-5103 to determine benefits.
Facilities will be required to submit requests for additional days if they are needed beyond the initial authorization by completing an extension on the original case. An updated SNF assessment form including pertinent clinical updates and updated therapy/clinical information will need to be submitted if additional days are needed.

**Extending an Inpatient Authorization**

To extend service on an existing Inpatient Authorization, begin by locating your authorization. Click the Edit button on the right side of the details page. Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and amount of days. Click Submit.

Note: You must enter the extension request on the original case in order for Blue Cross/BCN to view the request. Blue Cross/BCN is not notified when only Provider Communications are entered on a case in e-referral.

If the member is discharged, please include the discharge date and discharge plan/summary in the Case Communication.
Blue Cross/BCN will be required to:

When the case pends for review, a Blue Cross/BCN RN will review the attached clinical documentation to determine if it meets InterQual criteria:

- If the documentation submitted meets InterQual they will approve the admission and assign a length of stay.
- If the documentation does not meet InterQual criteria, they will pend the case to a physician to make the decision. We will send a notification that the case has been pended in the Case Communication section.

If additional information is needed to support the SNF admission, Blue Cross/BCN will send a message in the Care Advance Case Communication or try to call the facility.

- If the case is on the e-referral users My List, you will note a Blue Dot on the envelope of the case indicating there is an incoming message from Blue Cross/BCN with what is needed to complete the review.

If no clinical information is received or the additional information is not received within 24 hours, the case will be pended to the Blue Cross/BCN Medical Director for review with the information available.
Case determinations

Case decisions are expected to be turned around within 24-72 hours. Blue Cross/BCN will provide a copy of the determination letter in the Case Communication section and will call to notify the facility for all denials.

*Note: Case determinations may be longer if the admission and discharge has already occurred.*

If a case has been closed (discharged, denied or voided), don’t submit additional clinical documentation or send Blue Cross/BCN messages within the case as we don’t receive notification of those messages or any changes to that authorization.

Instead, please fax, email or call us with your question or request so we can assist you in a timely manner.

- **Fax:** 1-866-411-2573 (PPO); 1-866-534-9994 (HMO)
- **Email:** ereferralinquiries@bcbsm.com
- **Phone:** 1-800-344-8525 (PPO); 1-855-724-4286 (HMO)
## Authorization requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Blue Cross’ PPO</th>
<th>BCN HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial authorization request</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Initial authorization request number of days</td>
<td>7 days</td>
<td>7 days</td>
</tr>
<tr>
<td>Attach completed <em>SNF assessment form</em> for initial authorization</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Attach H&amp;P/clinical documentation for initial authorization</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Add extension to original authorization if additional days are needed</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Attach updated SNF assessment form/ clinical documentation with <strong>extension</strong> request if additional days are needed</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Add discharge dates in e-referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Add discharge summary in e-referral if available</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*SNF*: Skilled Nursing Facility

**extension**: Indicates additional days needed.
If e-referral is unavailable

If issues with e-referral occur, Blue Cross/BCN will accept faxed requests with a completed SNF assessment form and clinical information and will process the case manually. The request for SNF admissions should be submitted with all applicable information including clinical to substantiate the need for the SNF stay so that a timely review can take place.

If a member is not showing up in e-referral, you can fax the request to Blue Cross/BCN and we will add the member temporarily until the member is added to the contract.

Fax: 1-866-411-2573 (PPO)
Fax: 1-866-534-9994 (HMO)
Peer-to-peer process

A peer to peer is a conversation between a Blue Cross physician and treating physician/physician advisor about the members' case/care and determines whether the denial will be maintained or overturned. This process is the same for expedited appeal requests.

Here's how to request a peer-to-peer review:

1. Complete the Physician Peer-to-Peer Request Form (for non-behavioral health cases) (found on ereferrals.bcbsm.com under Blue Cross, then Authorization Requirements & Criteria, then Forms – Blue Cross PPO (commercial))
2. Fax it to 1-866-373-9468 during normal business hours of 8 a.m. to 5 p.m. (except for weekends and holidays) or email it to peertopeer@bcbsm.com.

The peer-to-peer review will be scheduled on business days, Monday through Friday between 9 a.m. and 4 p.m. (except for holidays). (All times are Eastern.)

Peer-to-peer requests must be made within 7 days of the initial non-approval decision and prior to the submission of an appeal. If an appeal is received it will take precedence over the peer to peer.

Peer-to-peer decisions will be updated in the e-referral system and a new letter will be sent only if the decision has been overturned.

Note: Please utilize the appeals process for members who have already been discharged to ensure timely peer-to-peer scheduling for those who remain in your facility.
Urgent and after hours

All communication regarding need for information and case decisions will occur directly through the Case Communication within e-referral or by phone. However, Blue Cross and BCN have phone lines available 24/7 for facilities to utilize for *urgent escalations* of a case or if you have not heard back on a pending case.

**Blue Cross PPO and BCN HMO:**
1-800-851-3904

Blue Cross and BCN ask that you please wait and contact our other dedicated phone lines during business hours if the request is not urgent.
e-referral overview

Training materials and online self-paced learning modules are available at ereferrals.bcbsm.com.
Section 4 of the e-referral User Guide will walk you through submitting an Inpatient Authorization request.

4. Submit an inpatient authorization

Use Submit Inpatient Authorization for all inpatient services done by contracted or noncontracted providers that require authorization. For example, in the BCN Referral and Authorization Requirements (PDF), inpatient admissions, lumbar spine surgery, total joint replacement and small bowel resection are inpatient services that require authorization for BCN members.

When you submit an Inpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name and Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name and first name or the entire Subscriber ID.

Click the Search button to view the results.

- Admission Date
  Select the admission date from the calendar.
- Length of Stay
  For Blue Cross members, enter the length of stay in days. Refer to e-referrals.bcbcm.com, select Blue Cross at the top, then click the Authorization Requirements & Criteria in the left navigation to find guidelines for length of stay entry. For BCN members, enter an estimated length of stay in days for nonobstetric admissions.
- Type of Care
  Your options include:
  - Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
  - Elective — Use for all services whether prospective or retrospective that are not urgent or emergent.
  - Emergency — Use only for inpatient admissions that originated in the emergency room. Do not use for outpatient services. See submission instructions in the Submitting an emergency or urgent admission section.
- Place of Service
  Select from:
  - Inpatient Hospital — This should only be selected for medical or surgical admissions.
  - Inpatient Psychiatric Facility — This should only be selected for Behavioral Health admissions.
  - Psychiatric Residential Treatment Center — This should only be selected for Behavioral Health admissions.
  - Residential Substance Abuse Treatment Facility — This should only be selected for Behavioral Health admissions.
  - Skilled Nursing Facility — This should only be selected for Skilled Nursing Facility admissions.
Online self-paced learning

Follow the *Submitting an Inpatient Authorization* module to learn how to load a SNF authorization.

### Online Self-paced Learning Modules

We have developed interactive learning modules to help you learn core functionalities and features of the e-referral tool.

Please click the title link in the table below to start each module.

<table>
<thead>
<tr>
<th>Module</th>
<th>BCN</th>
<th>Blue Cross</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checking Member Eligibility and Benefits</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>2. Accessing e-referral</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>3. Navigating the Dashboard Home Page</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>4. Searching for a Referral or Authorization</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>5. Submitting a Global Referral / Authorization</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>6. Submitting a Referral</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>7. Submitting an Inpatient Authorization</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>8. Submitting an Outpatient Authorization</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>9. Bookmarks</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>10. Templates</td>
<td>✔</td>
<td>✔</td>
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Contact us

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For issues regarding admission date changes, NPI corrections, or e-referral case corrections, email e-referralinquiries@bcbsm.com
Additional job aids

- **Authorization Requirements & Criteria** page on ereferrals.bcbsm.com
- **Inpatient authorization requests: Tips**

*This document states peer-to-peer requests can only be accepted by fax. Requests can be accepted by fax or email. This document is currently being updated.*
Thank You!