

Process for skilled nursing facility requests

This document provides contact information and clarification on the process to assist with timely decisions regarding transitions to skilled nursing facilities (SNFs) and ongoing authorization requests.

Medicaid MCOs are responsible for coverage of SNF stays that meet rehabilitative or skilled level of care for Medicaid only individuals. Please follow this process for making requests for Medicaid only individuals.

Points of contact for SNF/hospital

Amerigroup Washington, Inc. is responsible for assisting in authorizing services, assisting with transition planning, and ensuring timely responses to providers. Use the following contacts for assistance:

Primary service authorization contact	Fax SNF requests to: 855-225-9940 Submit online at: https://apps.availity.com/availability/web/public.elegant.login Call: 855-231-8664, ext. 106-103-5172
Escalation contact	Shawna Kjolseth 509-378-9233 shawna.kjolseth@anthem.com
Clinical review/exceptional rate contact	Christina Cranford-Denham 757-473-2737, ext. 106-124-5098 christina.cranford-swaim2@amerigroup.com
Transitional care/care management contact	Discharges_Amerigroup@anthem.com

Initial authorization process

Prior to admission and an MCO paying for services, the provider must request authorization for the services. If the provider requires additional support to facilitate the admission, this should be communicated to the MCO with the authorization request.

Submit SNF requests to:

- Fax SNF requests to **855-225-9940**.
- Submit online at <https://apps.availity.com/availability/web/public.elegant.login>.
- Call **855-231-8664, ext. 106-103-5172**.

Once we receive a prior authorization request:

- Amerigroup will review the SNF request using **necessary documentation**:
 - Medical records and progress notes, including physical examination
 - Physical, occupational, speech therapy evaluations, and records on response to therapy
 - A clear description of the current skilled nursing and therapy needs

- Laboratory and imaging reports
- Details of any specific needs related to risk, trauma, culture, etc.
- Other supporting medical documentation
- The authorization will be placed on pending status until notification from the SNF facility is received. Once approved and authorized, Amerigroup will send an approval letter.
 - Initial requests are authorized for a minimum of seven days.
 - Requests are processed within one business day, Monday through Friday.
 - Amerigroup takes requests Monday through Friday from 8 a.m. to 5 p.m. PT and has a PHI-protected voicemail.

Ongoing authorization process

SNF extension requests are processed within one business day, Monday through Friday, 8 a.m. to 5 p.m. Please submit the most current and updated clinical summary, MD notes/orders, medication, PT/OT/ST, and skilled nursing need(s) notes showing progress for ongoing SNF level of care, showing member's progress compared to last review date. Documentation should also include the discharge plan, date, and disposition.

Submit SNF requests to:

- Fax skilled nursing facility requests to **855-225-9940**.
- Submit online at <https://apps.availity.com/availability/web/public.elegant.login>.
- Call **855-231-8664, ext. 106-103-5172**.

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Link to forms:

<https://provider.amerigroup.com/washington-provider/resources/forms>

Exceptional rate process

If an individual has exceptional care needs and the facility will require additional support for the admission, the following documentation and process applies.

Amerigroup will consider an exceptional rate when warranted based on out-of-network status or complex clinical presentation of the member. For example, if a member has special bariatric needs, we can apply carve-outs for durable medical equipment (DME), and/or include additional costs in a single case agreement (SCA) for participating or non-participating providers. It is best practice to indicate if an SCA is necessary on the prior authorization form if there is an exceptional rate request known at the time of the initial request.

As the requesting facility/provider, please provide a detailed example of the kind of complex care and services that the member requires along with pertinent clinical information.

Out-of-network and exceptional care situations are reviewed on a case-by-case basis to facilitate transitions of care.

If an SCA was not initially indicated on the prior authorization form, SNFs should request an SCA by contacting:

Christina Cranford-Denham

757-473-2737, ext. 106-124-5098

christina.cranford-swaim2@amerigroup.com

Discharges_Amerigroup@anthem.com

Fax SCA requests to: **855-225-9940**

Call **855-231-8664, ext. 106-103-5172**

Transitional care

Amerigroup is responsible for assisting with the transition back to the community by helping ensure the individual is connected to community providers for physical and behavioral health if needed. Amerigroup obtains necessary DME and assists with locating a community setting.

Our complex discharge planners follow members staying in inpatient acute care, inpatient rehab centers, and SNFs to assist members in transitioning to the most appropriate and least restrictive care setting. In the process of these reviews, when Amerigroup identifies a need for any DME, home health, or any other needs to help the member get back to the community, we will reach out to the facility to assist with facilitation of the needed services. Amerigroup will also assist with finding a SNF, adult family home, or long-term care custodial care placement if needed.

If there are questions or assistance is needed with discharge planning or transition, facilities/staff can access our complex discharge planners at discharges_amerigroup@anthem.com. Please provide a brief synopsis of what is needed including MD orders, current clinical information, and return contact information. This mailbox is checked each day, and a clinical contact will be assigned to assist you within 24 to 48 hours.

Submit prior authorization requests for DME or home health care to:

- Fax requests to **855-225-9940**.
- Submit online at <https://apps.availity.com/availability/web/public.elegant.login>.
- Call **855-231-8664, ext. 106-103-5172**.

Prior authorization requests supporting hospital discharge are prioritized for completion within 24 to 48 hours.