

MEDICAL MANAGEMENT CONTINUED AUTHORIZATION REQUEST FORM HELPFUL HINTS

NEW AUTHORIZATIONS REQUESTS:

SNF's are requesting authorizations for inpatient SNF admissions with insufficient information to create the authorizations. The Medical Management Assistant must call the facility or fax a request to provide the additional information that is needed. This is causing a delay in getting the admission notification to the CRN. The hospital face sheet alone is not enough information to create an authorization.

When calling for an authorization, please provide the following information:

- Facility Face Sheet
- Admit date
- Admit diagnosis
- What services will be rendered

REQUEST FOR CONTINUED AUTHORIZATION FORM:

This form must be filled out completely and correctly or it may delay important processing of the review and ultimately the payment of the claim. The Review nurse reviews for clinical information to certify the continuation of the stay (intensity of need vs. intensity of services being rendered).

The Continued Authorization form must contain the following information:

- Date of admission
- The diagnosis
- What is the reason for the admission
- What is the skilled need (what services is the member receiving)
- What is the plan of care
- What is the member baseline functional level (usually available by the second week PT/OT has completed the initial evaluation)
- What is the estimated length of stay
- What is the discharge plan
- Has there been a status change? The plan must be notified.

Please note: a "check mark or the use of "X's" on the Continued Authorization Request form does not provide sufficient information for the review nurse to be able to extend and authorize a continuation of the stay. If the admission is for PT/OT and continued treatment is being requested, please indicate any clinical progress, (*i.e., member is ambulating 50 feet contact guard assist with a front wheeled walker, able to dress upper ext modified assist, independent bed mobility, feeds self, etc.*). If the member is on IV meds, please indicate the date the IV medication is to end. The medical information

contained on the Continued Authorization Request form must demonstrate the progress being made toward the stated goals for care. The form can easily be taken to weekly SNF team meetings and filled out and then faxed to the review nurse.

NOTICE OF MEDICARE NON COVERED (NOMNC):

The NOMNC is a CMS requirement for all Mercy Care Advantage (MCA) and FFS (original Medicare) members. The notice is time sensitive; it must be given to the enrollee two days before the effective date of when services are ended. The notice must be filled out correctly or it is considered invalid. Whenever a NOMNC is delivered by the facility, a copy must be sent to Mercy Care Plan. The notice is reviewed for accuracy and maintained on file per CMS guidelines. In the event the notice is found to be invalid, Mercy Care Plan will notify the provider that the notice is invalid and why. A new notice must be generated with new effective dates where applicable.

Mercy Care Advantage members in a skilled stay/ancillary vendor:

The MCA member, when in a skilled stay, is reimbursed under the RUGS methodology; therefore, there is no need for separate authorizations for items such as infusion, DME, etc. **Remember**, the stay is all inclusive and you will need to contact your own vendors.