



## **Provider Notification – About Your Treatment Request**

Dear Provider,

The purpose of this notice is to inform you of San Francisco Health Plan's Post-Acute Facility Authorization Guidelines.

**Prior to admitting a SFHP member to a Post-Acute Care Facility, an authorization should be provided by SFHP first.**

For Post-Acute Placement Authorizations (skilled nursing and custodial care placed from an acute hospital or other lower level of care facility): Contact SFHP's Post-Acute team directly at **1(415) 615-4583** or [postacutehelp@sfhp.org](mailto:postacutehelp@sfhp.org).

### **Notification Timeframe Requirements**

Admissions: Notice is due within five (5) business days of admission.

Transfers (e.g., to hospital, another SNF, or community via leave of absence): Notice is due immediately upon leaving SNF facility, and not to exceed seven (7) calendar days.

Discharge: Please let us know as soon as the plan is known. SFHP will assist with Transitional Care Services.

### **Bed Hold & Leave of Absence Requests**

Bed hold and leave of absence durations are authorized in accordance with Cal. Code Regs. tit. 22 § 51535 and 51535.1.

Requests must be submitted within seven (7) calendar days of the member leaving the facility.

SFHP must ensure members have received a written notice of their right to exercise the bed hold provision. Requests must include a copy of the written notice.

### **Skilled Care Extensions or Level Change Requests**

Please notify SFHP's Post-Acute team no sooner than five days prior to the last pre-authorized day if you require an extension or change to the current level of care or originally agreed upon timeframe. Requests must include clinical rationale, length of extension and supporting documentation in order to be reviewed for medical necessity. If we do not receive a timely request for extension or level modification and the member remains admitted at your facility without notifying us so we can support you in planning for the discharge, we will drop the care days to a custodial level 0 in lieu of denying these days. This is not applicable to facilities with members on an LOA.

**Please remember to check members' eligibility in the beginning of the month for members that are already in-house. Eligibility can be verified by one of the following methods:**

Online at SFHP's provider portal: [sfhpprovider.healthtrioconnect.com](http://sfhpprovider.healthtrioconnect.com)

Interactive Voice Response: **1(415) 547-7810**

SFHP Member Services: **1(800) 288-5555**

### **Clinical Documentation and Submission Frequency**

Skilled Nursing Care: Clinical information must be faxed to **1(415) 547-7822** on a weekly basis.

The type of clinical information required will depend on the needs of the patient and the services authorized which includes, but is not limited to:

- MD daily or weekly progress notes
- PT/OT/ST evaluation notes
- Weekly therapy progress notes with treatment record time for PT/OT/ST needs
- Wound care orders and weekly progress notes for wound care treatment
- Respiratory therapy daily progress notes (weaning trials, oxygenation status, ventilator settings)
- Medication administration records (IV antibiotics, pain medication, TPN)
- Preadmission Screening and Resident Review (PASRR)
- Bed Hold/Leave of Absence
- Notices or other information as requested

**Failure to comply** with instructions above or claims submitted prior to the submission of clinical documentation may result in **denial of payment**.

Please note that preauthorization does not guarantee payment. Payment is contingent on clinical review, application of medical necessity criteria and eligibility at time services are provided.

Thank you for your continued efforts to provide superior care to SFHP members. Please contact SFHP's Post-Acute Care team at **1(415) 615-4583** or [postacutehelp@sfhp.org](mailto:postacutehelp@sfhp.org) with any questions or concerns.

Sincerely,

#### **Post-Acute Care Team**

#### **San Francisco Health Plan**

PO Box 194247

San Francisco, CA 94119

Phone: **1(415) 615-4583**

Post-Acute Fax: **1(415) 547-7822**