

PROVIDER BULLETIN #10-2020

TO: Participating providers
FROM: Clinical Services
DATE: September 30, 2020
SUBJECT: New guide for post-acute facility admissions

Independence Blue Cross (Independence) has developed a [guide](#) to help facilitate the review process for both the admission to a post-acute facility (Skilled Nursing Facility and Acute Rehabilitation Facility) as well as concurrent reviews. Independence strongly encourages providers to use this guide. It provides the necessary information required for a thorough review of both medical necessity and level of care. Being prepared with this information *prior* to calling care management will both speed the review process and allow for the most appropriate decision.

In addition, once the authorization request is submitted, the member's medical records should be sent immediately for timely processing of the request. Late records, or records we do not receive, can lead to provider and/or facility liability.

The guide may also be found on our [website](#).

Completing and delivering the NOMNC for Medicare Advantage members

If a valid Notice of Medicare Non-Coverage (NOMNC) or requested medical records were not provided, the facility will receive an administrative denial and be held responsible for charges. Please refer to the [Form Instructions for the Notice of Medicare Non-Coverage](#), for guidance on completing and delivering a valid NOMNC. Medical records should be submitted at the time of the Quality Improvement Organization (QIO) appeal request, by noon of the day before discharge. The member must request the QIO appeal.

Our goal is to assist providers in facilitating the coordination of care to achieve optimal patient outcomes and avoid appeals due to insufficient authorization information.

Learn more

If you have any questions regarding the authorization process, please call Provider Services at **1-800-ASK-BLUE** (1-800-275-2583).

We encourage you to share this information with appropriate members of your staff.
