

Medica Protocols

Skilled Nursing Facility (SNF)

Skilled Nursing Facility Provider will comply with the following protocols of Medica:

1. Follow approved billing procedures of Medica.
2. Obtain prior authorization in accordance with the Administrative Requirements for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
3. If applicable, provide Health Services pursuant to a medical treatment plan by and under the direction of a Physician, pursuant to the Member's Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
4. Be bound by Medica's Administrative Requirements and comply with the service, access and quality standards, as modified from time to time by Medica and communicated to Skilled Nursing Facility Provider under the terms and conditions of the Agreement.
5. Refer Members only to other Network Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Benefit Contract or required by state law¹. This includes rendering Health Services only at Participating Provider facilities.
6. If the Member's Benefit Contract is one that requires the Member to receive all or any Health Services from or upon referral by a primary care Physician, the following additional protocols must be adhered to when those Health Services are rendered:
 - (a) Referrals to other Network or non-Network Providers must first be authorized by the Member's primary care Physician; and
 - (b) Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's primary care Physician.

Skilled Nursing Facility Provider will comply with all reasonable protocols adopted by Medica. In the event Medica adopts any additional or revised protocols following the Effective Date of the Agreement, Medica will communicate such additional or revised protocols to Skilled Nursing Facility Provider forty-five (45) days prior to their adoption and permit Skilled Nursing Facility Provider forty-five (45) days to comply with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Notwithstanding anything in the Agreement to the contrary, Medica reserves the right to audit claims for evidence of Medicare Part D pharmacy claims for Medicare Part A Skilled Nursing Facility Stays that have been paid directly by Medica to pharmacy providers. In the event that a pharmacy bills Medica for any Medicare Part D pharmacy claim for Medicare Part A Skilled Nursing Facility Stays, Medica will pay such pharmacy and invoice the Skilled Nursing Facility for such costs. The Skilled Nursing Facility agrees to

¹ 36 O.S. 2011, Section 6055

reimburse Medica for the cost of all medications billed by Medica to the Skilled Nursing Facility in accordance with this Agreement.

Failure to comply with the protocols of Medica is considered a material breach of the Agreement.

SKILLED NURSING FACILITY NOTIFICATION REQUIREMENTS

Skilled Nursing Facility Provider will fully comply with the following notification requirements and with any other notification requirements required by Medica and communicated in advance in writing to Skilled Nursing Facility Provider:

- (a) **Notification of Skilled Nursing Facility Admission.** Skilled Nursing Facility Provider will notify Medica by telephone prior to any scheduled Skilled Nursing Facility Admission and not more than twenty-four (24) hours following any Admission; provided, however, in the event a Skilled Nursing Facility Admission occurs during a weekend or holiday, Skilled Nursing Facility Provider will notify Medica by the end of the first following business day. As part of such notification, Skilled Nursing Facility Provider will notify Medica whether Skilled Nursing Facility Provider was able to verify eligibility for skilled benefit.
- (b) **Notification of Ancillary Health Services.** Unless otherwise directed by Medica or Member's attending Physician, Skilled Nursing Facility Provider will notify Medica by telephone prior to rendering or arranging for any Ancillary Health Services to a Member only in the event the Member or Subcontracted Provider has failed to obtain or was unable to provide Provider with documentation of Medica's approval of the provision of Ancillary Health Services. Skilled Nursing Facility Provider will cooperate with Medica, the Member and the Member's attending Physician as may be necessary to evaluate for approval the request for health care services.
- (c) **Notification of No Coverage to Member.** Unless otherwise directed by Medica or Member's attending Physician, upon notification by Medica or Member's attending Physician to Skilled Nursing Facility Provider of no benefit coverage for a Member, Skilled Nursing Facility Provider will notify Member or person acting on Member's behalf, in writing of no benefit coverage. Skilled Nursing Facility Provider will comply with Medica's procedure for promptly notifying Member or person acting on Member's behalf, when a decision on no benefit coverage is made. The procedure will provide for Member's or person acting on Member's behalf acknowledgment of written notice of no benefit coverage to Member or person acting on Member's behalf, on the day of admission or on the date Skilled Nursing Facility Provider first learns that Medica or Member's attending Physician will not approve coverage for certain services, or on the date Medica notifies Skilled Nursing Facility Provider of a decision of no benefit coverage, whichever is earlier.
- (d) **Notification of Member Status.** As may be requested by Medica or Member's attending Physician, Skilled Nursing Facility Provider will communicate with Medica or Member's attending Physician in a manner and according to a schedule acceptable to Medica or Member's attending Physician for the purpose of Medica or Member's attending Physician properly monitoring and reporting status of Members confined to or discharged (including death) from Skilled Nursing Facility Provider's facility as required of Medica or Member's attending Physician by the Center for Medicare and Medicaid Services ("CMS").

Skilled Nursing Facility Service and Access Standards

The emphasis of Skilled Nursing Services must be to rehabilitate and discharge patients from a Skilled Nursing Facility Stay within a relatively short period of time.

Skilled Nursing Facility Provider must provide:

- Admissions seven (7) days per week, 24 hours per day.
- Acceptance of Members from inpatient facilities, emergency rooms, and Physician practices.
- Rehabilitative therapy services (PT, OT, ST, or RT) available six (6) or more days per week.
- Goal-oriented discharge planning, via multi-disciplinary team, commencing on the Skilled Nursing Facility Admission, with emphasis on rehabilitation and discharge to home or place of residence.
- Care conference per Skilled Nursing Facility protocol.

Failure to comply with the protocols of Medica is considered a material breach of the Agreement.

REV 8/2021

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