

Skilled Nursing Facility

Applies to Iowa:

Blue Medicare Advantage HMO



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Skilled Nursing Facility

A skilled nursing facility provides skilled care such as nursing or rehabilitation services to individuals who can no longer care for themselves following an injury or illness. It can be a separate facility, or part of a hospital, or other health care facility.

Original Medicare

Original Medicare benefits cover extended care services that are provided in a Medicare certified skilled nursing facility. There is a limit of 100 days for each benefit period. The benefit period is renewed when the beneficiary has not been in a skilled nursing facility for 60 days. There is no limit to the number of benefit periods a beneficiary can have.

The beneficiary must meet the following requirements to be eligible for coverage:

- The beneficiary must be an inpatient of a hospital for a medically necessary stay of at least three consecutive calendar days prior to discharge.
- The beneficiary must be transferred to the skilled nursing facility within 30 days after discharge from the hospital.
- In certain circumstances, the 30-day period may be extended if, at the time of hospital discharge, it is predictable that extended care services will be required subsequent to hospital care.

Wellmark Advantage Health Plan HMO Enhanced Benefit

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows WAHP Blue Medicare Advantage HMO to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for services provided in a Medicare certified skilled nursing facility is provided to members under WAHP. The three-day hospital stay requirement under Original Medicare is waived for all WAHP Blue Medicare Advantage HMO members. The member's cost sharing and coverage conditions are determined by WAHP.

Reimbursement

WMAHP Blue Medicare Advantage HMO plan maximum payment amount for skilled nursing facility benefit is consistent with Original Medicare. Reimbursement is made at the skilled nursing facility prospective payment system rate, minus the member's cost share for Part A inpatient services. This represents payment in full and providers are not allowed to bill the member for the difference between the allowed amount and the charge.

Conditions for Payment

The following table specifies payment conditions for skilled nursing facility coverage.

Conditions for Payment	
Eligible provider	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	Medically necessary stay of at least three consecutive calendar days in an inpatient hospital is not required. 100 days per benefit period
CPT/HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	
Age restrictions	
Prior Authorization	Required

Member Cost Sharing

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, percent, or deductible.

Providers can only collect the appropriate WAHP Blue Advantage Medicare HMO cost sharing amount from the member. Reference the plans Evidence of Coverage (EOC) or Summary of Benefits (SOB) for specific cost share amounts.

If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with That non-covered service.

To verify member eligibility, benefits, and cost share, go to the Wellmark Advantage Health Plans secure website at www.WellmarkAdvantageHealthPlan.com or call Provider Inquiry **1-855-716-2556 (TTY:771)**.

Billing Instructions for Providers

1. Bill services on the CMS-1450 (UB-04) or 837 equivalent claim form.
2. Use the Wellmark Advantage Health Plan unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier and Taxonomy number on all claims.
5. Use electronic billing.
6. Submit Claims to:
Wellmark Advantage Health Plan
Station 1E238
PO Box 9291
Des Moines, IA 50306

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