

# Skilled Nursing Facility, Inpatient Rehab and Long-term Acute Care Documentation Expectations



**Initial requests:** Fax all requested admission information to 855-662-7973.

**Weekly updates:** Fax all requested information to 855-662-7969.

**Postacute department phone number:** 800-887-9733

<b>Admission</b>	<ul style="list-style-type: none"><li>• HealthSpring prior authorization initial request form</li><li>• Admit orders</li><li>• Medication list</li><li>• Hospital discharge summary</li><li>• Therapy evaluations</li></ul>
<b>Weekly updates</b>	<p><b>Therapy services</b></p> <ul style="list-style-type: none"><li>• Level of function update for all applicable disciplines: Physical therapy, occupational therapy or speech therapy</li><li>• Nursing notes</li></ul> <p><b>Nursing services</b></p> <ul style="list-style-type: none"><li>• Nursing notes documenting adverse events<ul style="list-style-type: none"><li>– Most recent vital signs</li><li>– Provider orders since last report period</li></ul></li></ul> <p><b>The following nursing documentation, if applicable:</b></p> <ul style="list-style-type: none"><li>• Wound notes<ul style="list-style-type: none"><li>– Location, measurements, appearance, dressing</li><li>– Member or caregiver education for home maintenance</li></ul></li><li>• Tube feeding<ul style="list-style-type: none"><li>– Rate, tolerance, intake and output</li><li>– Member or caregiver education for home maintenance</li></ul></li><li>• IV therapy<ul style="list-style-type: none"><li>– Medication, rate, any reactions, access site assessment</li><li>– Member or caregiver education for home maintenance</li></ul></li></ul>
<b>Discharge</b>	<ul style="list-style-type: none"><li>• Identify member's primary care physician using one of these options:<ul style="list-style-type: none"><li>– Check online web portal</li><li>– Call provider services at <b>800-230-6138</b></li><li>– Schedule member's follow-up visit with their PCP prior to discharge*</li><li>– Check member's ID card</li></ul></li><li>• Send discharge notification sheet with following information to case manager and to member's PCP:<ul style="list-style-type: none"><li>– Discharge location (home, family's home, long-term care, assisted living facility)</li><li>– Caregiver support (none, family/friends, paid)</li><li>– Services (home health, durable medical equipment)</li><li>– Medication list</li></ul></li></ul>

\*For high-risk members, discuss available resources with case manager prior to discharge. Medicare Advantage offers several in-home resources at no cost to the member, which may help to prevent readmissions.