

# Update: Clinical review requirements temporarily suspended for admissions to skilled nursing facilities from hospitals in certain states

## What's changing

Blue Cross Blue Shield of Michigan and Blue Care Network are temporarily suspending clinical review requirements for the first three days of admission to skilled nursing facilities from hospitals in the states listed in the table below. This temporary change is due to the COVID-19 pandemic and applies to all lines of business, including Blue Cross Blue Shield of Michigan commercial, Blue Care Network commercial, Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup>. The change is in effect until further notice.

**Note:** For each state, this change is effective on the date indicated in the table.

State	Effective date on which clinical review is suspended
Alabama	Sept. 1, 2021
Arizona	Sept. 1, 2021
Arkansas	Sept. 1, 2021
Colorado	Sept. 9, 2021
Florida	Sept. 1, 2021
Georgia	Sept. 1, 2021
Idaho	Sept. 1, 2021
Illinois	Sept. 1, 2021
Indiana	Sept. 1, 2021
Kansas	Sept. 1, 2021
Kentucky	Sept. 1, 2021
Louisiana	Sept. 1, 2021
Maine	Sept. 9, 2021
Michigan	Sept. 20, 2021
Minnesota	Sept. 20, 2021
Mississippi	Sept. 1, 2021
Missouri	Sept. 1, 2021
Montana	Sept. 20, 2021

State	Effective date on which clinical review is suspended
Nebraska	Sept. 1, 2021
New Mexico	Sept. 20, 2021
North Carolina	Sept. 1, 2021
Ohio	Sept. 1, 2021
Oklahoma	Sept. 20, 2021
Oregon	Sept. 1, 2021
Pennsylvania	Sept. 20, 2021
South Carolina	Sept. 1, 2021
Tennessee	Sept. 1, 2021
Texas	Sept. 1, 2021
Utah	Sept. 9, 2021
Washington	Sept. 1, 2021
West Virginia	Sept. 20, 2021
Wisconsin	Sept. 9, 2021

## Information you need to know

- Admissions to skilled nursing facilities from the hospitals in the states listed in the table will auto-approve the first three days. Clinical documentation is not required until the continued stay review, starting on the fourth day of the stay.
- This temporary change does not apply to Blue Cross Blue Shield of Michigan commercial FlexLink® groups for which a third-party administrator makes authorization determinations. Facilities should check the back of the member's ID card to determine whether a third-party administrator needs to be contacted prior to an admission.
- Long-term acute care hospital and inpatient rehabilitation facility admissions from the hospitals in these states still require clinical review.

## Documents updated with this change

The following documents have been updated to reflect this change:

- For Blue Cross Blue Shield of Michigan commercial and Medicare Plus Blue: [Provider Preauthorization and Precertification Requirements](#)
- For Blue Care Network commercial and BCN Advantage: [Non-Michigan providers: Referral and authorization requirements for BCN members](#)