

SNF Beneficiary Protection Notification Review

Beneficiary Protection Notification Review: Complete the review for residents who received Medicare Part A Services. Medicare beneficiaries have specific rights and protections related to financial liability and the right to appeal a denial of Medicare services under the Fee for Service (Original) Medicare Program. These financial liability and appeal rights and protections are communicated to beneficiaries through notices given by providers. The objective of the Beneficiary Liability Protection Notices Review is to determine if the facility issues notices as required under 42 CFR Part 405.1200-1204 and §1879(a)(1) of the Social Security Act. This protocol is intended to evaluate a nursing home's compliance with the requirements to notify Original Fee-For-Service (FFS) Medicare beneficiaries when the provider determines that the beneficiary no longer meets the skilled care requirement. This review confirms that residents receive timely and specific notification when a facility determines that a resident no longer qualifies for Medicare **Part A** skilled services when the resident has not used all the Medicare benefit days for that episode. This review does not include Admission notifications or Medicare Part B only notifications.

The two forms of notification that are evaluated in this review are:

1. **Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN)**—Form CMS-10055;
2. **Notice of Medicare Non-coverage-- Form CMS 10123-NOMNC**, also referred to as a “generic notice.”

Entrance Conference Worksheet: The following information was requested during the Entrance Conference:

- A list of Original FFS Medicare beneficiaries who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months prior to the survey. Exclude the following residents from this review:
- Beneficiaries who received Medicare Part B benefits only.
 - Beneficiaries covered under Medicare Advantage insurance.
 - Beneficiaries who expired during the sample date range.
 - Beneficiaries who were transferred to an acute care facility or another SNF.

Review Three Notices:

- Randomly select 3 residents from that list. We recommend selecting one resident who went home and two residents who remained in the facility, if available.
- Fill in the name of the selected residents at the top of each Beneficiary Notification Checklist.
- Give the provider one Beneficiary Notification Checklist for each of the three residents to complete and return to the surveyor. Do not give the provider the scenarios.
- The provider completes one checklist for each of the three residents in this sample and returns the checklist and notices to the survey team.
- Review the checklists and notices with the provider.

1. **Were appropriate notices given to the residents reviewed?** Yes No F582 NA

SNF Beneficiary Protection Notification Review for Residents who Received Medicare Part A Services
Facility Representative: Please complete all fields of this form. The intent of the checklist is to provide the surveyor with all copies of the forms issued to the resident, and if the notification was not required, an explanation of why the form was not issued.

Resident Name: _____

Medicare Part A Skilled Services Episode Start Date: _____

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Last covered day of Part A Service: _____ (Part A terminated/denied or resident was discharged)	
How was the Medicare Part A Service Termination/Discharge determined?	
<input type="checkbox"/> Voluntary, i.e., self-initiated in consultation with physician, family, or AMA.	
<input type="checkbox"/> The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.	
<input type="checkbox"/> Other (explain):	
1. Was an SNF ABN, Form CMS-10055 provided to the resident?	<input type="checkbox"/> Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
	<input type="checkbox"/> No → If no, explain why the form was not provided:
	<input type="checkbox"/> The resident was discharged from the facility and did not receive non-covered services.
	<input type="checkbox"/> Other Explain:
	<input type="checkbox"/> *If NOT issued and should have been: F582
2. Was a NOMNC (CMS 10123) provided to the resident?	<input type="checkbox"/> Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
	<input type="checkbox"/> No → If no, explain why the form was not provided:
	<input type="checkbox"/> 1. The beneficiary initiated the discharge. If the beneficiary initiated the discharge, provide documentation of these circumstances (examples: Resident asked doctor to go home, got orders, & discharged in the same day; Resident discharged AMA).
	<input type="checkbox"/> 2. Other Explain:
	<input type="checkbox"/> *If NOT issued and should have been: F582

Beneficiary Liability Protection Notice Scenarios for Surveyors

Scenario	SNF ABN	Notice of Medicare Non-Coverage (NOMNC)	Notice(s) Not Required
Resident has skilled benefit days remaining and is being discharged from Part A services and is leaving the facility immediately following the last covered skilled day. *This does not apply to NOMNC if beneficiary initiated discharge.		X	
Resident has skilled benefit days remaining and is being discharged from Part A services and will continue living in the facility. *This does not apply to NOMNC if beneficiary initiated discharge.	X	X	
Resident has skilled benefit days remaining and elects the Hospice benefit.			X
Resident discharges self as an unplanned discharge.			X
Resident has an unplanned discharge to the hospital.			X
Resident discharges to another SNF for continued skilled care.			X
Resident exhausts their skilled Part A benefit (has no days remaining).			X