SKILLED NURSING FACILITY SERVICES

SUBJECT: Concurrent Review of KFHPWA

Consumers Receiving Medicare Part A

Skilled Nursing Facility Care

Dept: Nursing Home Services Care Management

RESPONSIBLE ENTITY:

ACTION

1. KFHPWA

- 1A. Issue SNF authorization for coverage and notify:
 - KFHPWA CMLN
 - Contractor

2. Contractor

- 2A. Notify KFHPWA of all nursing facility admissions for SNF and custodial care upon acceptance of admission.
- 2B. Review SNF authorization on One Health Port.
- 2C. Provide periodic clinical progress reports within same day when requested by KFHPWA SNF CMLN by noon. Clinical progress reports to address medical necessity of continued SNF level of care and include current updates re: patient's clinical status, rehab progress, plan of care, discharge planning and provide pertinent medical record documentation as requested.
- 2D. Respond to call from KFHPWA SNF CMLN within two (2) working hours.
- 2E. Deliver Notice of Medicare Non-Coverage (NOMNC) letter or Notice of Non-Coverage (NONC) letter to patient or patient's legal representative on the day determined by KFHPWA SNF CMLN to issue Notice. If the NOMNC or NONC is delivered by telephone a copy of the NOMNC or NONC will be mailed to the patient's legal representative on the same day. Return signed NOMNC or NONC letter to KFHPWA NOMNC Specialist by FAX: 206-877-0721 within two (2) hours. File copy of the signed letter in the patient's chart.

3. KFHPWA CMLN

- 3A. Discuss patient's coverage and clinical criteria for Skilled Nursing Facility eligibility.
- 3B. Review plan of care with Contractor's staff. May request documentation.
- 3C. Consult with Rounding or Attending Physician and/or ARNP.
- 3D. Make on-site review if required.
- 3E. Determine date for issuing notice of non-coverage and effective date: NOMNC (for patients accessing their Medicare SNF benefit) forty-eight (48) hours prior to the patient's last covered day or for all other KFHPWA patients a NONC (for patients remaining at the facility or disputing KFHPWA's non-coverage decision) no later than the patient's last covered day.
- 3F. Attend Medicare Care Conference Meeting as appropriate.