

Beneficiary Notice Scenarios for Surveyors

<p>SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services</p> <p>Facility Representative: <i>Please complete</i> 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.</p>	
<p>Resident Name: _____</p> <p>Medicare Part A Skilled Services Episode Start Date: _____</p> <p>Last covered day of Part A Service: _____ (Part A terminated/denied or resident was discharged)</p> <p>How was the Medicare Part A Service Termination/Discharge determined?</p> <p><input type="checkbox"/> Voluntary, i.e., self-initiated in consultation with physician, family, or AMA.</p> <p><input type="checkbox"/> The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.</p> <p><input type="checkbox"/> Other (explain):</p>	
<p>1. Was a SNF ABN, Form CMS-10055 provided to the resident?</p>	<p><input type="checkbox"/> Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.</p> <p><input type="checkbox"/> No → If no, explain why the form was not provided:</p> <p style="margin-left: 20px;"><input type="checkbox"/> The resident was discharged from the facility and did not receive non-covered services.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other Explain:</p> <p><input type="checkbox"/> *If NOT issued and should have been: <i>cite</i> F582</p>
<p>2. Was a NOMNC, <i>Form</i> CMS-10123 provided to the resident?</p>	<p><input type="checkbox"/> Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.</p> <p><input type="checkbox"/> No → If no, explain why the form was not provided:</p> <p style="margin-left: 20px;"><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).</p> <p style="margin-left: 20px;"><input type="checkbox"/> 2. Other Explain:</p> <p><input type="checkbox"/> *If NOT issued and should have been: <i>cite</i> F582</p>