MEDICARE CUT LETTER CHEAT SHEET

Resident or Responsible Party gets copies of all notices issued; **originals are to be kept in the facility's dedicated Medicare binder**. When notices are mailed out:

1) Call the RP explaining what is being mailed and offer them the opportunity to ask any questions they may have.
2) Put a notation describing the phone call in the "Additional Information" section of the form (i.e., who was spoken to, the date of the call, what was said, anything pertinent the RP stated); also, document to whom the form was mailed and on what date.

FORM ISSUED	CONDITION / SITUATION TO BE MET FOR NOTICE TO BE ISSUED	WHEN SHOULD IT BE ISSUED	IS IT EVER ISSUED AT THE SAME TIME AS ANOTHER FORM
Form No. CMS- 10123 (A.K.A. "NOTICE OF MEDICARE NON-COVERAGE") ***NOTE:*** *This notice must be two pages. It can be two sides of one page or one side of two pages, but it cannot be condensed to a single side. Additionally, text may not be shifted from page 1 to page 2 to accommodate large logos and/or headers.*	When a Resident/ Patient is receiving skilled services under Medicare Part A – or a Medicare Advantage Plan – and the facility or Plan determines he/she is no longer eligible for services ***NOTE:*** *When a Resident is on more than one discipline, the notice is issued only when the last discipline is cut, not as each discipline is cut.*	No less then two days before the last covered day.	**Yes:** ❖ *If the Resident is converting / returning to LTC, it must be issued with Form N0. CMS-10055* ***IF THE RESIDENT/ PATIENT HAS APPEALED*** ❖ *When any Resident is coming off Part B, it is issued with Form No. CMS Form R131.* ➡ **If the Resident is discharging home, it is the only form given.**
Form No. CMS-10055	When a Resident who meets the "condition" described ***above and is converting / returning to LTC s/p the termination of skilled services.***	No less then two days before the last	**Yes:** When it is issued, Form CMS 10123 must be issued as well.
Form No. CMS-10124 (A.K.A. "Explanation of Non-Coverage Notice")	When Resident and/or his/her RP has notified the QIO of their wish to appeal the facility's decision to terminate skilled services under Medicare (Part A, B, or an Advantage Plan).	As soon as the facility has been notified of the appeal.	**No**
Form No. CMS R-131	When a resident is receiving skilled services under Medicare Part B and the facility determines he/she is no longer eligible for services. ***NOTE:*** *As with Part A services, when a Resident is on more than one discipline, the notice is issued only when the last discipline is cut, not as each discipline is cut.*	No less then two days before the last covered day.	**Yes** When it is issued, Form CMS 10123 must be issued as well.
Form No. CMS 20014 (A.K.A."Notice of Exclusion")	Given by Admissions if it is believed Medicare Part A will not pay for a Medicare recipients skilled nursing or rehab. It is not mandatory, but since there has to be some documentation as to why Medicare won't pay, it is perfect for that purpose.	Upon Resident's admission to the facility.	**No**

INCIDENCES WHEN A FORM DOES NOT HAVE TO BE ISSUED:

- When a Resident's coverage ends due to:
- The use of his/her entire 100 days
- Resident's transfer to another facility where he/she will continue to receive skilled services under Medicare
- Hospital or AMA discharges
- Conversion to Hospice when they still qualify for Medicare coverage but make an independent choice to opt out

➡ *Although a notice does not have to be issued in these incidences, we highly recommend that you place a notice in the dedicated binder with the Resident's identifying information and a note as to why the notice was not issued.*

FREQUENTLY ASKED QUESTIONS:

Q…What is the "effective date"?
A…The effective date is always the last day beneficiaries will receive coverage for their services.

Q…What # should I put for "Patient Number?"
A…The medical record # only…NEVER the Medicare # or any other identifying #

Q… Does a notice have to be delivered even if the beneficiary agrees with the termination of services?
A…Yes

Q…Can notices be issued electronically?
A…Facilities may issue a notice electronically, as well as capture a signature electronically, but the individual signing must be first given choice. **NOTE:** Even when the signature is captured electrically, the signee must also be given a paper copy for their records regardless of the fact they can print it on their own. *Since so many individuals prefer to communicate electronically now, it is advisable to ask representatives of patients that can't sign from themselves - at admission - that, in the event they may not be available to come in to sign in at the time services are ending, if they would prefer the option of receiving the notice via email. This way no time is lost at the end trying to reach the representative by phone with that very question. (Also, try to get email addresses at admission for all representatives, as they are very useful to have.)

Q…Is the two-day requirement a "48 hour" requirement?
A…No, the notice should be delivered to the beneficiary or their RP two calendar days before covered services end or second to last day of services if care is not being delivered daily. So for example, if the beneficiary's last service is being rendered at 10:00 AM on a Wednesday, you are still in compliance if you issue the notice at 4:00 PM the Monday before.

Q…Can the notice be issued earlier than two days before the end of covered services?
A…Yes, however, delivery of the notice should be closely tied to the impending end of coverage so the beneficiary will likely understand and retain the information, especially regarding his/her right to an expedited determination.

Q…What if the beneficiary refuses to sign the notice?
A…If the beneficiary refuses to sign, the facility should annotate the notice to that effect and indicate the refusal on the notice. The date of the refusal is considered to be the date of receipt.

Q…Are beneficiaries who refuse to sign still entitled to expedited determination if they request one?
A…Yes

Q…What happens if it is determined that a facility did not deliver a valid notice to a beneficiary and/or his/her RP?
A…The facility is liable financially for continued services until two days after the beneficiary receives a valid notice or until the effective date of the valid notice, whichever is later.

Q…Can an effective date be changed after a notice has been issued?
A…Yes, however, the newer date cannot be earlier than the effective date on the original notice.

Q…If notification is done by phone, how long does the facility have to send the written notification?
A…The written notification must be sent the same day the phone call is made in order for that day to count as "receipt of notice." When direct phone contact can't be made (i.e. disconnected #, call went to voice mail), notification is valid if paper NOMNC is sent by certified mail with a return receipt request. (Always document that phone contact was attempted; if message left, document the details of the message.)

Q…We were told that the CMS Form 10123 now has to be issued even when someone converts to hospice…is this true?
A… In the past, whenever a patient converted from Part A to hospice, we did not have to issue a notice of non-coverage. Going forward, however, if the person is converting to hospice because of - or in conjunction with, a determination that Medicare will no longer cover their current Part A services, then a notice does have to be issued. If, however, they are still eligible for therapy but make an independent choice to go on hospice, then a notice does not have to be issued - - there would be no point, as they are still eligible for services and are not being cut - - they are deciding to opt out. (It is the same as resident who decides to go home when they are still eligible for coverage. Therefore, for record keeping purposes, the same process should be followed: take a blank notice, put their name on it, and write an explanation as to why the notice isn't being issued. This way if we are audited, there will be a clear record of what happened. (They shouldn't sign the form's signature line, but they can sign next to the explanation.)