STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600, Olympia, WA 98504-5600

September 8, 2014

ALTSA: NH #2014-013
NOTIFICATION OF MEDICARE BENEFITS TO RESIDENTS AND CHANGE IN CMS MEDICARE BENEFICIARY APPEALS CONTRACTOR

Dear Nursing Facility/Home Administrator:

The purpose of this letter is twofold:

(1) To remind Nursing Home Administrators about their obligation to notify residents of their Medicare rights; and
(2) To provide updated information about a change in the Medicare beneficiary appeals contractor.

First, for continuing notification to residents of their Medicare benefits, it is important to know and apply the following:

- SNF must inform the Medicare beneficiary of potential liability for payment for non-covered services when a limitation of liability applies.
- SNF can use the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (NEMB SNF) form with extended care items and services that are not covered by Medicare benefits.
- Issuing the "Notice of Medicare Provider Non-coverage" (Form CMS -10123) to a beneficiary does not fulfill the provider's obligation to advise the beneficiary of the potential liability for payment.
- SNF must provide a written notice to the Medicare beneficiary explaining their right to file an expedited appeal upon termination of all Medicare covered services (formerly referred to as "Demand Bill").
- If a SNF fails to notify a resident on admission of the right to submit a Medicare claim, then the SNF may be interfering with a resident's right to access Medicare and other insurance benefits that the resident may be eligible.
- If there is no three-day qualifying hospital stay, then Medicare does not require the use of the Medicare-designated form to notify residents of expected charges and their right to have a claim submitted to Medicare.

You can review more Medicare information about notice of Medicare benefits at the CMS internet website at http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html.

Secondly, CMS changed the contractor for the Medicare Quality Improvement Organization (QIO) program. Previously, each QIO had a division that investigated beneficiary complaints. With the new system, Livanta, LLC has taken over managing beneficiary complaints from the local QIO. Facilities can call Livanta at (240) 554-1200 extension 18. This change began on August 1, 2014 when Livanta signed the new contract.

In handling Medicare beneficiary complaints, the American Health Care Association (AHCA) makes the following recommendations:

- Beneficiaries should first call 1-800-Medicare and should not call Livanta in seeking to resolve Medicare complaints. Beneficiaries or their advocates should ask for a supervisor to let them know that they are having problems exercising their Medicare appeal rights
- Beneficiaries or their advocates should also inform the Ombuds of any unresolved issue that they are having with their Medicare appeal rights.

Thank you for your continued commitment to nursing home residents. If you have any questions, please contact your RCS Field Manager.

Sincerely,

Carl I. Walters II., Director
Residential Care Services

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