

# Skilled Nursing Facility Service Termination Review Compliance

Skilled nursing facility service terminations are one of the highest volume reviews at KEPRO. With that in mind, what can your facility do to help make for a smooth review process? Listed below are some of the top reasons for Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) denials:

1. The medical record documentation doesn't support the discontinuation of skilled services; and
2. The Notice of Medicare Non-Coverage (NOMNC) is invalid for a number of reasons including:
  - a. failure to provide a two-day window between the signature/delivery date and the Effective Date
  - b. no signature on the NOMNC
  - c. if telephonically delivered, lack of annotation on the NOMNC or within the medical record to indicate that the organization called the representative and verbally delivered the NOMNC

The Centers for Medicare & Medicaid Services (CMS) provides instructions for the issuance of the NOMNC as well as provides healthcare organizations with a copy of the appropriate NOMNC and Detailed Explanation of Non-Coverage (DENC) to be used. For official language, please go to: <http://tiny.cc/CMSbni>. As a general statement, skilled nursing facilities are required to provide a NOMNC to Medicare beneficiaries when their Medicare-covered service(s) are ending. The NOMNC informs beneficiaries how to request an expedited determination from KEPRO and gives beneficiaries the opportunity to request an expedited determination. A DENC is given only if a beneficiary requests an expedited determination and provides the organization or Medicare Advantage plan with the opportunity to explain their rationale for ending the Medicare-covered service(s).

Another area of confusion is regarding the new SNF Advance Beneficiary Notice (ABN). Some providers have been using the new ABN in place of the NOMNC. These are different forms with different purposes. Information about how to use the ABN can be found on the Beneficiary Notices Initiative web site listed above. KEPRO does not have review authority for the Fee-for-Service ABN. Its review authority is limited to the NOMNC.

A few other tips to help ensure a smooth review process with KEPRO:

1. Make sure your weekend staff is familiar with the process
2. Send the medical records in by the due date
3. Make sure that KEPRO has the appropriate contact information for your facility (contact information can be updated at [www.keproqio.com/providers/updatecontactinfo](http://www.keproqio.com/providers/updatecontactinfo))
4. Know KEPRO's telephone number (available at [www.keproqio.com](http://www.keproqio.com))
5. Send sufficient medical records (include all components from the fax request sheet)

For more information about the appeals process and the Notice of Medicare Non-Coverage, please visit our website at <https://www.keproqio.com/providers/appeals> or download our FAQ document at [www.tiny.cc/NOMNCfaq](http://www.tiny.cc/NOMNCfaq).