Instructions Tufts Medicare Preferred HMO Extended Care Exhaustion of Benefit Notification Form

The purpose of the Tufts Medicare Preferred HMO Extended Care (EC) Exhaustion of Benefit (EOB) Notification Form is to provide the Tufts Medicare Preferred HMO care manager a tool with which to communicate to the Tufts Health Plan Precertification Department when a Tufts Medicare Preferred HMO member is close to exhausting his/her skilled nursing facility, inpatient rehabilitation hospital or long-term acute care hospital benefit.

Upon receipt of a completed Tufts Medicare Preferred HMO EC EOB Notification Form, the Precertification Department will prepare and fax the Notice of Denial of Medical Coverage and Payment (NDMCP) to the facility representative, who will deliver the NDMCP to the member/member's authorized representative. Once the notice has been delivered, the facility representative will notify the Precertification Department of the date and time the NDMCP was delivered to the member/member's authorized representative.

The NDMCP provides important information to the member/member's authorized representative, including:

1. Date the member will exhaust his/her skilled nursing facility, inpatient rehabilitation hospital or long-term acute care hospital benefit.
2. Notice of appeal rights and process to appeal for the member/member's authorized representative who disagrees with the benefit exhaustion.

TUFTS MEDICARE PREFERRED HMO CARE MANAGER RESPONSIBILITIES

When a Tufts Medicare Preferred HMO member is within 15 calendar days of exhausting his/her skilled nursing facility, inpatient rehabilitation hospital or long-term acute care hospital benefit, the care manager is responsible for the following:

3. Accurately count and confirm the date the member will exhaust his/her skilled nursing facility, inpatient rehabilitation hospital or long-term acute care hospital benefit in the current benefit period*.
4. Inform the member/member's authorized representative the date member's coverage will end and he/she becomes financially liable for services. *For inpatient rehabilitation or long-term acute care hospital benefit exhaustion, the care manager must consider the following when determining coverage termination date:
    a. Once the 90th day of coverage is reached, members are covered automatically under any remaining 60-lifetime reserve days, after which coverage for services will end. The care manager should advise the member/member's authorized representative 15 calendar days before the 90th day of coverage is reached that he/she will automatically access any of their remaining lifetime reserve days.
    b. A member may elect not to access their lifetime reserve days, or may have previously used all of their 60 lifetime reserve days, which would mean the 90th day is when their benefit will exhaust.
    c. Regardless of the situation, the care manager is required to complete the notification form only once - 15 calendar days prior to when member will exhaust their coverage.
5. Inform the facility representative of the coverage termination date and request the facility representative deliver the NDMCP to the member immediately upon fax receipt from the Precertification Department.
6. Document in the member's medical record, or other appropriate clinical documentation system, when and to whom benefit exhaustion was communicated.
7. Complete and submit notification form to the Precertification Department 15 calendar days before the benefit exhaustion date. Note: Physician signature is not needed.
8. **Fax the notification form to the Precertification Department at 617.673.0955.**
9. In the event the facility fails to notify the Precertification Department within the require time frame that the NDMCP has been delivered to the member, the care manager may be asked to

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contact the facility to obtain and provide to the Precertification Department the date and time the notice was delivered.

EXAMPLE

☒ Member is exhausting his/her SNF benefit.

The member ☐ /the member's authorized representative ☒ ***Mary Smith, member's daughter*, 781-862-XXXX***, and the facility representative ***Jennifer Jones, Watertown SNF Case Manager, Phone # 617-972-YYYY, Fax # 617-972-ZZZZ*** have been informed and understand the Tufts Health Plan Medicare Preferred Evidence of Coverage allows for coverage of skilled nursing facility services for up to 100 days each benefit period*.

Friday, April 5, 2013 will be the 100th and last covered day of **skilled nursing facility services** in the current benefit period*. As of ***Saturday, April 6, 2013*** member will no longer be covered under his/her skilled nursing facility benefit and will be financially liable for services.

*A benefit period begins on the first day the member is admitted to a Medicare-covered inpatient hospital or a skilled nursing facility, and ends when the member has not been an inpatient at any hospital or SNF for 60 consecutive days.

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Tufts Medicare Preferred HMO Extended Care Exhaustion of Benefit Notification Form

This form is to be completed by the Tufts Medicare Preferred HMO care manager (CM) to notify the Tufts Health Plan Precertification Department when a Tufts Medicare Preferred HMO member will be exhausting his/her benefit for skilled nursing facility or inpatient rehabilitation/long-term acute care hospital. Once complete, please fax the notification form to the Precertification Department at 617.673.0955.

Today's Date: _____

Member Name: _____ Member ID #: _____ DOB: _____

Tufts Medicare Preferred HMO CM: _____ CM Phone#: _____ CM Fax #: _____

Facility Name: _____ Facility Phone #: _____ Facility Fax#: _____

EXHAUSTION OF SKILLED NURSING FACILITY BENEFIT

☐ Member is exhausting his/her skilled nursing facility benefit.

(Check one:)

☐ Member/☐ member's authorized representative _____ and facility representative _____ have been informed and understand the Tufts Medicare Preferred HMO evidence of coverage allows for coverage of skilled nursing facility services for up to 100 days each benefit period*.

_____ will be the 100th and last covered day of **skilled nursing facility services** in the current benefit period*. As of _____ the member will no longer be covered under his/her skilled nursing facility benefit and will be financially liable for services.

EXHAUSTION OF INPATIENT REHABILITATION/LONG-TERM ACUTE CARE HOSPITAL BENEFIT

☐ Member is exhausting his/her inpatient rehabilitation/long-term acute care hospital benefit.

(Check one:)

☐ Member/☐ member's authorized representative _____ and facility representative _____ have been informed and understand the Tufts Medicare Preferred HMO evidence of coverage allows for coverage of inpatient rehabilitation/long-term acute care hospital services for up to 90 days each benefit period*. The member may use their 60 lifetime reserve days to supplement care in an inpatient rehabilitation/long-term acute care hospital. Coverage is limited by prior, partial or complete use of these days, which may only be used once in a lifetime.

Member will exhaust his/her inpatient rehabilitation/long-term acute care hospital benefit in the following way:

☐ 90 days this benefit period, plus ☐ 60-lifetime reserve days OR ☐ _____ remaining lifetime reserve days

☐ 90 days this benefit period – member exhausted 60 lifetime reserve days prior to this benefit period

☐ 90 days this benefit period – member has requested NOT to access their 60 lifetime reserve day at this time

_____ will be the last covered day of inpatient rehabilitation/long-term acute care hospital services in the current benefit period*. As of _____, the member will no longer be covered under his/her inpatient rehabilitation/long-term acute care hospital benefit and will be financially liable for services.

EXAMPLE OF INFORMATION TO BE INCLUDED

☐ *Member is exhausting his/her skilled nursing facility benefit.*
(Check one:)
☐*Member/* ☐ *member's authorized representative* ***Mary Smith, member's daughter, 781.862.xxxx*** *and facility representative* ***Jennifer Jones, Watertown SNF care manager, phone # 617.972.yyyy, fax #617.972.ZZZ*** *have been informed and understand the Tufts Medicare Preferred HMO evidence of coverage allows for coverage of skilled nursing facility services for up to 100 days each benefit period.**

Friday, April 5, 2013 will be the 100th and last covered day of skilled nursing facility services in the current benefit period. As of Saturday April 6, 2013 member will no longer be covered under his/her skilled nursing facility benefit and will be financially liable for services.*

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