



CarePartners of Connecticut Extended Care Exhaustion of Benefit Notification Form

This form is to be completed by the CarePartners of Connecticut Care Manager (CM) or CarePartners of Connecticut CM designated representative to notify the CarePartners of Connecticut Precertification Department when a CarePartners of Connecticut 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 857.304.6463.

Today's Date: _____

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

CarePartners of Connecticut CM or CarePartners of Connecticut CM designated representative:

Name: _____ Phone#: _____

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 CarePartners of Connecticut 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 CarePartners of Connecticut 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 n 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, 860.862.xxxx** and facility representative **Jennifer Jones, CarePartners of Connecticut SNF care manager, phone # 617.972.yyyy, fax # 857.304.6411** have been informed and understand the CarePartners of Connecticut evidence of coverage allows for coverage of skilled nursing facility services for up to 100 days each benefit period.*

Friday, April 5, 2019 will be the 100th and last covered day of **skilled nursing facility services** in the current benefit period.* As of **Saturday April 6, 2019** 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.