

## Instructions for CarePartners of Connecticut Extended Care Exhaustion of Benefit Notification Form

The purpose of the CarePartners of Connecticut Extended Care (EC) Exhaustion of Benefit (EOB) Notification Form is to provide the CarePartners of Connecticut Care Manager (CM) or CarePartners of Connecticut CM designated representative a tool with which to communicate to the CarePartners of Connecticut Precertification Department when a CarePartners of Connecticut member is close to exhausting his/her skilled nursing facility, inpatient rehabilitation hospital or long-term acute care hospital benefit.

Upon request of a completed CarePartners of Connecticut 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

### CARE MANAGER RESPONSIBILITIES

When a CarePartners of Connecticut 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:

1. 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\*
2. 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 90<sup>th</sup> 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 90<sup>th</sup> 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 90<sup>th</sup> 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.
3. 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
4. Document in the member's medical record, or other appropriate clinical documentation system, when and to whom benefit exhaustion was communicated
5. Complete and submit notification form to the Precertification Department 15 calendar days before the benefit exhaustion date. **Note:** Physician signature is not needed.
6. **Fax the notification form to the Precertification Department at 857.304.6463.**
7. In the event the facility fails to notify the Precertification Department within the required time frame that the NDMCP has been delivered to the member, the Care Manager may be asked to contact the facility to obtain and provide to the Precertification Department the date and time

the notice was delivered.

**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