

SNF Beneficiary Protection Notification Review

SNF Beneficiary Protection Notification Review for Residents who Received Medicare Part A Services

Facility Representative: Please complete all fields of this form. The intent of the checklist is to provide the surveyor with all copies of the forms issued to the resident, and if the notification was not required, an explanation of why the form was not issued.

Resident Name: _____

Medicare Part A Skilled Services Episode Start Date: _____

Last covered day of Part A Service: _____

(Part A terminated/denied or resident was discharged)

How was the Medicare Part A Service Termination/Discharge determined?

- ☐ Voluntary, i.e., self-initiated in consultation with physician, family, or AMA.
- ☐ The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted.
- ☐ Other (explain): _____

1. Was an SNF ABN, Form CMS-10055 provided to the resident?

- ☐ Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
- ☐ No → If no, explain why the form was not provided:
- ☐ The resident was discharged from the facility and did not receive non-covered services.
- ☐ Other
Explain: _____

☐ ***If NOT issued and should have been: F582**

2. Was a NOMNC (CMS 10123) provided to the resident?

- ☐ Yes → If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative.
- ☐ No → If no, explain why the form was not provided:
- ☐ 1. The beneficiary initiated the discharge. If the beneficiary initiated the discharge, provide documentation of these circumstances (examples: Resident asked doctor to go home, got orders, & discharged in the same day; Resident discharged AMA).

- ☐ 2. Other
Explain: _____

☐ ***If NOT issued and should have been: F582**