No. UM-016	**Hospital, SNF & Home Health Continued Service Denials and Appeals Policy**	
Effective Date: 01/01/2020	**POLICY AND PROCEDURE**	
Committee Approval: 1/18/22 **Previous Versions: see revision history on last page**		
CMS: 42 CFR Parts 405, 412, 422, and 489		

Medicare Advantage Hospital, SNF & Home Health Continued Service Denials and Appeals Policy

Canopy Health's Medical Groups/IPAs will send timely written notifications to Medicare Advantage (MA) members utilizing the appropriate ICE letter templates, when they will be discharged from a hospital or skilled nursing facility (SNF) admission or home health services. A process of appropriate and timely response to a member expedited appeal through the Quality Improvement Organization (QIO), Livanta, or health plan has also been established by Canopy Health to ensure the appropriate and safe discharge or transfer to a lower level of care.

Denial Process for Medicare Members:

A. Hospital
   1. Hospital Admission: "Important Message (IM)" - is a form that hospitals provide to all MA member upon admission or within 2 days of admission. This form details the member's rights in an inpatient hospital setting, including the right to an expedited Quality Improvement Organization (QIO) review at notification of discharge.
   2. Hospital Discharge: IM:
      a. This letter will be re-issued when it is determined that the member no longer meets medical necessity for continued stay at the hospital.
      b. This letter will be issued no later than 2 days before the termination of service for timely delivery to occur.

c. The IM will include the reason for the discontinuation of coverage, the effective date, and the member's appeal rights.
d. The hospital will deliver the IM to the member or member representative to sign that they received and understood the notice. The completed IM will be returned to the Medical Group/IPA within one hour of delivery to the facility.
e. If the member or member's representative refuses to sign, the "Refusal to Sign Acknowledgement of Receipt of Notice" will be completed by the facility staff.
f. If the member is unable to sign that they received and understood the notice and has an Appointed Member Representative or a designated Durable Power of Attorney (DPOA), the Medical Group/IPA will contact them via telephone and provide the reason why the level of care is no longer needed, effective date of discontinuation of coverage, and member's appeal rights. A copy of the IM will be sent to the Member Representative or DPOA via certified mail. All steps taken will be documented in the member's file.

B. Skilled Nursing Facility (SNF) and Home Health Services Discharge:
1. Skilled Nursing Facility Admission or Initiation of Home Health services: "Notice of Medicare Non-Coverage (NOMNC)" –
a. This letter will be issued at all times when it is determined that the member no longer meets medical necessity for continued stay at the SNF or continued Home Health services.
b. The NOMNC will be issued no later than 2 days before the termination of service for timely delivery to occur or the second to last day of service if care is not being provided daily.
c. The NOMNC will include the reason for the discontinuation of coverage, the effective date, and the member's appeal rights.
d. The Medical Group/IPA will send the NOMNC and the facility will deliver the NOMNC to the member or member representative to sign that they received and understood the notice. The completed NOMNC will be returned to the Medical Group/IPA within one hour of delivery to the facility.

e. If the member or member's representative refuses to sign, the "Refusal to Sign Acknowledgement of Receipt of Notice" will be completed by the facility staff.
f. If the member is unable to sign that they received and understood the notice and has an Appointed Member Representative or a designated Durable Power of Attorney (DPOA), the Medical Group/IPA will contact them via telephone and provide the reason why the level of care is no longer needed, effective date of discontinuation of coverage, and member's appeal rights. A copy of the IM will be sent to the Member Representative or DPOA via certified mail. All steps taken will be documented in the member's file.

C. Benefit Denials: "Integrated Denial Notice (IDN)":
1. A health plan specific IDN notice (formerly called the Notice of Denial of Medicare Coverage – NDMC) will be issued when it is determined the member will soon exhaust their medical benefit for continued stay at the SNF.
2. This letter will be issued to the member/member representative no later than 15 days prior to the date of benefit exhaustion.
3. The IDN will include:
   a. Effective date on which coverage will end;
   b. The member's appeal rights with health plan specific notices;
   c. Information that Part B coverage can be authorized if the member meets criteria of services requested.
4. This letter will be sent to the facility with instructions to deliver to the member/member representative to sign the "Acknowledgement of Receipt of Notice." If the member/ member's representative is unable to sign or refuses to sign, the "Refusal to Sign Acknowledgement of Receipt of Notice" will be completed by the facility staff.

D. Expedited Appeal Process when Denied a Continued Stay at Hospital:
If a member appeals a hospital discharge, the Medical Group/IPA will receive notification of the member expedited appeal from the facility, health plan representative, or Livanta/QIO. The next steps will be completed by end of business day of receipt of the expedited appeal notification. Each Medical Group/IPA has UM staff available onsite seven (7) days per week, including

holidays, during business hours and a supervisor on call to receive expedited appeal requests.

a. The hospital staff will complete the Detailed Notice of Discharge (DND) and deliver it to the member or the member's representative.
b. The hospital staff will submit the DND and all necessary documentation for the appeal review to Livanta/QIO.
c. The Medical Groups/IPAs will request copies of the DND and Important Message (IM) and retain copies (electronic preferred) related to the member's stay.
d. Documentation will include:
    - Date and time DND was issued;
    - Facility staff who received and processed the DND; and
    - Outcome of the appeal, once received.

E. Expedited Appeal Process when Denied a Continued Stay at SNF or Continued Home Health services:
1. Upon notification of an appeal of the discharge or discontinuation of services, the Medical Group/IPA will issue a Detailed Explanation of Non-Coverage (DENC) with explanation as to why the services are no longer reasonable or necessary, and how the member may obtain copies of such documents and other facts or information relevant to the non-coverage decision.
    a. A copy of the DENC will be sent to the SNF or Home Health and the SNF or Home Health staff will fax the Medical Group/IPA a copy of the signed Notice of delivery of the DENC.
    b. The Medical Group/IPA will send a copy of the DENC and the NOMNC, and any other requested documentation for expedited appeals within two (2) hours of receipt of request for records and for standard appeals, within 24 hours of request to:
        - The SNF or Home Health provider (If they do not have copies already)
        - Livanta/QIO
        - Health Plan
    c. Any delay in the delivery of the NOMNC, DENC and other documentation to Livanta/QIO may result in approval of the continuation of stay or services.
    d. Documentation will always include:

- Date and time DENC was issued;
- Facility staff who received and processed the DENC; and
- Outcome of the appeal, once received.

F. Expedited Appeal Outcome Process:

1. If the member appeals the denial of continued services from the hospital, SNF or Home Health provider and the denial is UPHELD by the health plan or Livanta/QIO, a Medicare member will be discharged from the facility or have services discontinued as planned.
2. If the member appeals the denial of continued services from the hospital and the denial is OVERTURNED by the health plan or Livanta/QIO, a Medicare member will be allowed continued stay immediately. No letter needs to be issued by the Medical Group/IPA or Canopy Health as the hospital staff will inform the patient of the determination.
3. If the member appeals the denial of continued services from the SNF or Home Health and the denial is OVERTURNED by Livanta/QIO, the Medicare member will be allowed continued stay or services immediately. The NOMNC will be re-issued no later than 2 days before the termination of service for timely delivery to occur or the second to last day of service if care is not being provided daily.
4. All overturn notices with dates and time along with related correspondence will be retained for the relevant admission.

Revision History:

Version Date	Edited By	Reason for Change
01/01/2020	R. Scott	Creation Date