PrimeWest HEALTH™

SKILLED NURSING FACILITY (SNF) NOTIFICATION FORM

Please check one.

- ❑ Prime Health Complete (HMO SNP)/Special Needs BasicCare (SNBC)
- ❑ PrimeWest Senior Health Complete (HMO SNP)
- ❑ Minnesota Senior Care Plus (MSC+)

Health Plan	Position Contact	Phone	Fax
PrimeWest Health (PWH)	Utilization Management Specialist	1-320-335-5261	1-866-431-0804

General Resident Information

Skilled Nursing Facility (SNF):	Contact:	Title:
Phone number:	Fax:	County:
Resident name:		Date of birth:
Resident PrimeWest Health ID:		Resident MHCP ID:

Resident Tracking Information

Reason Code

1. Admission (initial)
2. Bed hold (covered)
3. Bed hold (non-covered if SNF occupancy is <96%)
4. Change in resident RUG[1] rate and/or HIPPS[2] code
5. Change in Medicare skilled service
6. Discharge (death)
7. Discharge (home)
8. Discharge (hospital)
9. Discharge (SNF)
10. End of benefit
    Prime Health Complete/SNBC – (end of 100-day liability)
    PrimeWest Senior Health Complete – (end of 180-day liability)
11. Readmission
12. Hospice (non-covered)
13. Transfer from another SNF
14. Swing Bed
15. Private room approval date
16. Private room end date
17. Disenrolled from health plan
18. Re-enrolled to health plan

Bed Hold Days

Requires average occupancy of 96% or more for month to be covered.

1. Hospital leave (18 days)
2. Therapeutic leave (36 days)

FOR PRIMEWEST HEALTH USE ONLY

Certification #:

Received by:

Date received:

Benefit period maximum days:

Number of days PrimeWest Health is liable for:

Return fax sent to SNF:

Date of Reason Code	Reason Code		Medicaid RUG rate (only after assessed)	Medicare RUG rate (prior to 10/01/2019) or Medicare HIPPS code (after 10/01/2019)	Medicare skilled service (Yes/No)	Medicare days used prior to this admission	Total PWH days used at other facility	Days to be paid by Medicare since initial admission (1 – 100)	Remaining number of days liable to PWH	Date faxed to PWH
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
					Choose					
Total										

Notes (please indicate reason for Medicare coverage and/or denial)

End of PrimeWest Health liability: ALL PROGRAMS – SNF faxes form to PrimeWest Health at **1-866-431-0804** (toll free)

SNF	Faxed	PWH	Initial	Date

PWH use only	Faxed	DHS[3]	Initial	Date

[1]Resource Utilization Group, [2]Health Insurance Perspective Payment System, [3]Department of Human Services

PrimeWest HEALTH™
Your greater Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

SKILLED NURSING FACILITY (SNF) NOTIFICATION FORM

Prime Health Complete (HMO SNP)/Special Needs BasicCare (SNBC), PrimeWest Senior Health Complete (HMO SNP), and Minnesota Senior Care Plus (MSC+)

General Form Submission

- This form is for Prime Health Complete/SNBC, PrimeWest Senior Health Complete, and MSC+ members.

Billing and Payment

- SNFs will bill for PrimeWest Health SNF days using facilities' standard billing cycle practice.
- PrimeWest Health will send payments to providers within 30 days of a clean claim.

Admission

- Admission is authorized by a pre-admission screening process.
- Upon each admission, SNF will use the Eligibility Verification System (EVS) to determine the following:
  1. Whether the resident is a Prime Health Complete/SNBC, PrimeWest Senior Health Complete, or MSC+ member
  2. Whether PrimeWest Health has liability for the resident's stay
- SNF determines the last time the resident stayed at another SNF.
- SNF determines the resident's Medicare eligibility.
- SNF faxes the ***SNF Notification Form*** to PrimeWest Health's Utilization Management Specialist at **1-866-431-0804** (toll free) by the next business day.
- PrimeWest Health determines its liability and returns the ***SNF Notification Form*** via fax to SNF within 10 business days.
- PrimeWest Health will immediately notify its claims adjudication staff of admission and authorize its system to pay claims submitted by SNF.

Discharge

- When a resident is discharged, SNF will fax a completed ***SNF Notification Form***, including discharge information, to PrimeWest Health.
- PrimeWest Health will record current liability information for the resident.

Change in Resident's Status

- Upon completion of benefit period or resident's discharge, SNF will fax a completed ***SNF Notification Form*** to PrimeWest Health. PrimeWest Health will then notify DHS within one business day via fax of the resident's exhaustion of benefit. SNFs will also notify DHS at the appropriate fax number.
- SNF will use the ***SNF Notification Form*** to notify PrimeWest Health within three business days after the official RUG rate and/or HIPPS code has been determined.
- When there is a change to the resident's RUG rate and/or HIPPS code, SNF will fax a completed ***SNF Notification Form*** to PrimeWest Health.
- When there is any change to the member's **Medicare skilled level of care**, SNF will fax a completed ***SNF Notification Form*** to PrimeWest Health.

For general information about PrimeWest Health, call the
Provider Contact Center
1-866-431-0802 (toll free)

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9. Discharge (SNF)
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Return fax sent to SNF:

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1	01/10/15	1				Y					01/10/15
2	01/20/15	11		PD1	SE2	Y					01/20/15
3	01/10/15	4				Y					01/10/15
4	01/10/15	4		PD1	SE2	Y					01/10/15
5	01/25/15	5		PD1	SE1	Y					01/25/15
6	01/26/15	3	2	PD1		N					01/26/15
7	01/28/15	12		PD1		N					01/28/15
8	01/30/15	6									01/30/15
9	02/01/15	4				N					02/01/15
10	02/01/15	4		SE2		N					02/01/15
Total											

Notes (please indicate reason for Medicare coverage and/or denial)

End of PrimeWest Health liability: ALL PROGRAMS – SNF faxes form to PrimeWest Health at **1-866-431-0804** (toll free)

SNF	Faxed	PWH	Initial	Date

PWH use only	Faxed	DHS[3]	Initial	Date

[1]Resource Utilization Group, [2]Health Insurance Perspective Payment System, [3]Department of Human Services

PrimeWest HEALTH™

SKILLED NURSING FACILITY (SNF) NOTIFICATION FORM SAMPLE INSTRUCTIONS

Prime Health Complete (HMO SNP)/Special Needs BasicCare (SNBC), PrimeWest Senior Health Complete (HMO SNP), and Minnesota Senior Care Plus (MSC+)

1. Line 1: Admission date and Medicare Skilled Service (Yes/No). In the example, the member was admitted on 1/10/15 and it is a Medicare Skilled Service admission (Y).
2. Line 2: After obtaining the RUG rate or HIPPS code for the member, complete Line 2. In order for the RUG rate or HIPPS code to be effective as of the admission date or start of the Prime Health Complete/SNBC or PrimeWest Senior Health Complete Medicare period, use Reason Code 4 with the original admission date to report assessment of the RUG rate and/or HIPPS code. In the example, the date the RUG rate was obtained for the member was 1/20/15, but since the RUG rate applies starting 1/10/15, use Reason Code 4 with the original admission date to report assessment of the RUG rate and/or HIPPS code.
3. If the member already resides in the nursing home and only has coverage through Prime Health Complete/SNBC or PrimeWest Senior Health Complete for skilled days, put the date of admission to the nursing home on Line 1 or leave it blank as it's already known that the member is in the nursing home. Line 2 should have the date that the Medicare skilled days start under Date of Reason Code. The Reason Code should be 5 and Medicare Skilled Service should be Y. (When you send the form, you do not have a RUG rate or HIPPS code yet for the skilled service. Leave it blank the first time you fax the form.) See example on Line 3.
4. Line 4: Once you have the RUG rate for that skilled stay, you can enter it on Line 2 since you left it blank the first time. (You would have only one entry on Line 2. For examples, see Lines 3 and 4.)
5. Line 5: When a RUG rate or HIPPS code changes during a PrimeWest Health-covered stay (100 days for Prime Health Complete/SNBC and 180 days for PrimeWest Senior Health Complete or for skilled level of care only), put in the date when the RUG rate or HIPPS code change is effective and use Reason Code 4.
6. Line 6: If the member is covered for 100 days through Prime Health Complete/SNBC or 180 days through PrimeWest Senior Health Complete, when requesting for a bed hold to be covered/not covered, put the date when the bed hold starts. Use Reason Code 2 or 3; enter 1 or 2 under the Bed Hold Days area; enter the Medicaid RUG rate; and enter N under Medicare Skilled Service.
7. Line 7: When the member returns from leave or from the hospital, enter the date of readmission. Use Reason Code 11, enter the RUG rate and/or HIPPS code, and enter whether it is a Medicare Skilled Service (Y/N).
8. Line 8: If the member is actually discharged from the nursing home to home, hospital, or another SNF, or expires, put the date of discharge and Reason Code 6, 7, 8, or 9. (That date is not counted for coverage).
9. Line 9: To notify PrimeWest Health that skilled days are over for a member who only has coverage for skilled days, put the date that there is no longer a skilled need and use Reason Code 5 (Skilled days are not covered starting on this date).
10. Line 10: If the member is actually receiving the 100-day Prime Health Complete/SNBC or 180-day PrimeWest Senior Health Complete benefit, coverage would be continued for non-skilled days. Add the Medicaid RUG rate and enter N under Medicare Skilled Service.
11. Use Reason Code 10 only for members with the 100-day Prime Health Complete/SNBC or 180-day PrimeWest Senior Health Complete benefit. The date would be the last day covered of the 100/180 days. (The completed form with Reason Code 10 included is faxed from PrimeWest Health to DHS. DHS will then start covering the room and board or per diem starting the day after the date the 100/180-day benefit ended).