Outpatient Skilled Nursing Facility/ Hospice/ Home Health (HH) Workflow

The SNF/Hospice/HH field was previously located in the MSPQ and has now been moved to the Visit / Admission Info Folder. Currently the SNF/Hospice/HH question requires the user to select the facility. In order to meet CMS requirements we need to change the SNF/Hospice/HH workflow to ensure proper billing and reimbursement. The SNF/Hospice/HH field will now be a No/Yes option.

This field is visit-specific, which means this does not copy to other encounters and will need to be completed for every visit for Medicare patients only. Exception: Recurring Therapy Series accounts will follow their current process of updating the MSPQ and SNF/Hospice/HH question at the first appointment of the month. This field does not need to be asked to patients that have a Medicare Advantage plan.

If the patient is in a Skilled Nursing Facility, Hospice or Home Health at the time of service, that facility will be listed as a payor plan on the HAR. These facilities are now alternate payors to Medicare. The new workflow requires the facility to be added as a coverage to the HAR.

All Medicare-enrolled patients must be asked every visit: “Are you currently receiving care in a Skilled Nursing Facility, Hospice or Home Health plan?”

This question should also be asked for outpatient visits of patients who have Medicare Part A only.
If the response is “No”, please update the SNF/Hospice/HH field to “No” and leave the Medicare coverage attached to the HAR.

If the response is “Yes”, please update the SNF/Hospice/HH Field to “Yes” and replace the Medicare coverage with the Alternate Payer Plan (e.g. Life Care Center) and remove Medicare from the HAR **only**.

**NOTE: Medicare will not be terminated and will remain attached to the Guarantor.**

**Adding Coverage:**

To search for SNF, Hospice, or Home Health Coverage use either a keyword of SNF, Hospice, Home Health, HH or you can search by using the name of the facility.
When adding SNF, Hospice or Home Health coverage to the HAR, the following must be entered:

- **Member relationship to subscriber**: “SELF”
- **Subscriber ID**: Medicare Beneficiary Number (Medicare ID#)
- **Effective from and to dates**: Leave BLANK
  - The only time these fields should be populated is if the information is obtained by calling and verifying dates with the SNF/Hospice/Home Health.

If the SNF, Hospice or Home Health facility is not found, enter “Other” in the *Coverage Name* search field. Select the appropriate facility type when selecting an “Other,” payor plan. Look in the *Plan* column to select the “Other, Skilled Nursing Facility”, “Other, Hospice” or “Other, Home Health” payor plan.

Click on “Claim Address” to enter the SNF, Hospice, Home Health information. Four required data elements in the Claim Address fields:
1. Name
2. Address
3. Phone number
4. Subscriber ID which is the patient’s Medicare ID
FO (Filing Order): When a patient is in a SNF/Hospice/Home Health, the facility replaces the Medicare coverage. If additional coverage’s are on the HAR, use the MSPQ to determine the Filing Order.

**SNF/Hospice/HH Real-Time Eligibility**
All of the alternate payers for Skilled Nursing Facilities, Hospice, and Home Health are set up to send out a real-time eligibility response to Medicare to verify Medicare coverage. These responses are not verifying the eligibility with the actual facility just the eligibility with Medicare so it is very important to ask the patients the questions surrounding these facilities at each visit. When Medicare returns responses other than E-verified please refer to the E-verify table which can be found on the How to documents section on the Epic for Business training website.

**Note to Inpatient staff:** if your patient class changes to outpatient follow the above process.

**Note to Welcome KIOSK users:** If your clinic uses Welcome the MSPQ and SNF questions will be asked at the time of scheduling.