LeadingAge Illinois & Iowa

F579 – Written and Oral Notifications about Medicare & Medicaid Services

Overview

Nursing homes are required to provide both written and oral information instructing residents and/or their representatives prior to admission on how to apply for Medicare & Medicaid services. Additionally, these notifications must include how to obtain a refund for services that were already paid for but should have been paid for under Medicare & Medicaid Services.

The interpretative guidance allows for the nursing home to provide materials that are developed by Federal and State agencies. Additionally, providers may assist the resident or their representative in contacting or communicating during the process but is clear that providing a phone number to the Social Security Administration and the local Medicaid Eligibility units is not fulfilling compliance with the regulation.

Monitoring Guidance

A1 - Enter the number of admission packets that were reviewed that lack information on how to apply for Medicare & Medicaid benefits. See above for interpretative guidance for questions.

A3 - Enter the number of admission packets reviewed that lack information on receiving refunds for services already paid for but should have been supplied under Medicare & Medicaid.

A5 - Conduct interviews of random residents and/or their representatives to identify if they recall receiving the information about applying for Medicare and Medicaid Services. A best practice for this regulation could include having a written acknowledgement of information received and, in this case, you could review the resident's records to ensure that residents and/or their representatives received this information.