



Medicare Advantage Plan Appeals in Skilled Nursing Facilities

A Data-Driven Review of Coverage
Decisions and Clinical Implications

January 21, 2026

Housekeeping

- Reminder this program is being recorded. All lines have been muted to protect the integrity of the recording.
- After the webinar, participants will receive an email containing links to access the PowerPoint presentation slides as well as the recorded webinar.
- If you are having technical issues, please type a message in the Q&A tool.
- At the end of the presentation, we will be asking for feedback and questions through the Q&A tool. We would appreciate your comments.
- We have resources for providers and stakeholders, including two newsletters, one for provider/stakeholders and one for beneficiaries. We also have a podcast with educational information and a YouTube channel, which includes instructions on how to fill out notices. For more information about our resources, visit our website at www.acentraqio.com.



Role of the BFCC-QIO*



Standards of Care

Ensure the beneficiary receives care that meets professionally recognized standards of care



Expedited Review

Protect the beneficiary's rights to an expedited review of a pending appeal and quality of care complaint



Fiscal Integrity

Protect the fiscal integrity of the trust fund

*BFCC-QIO = Beneficiary and Family Centered Care Quality Improvement Organization



Presenters



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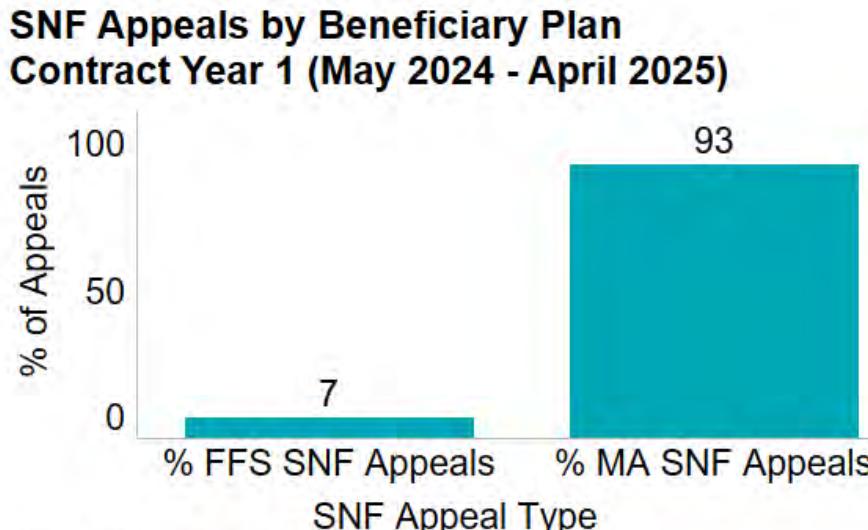
Agenda

- Background Data
- Purpose of the Focused Review
- Key Findings
- Conclusions
- Recommendations

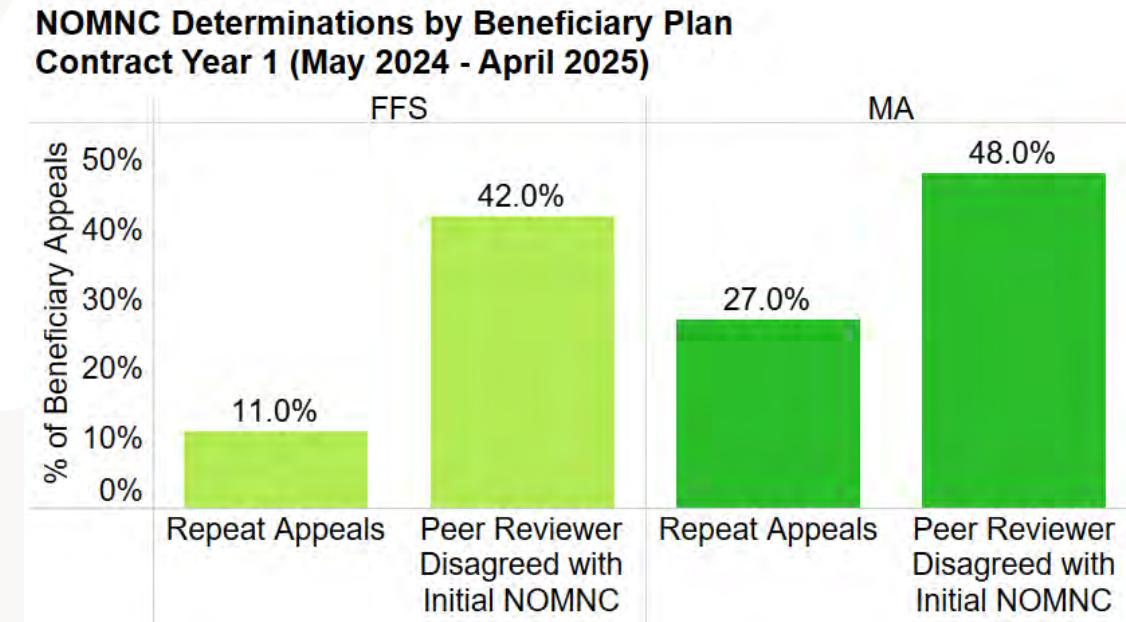


Data Trends Leading to Focus Study: Appeals Data

- Disproportionate Medicare Advantage (MA) skilled nursing facility (SNF) appeals
- Notice of Medicare Non-Coverages (NOMNC) from MA Plans are disagreed with and reissued more frequently



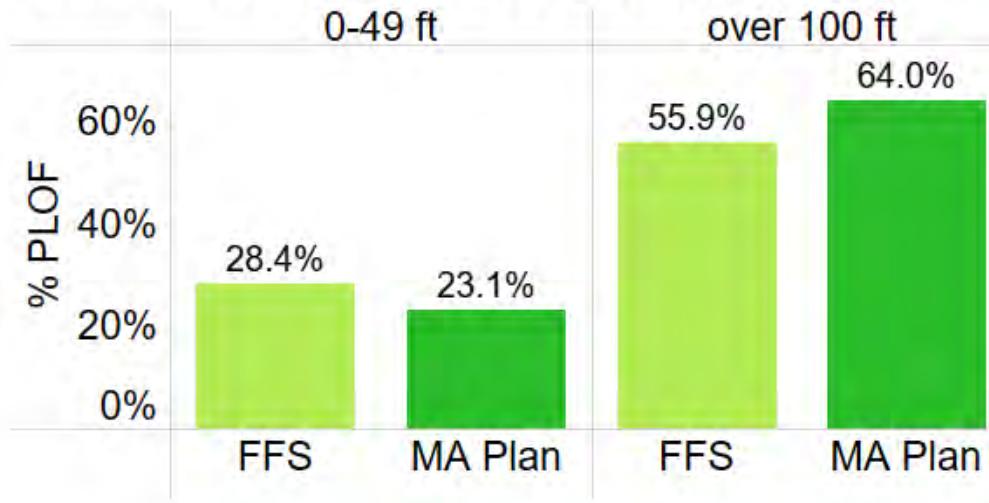
FFS refers to Fee-for-Service



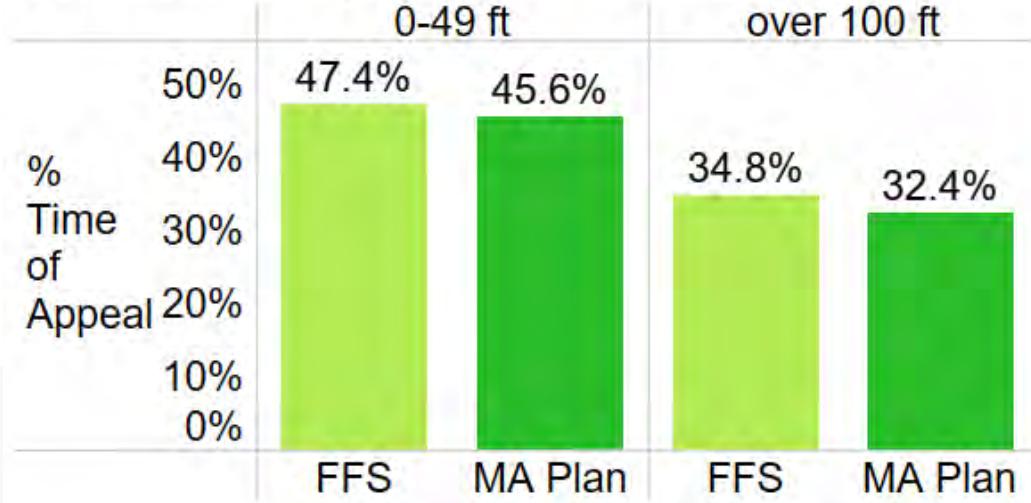
Data Trends Leading to Focused Review Proposal: Mobility Limitations

- Mobility limitations are greater for MA enrollees.

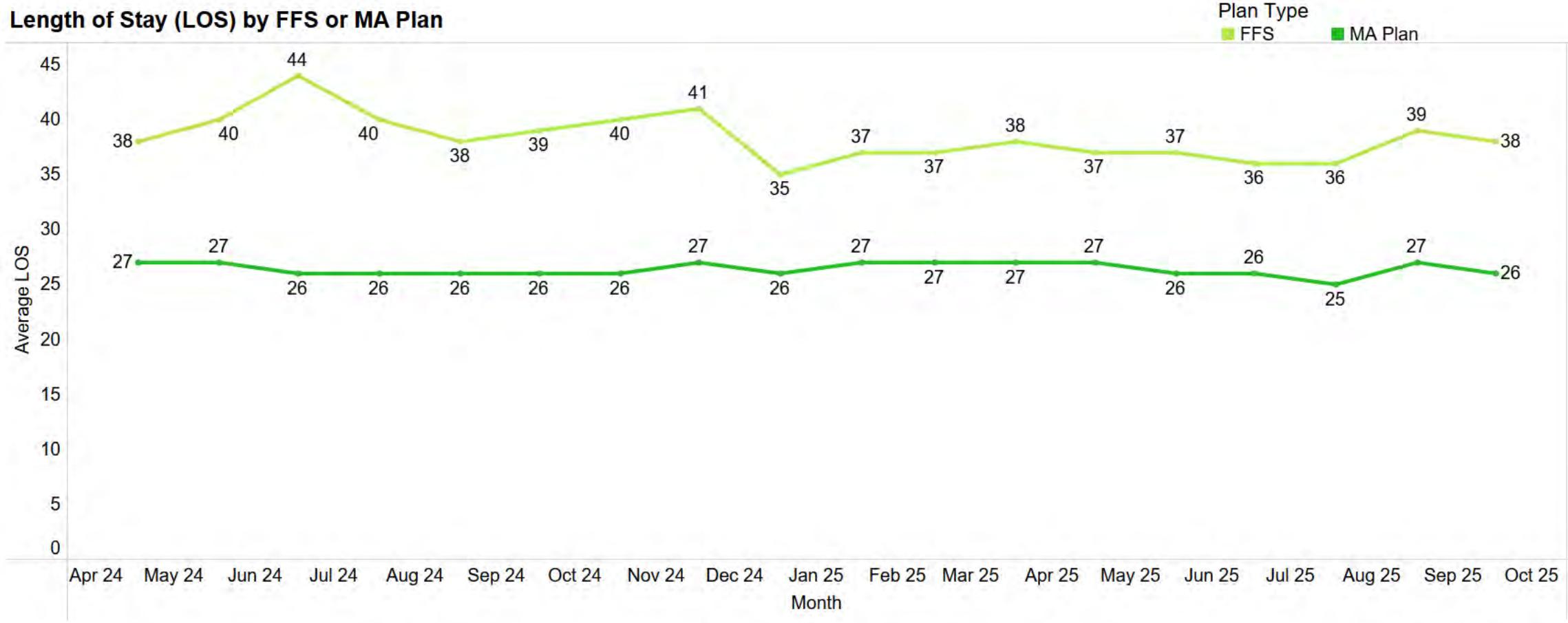
**Walking Distance at Prior Level of Function (PLOF)
by FFS and MA Plans**
Contract Year 1 (May 2024 - April 2025)



**Walking Distance at Time of Appeal by FFS and MA
Plans**
Contract Year 1 (May 2024 - April 2025)



Length of Stay FFS versus MA Plans



External Data Trends and Information



Rapid growth of Medicare Advantage plans

Approximately 53% of Medicare beneficiaries are now enrolled in MA plans, with projections indicating this will rise to 62% by 2033.



Increasing concerns about inappropriate use of NOMNCs

The Center for Medicare Advocacy (CMA) has reported a growing wave of complaints from MA enrollees.



Medicare Advantage plans are under legal scrutiny

ClassAction.org recently reported that it is investigating the possibility of filing a class action lawsuit that focuses on claims that MA plans use flawed algorithms to decide when to end post-acute skilled services.

This review provides important background on the rapid growth of MA plans and the increasing concerns about the inappropriate use of NOMNCs, which may potentially terminate medically necessary care and compromise recovery for patients in SNFs.



Purpose of the Focused Review



Investigate concerns about premature termination of medically necessary services by MA plans

Evaluate whether NOMNCs are being issued prematurely or inappropriately, without regard for the beneficiary's clinical needs and recovery status



Examine the adequacy of care planning and implementation by SNF staff

Assess the quality of goal-setting, therapy progression, and nursing interventions provided in the SNF setting



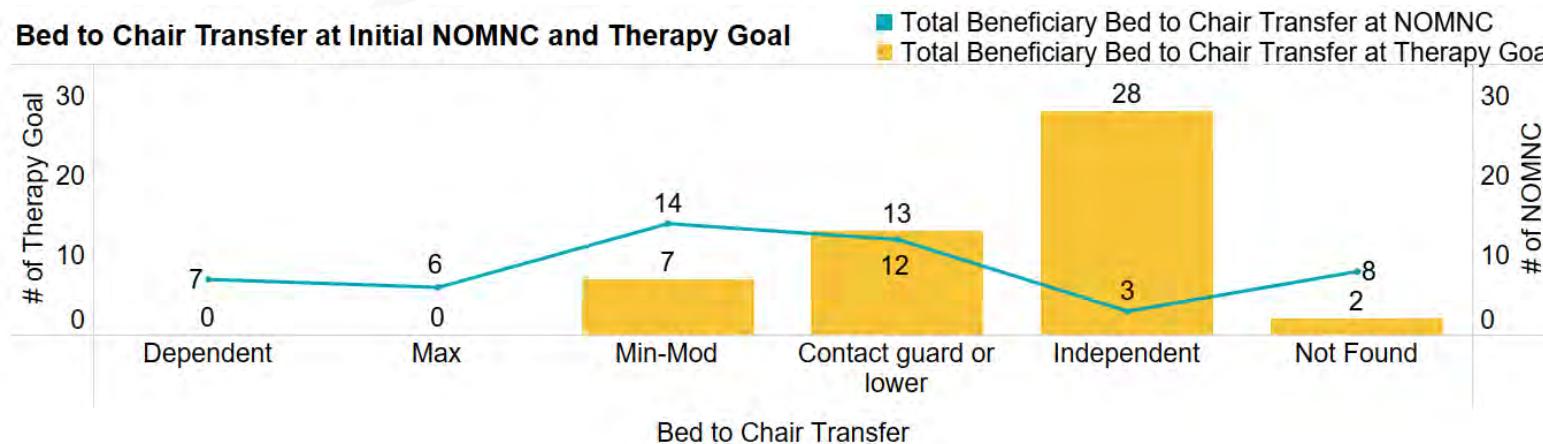
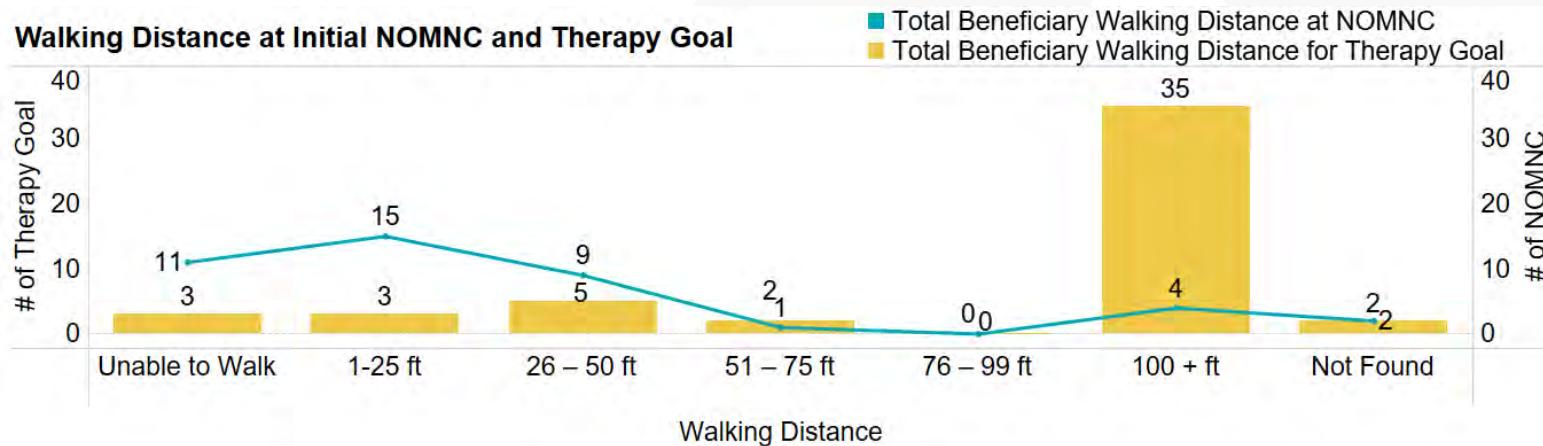
Non-clinical influences on NOMNC issuance

Identify potential indicators of algorithm-driven decision-making in NOMNC issuance, particularly where such decisions appear to lack individualized physician input or conflict with clinical documentation

The goal of the study was to improve the efficiency and effectiveness of SNF-based care, reduce preventable disability, and promote better functional recovery for Medicare beneficiaries.



Results: Mobility



Importance of Mobility

World Health Organization's Third Health Indicator

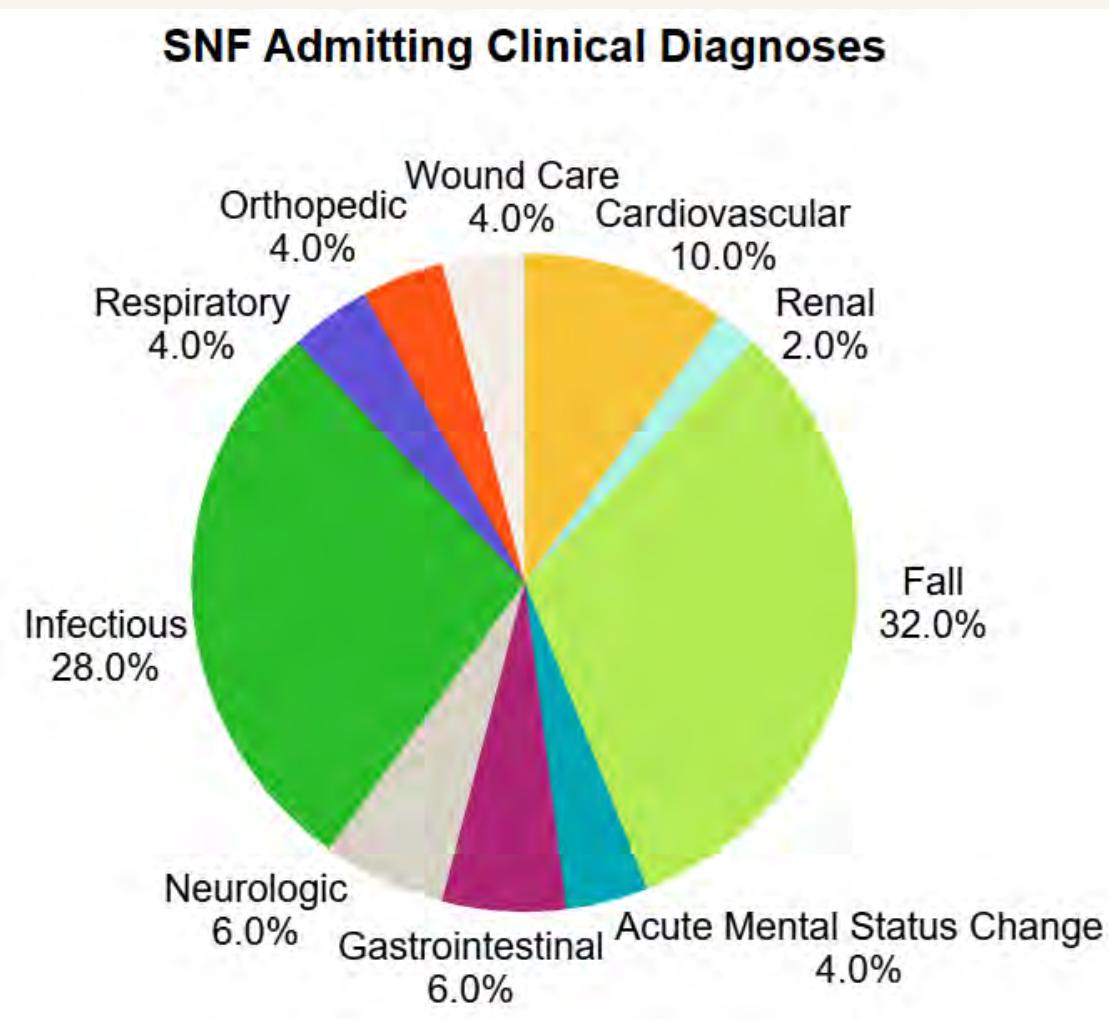
Quality of Life Impact

Disability Increases Health Care Costs

Aging Population and Prevalence of Chronic Disease Leading to a Rapid Decline In Population Function



Results: Admitting Clinical Diagnoses



Falls accounted for
1/3 of cases
reviewed.

Falls are a leading
cause of injury-
related death for
those 65 and older.

Falls cost the U.S.
healthcare system
over \$50 billion
annually.

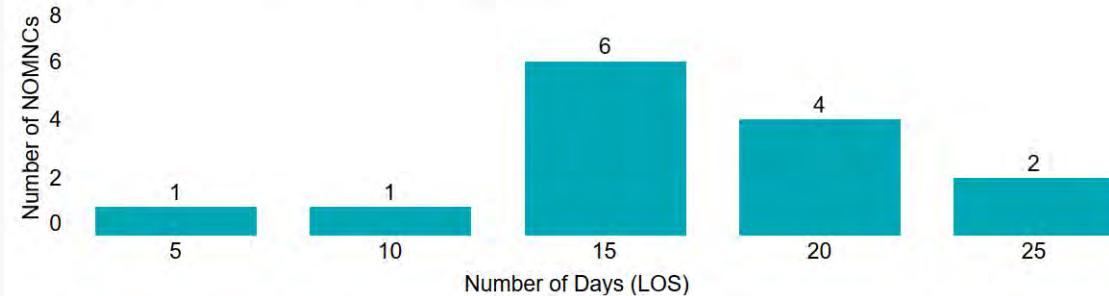
Preventive
strategies are
crucial to reducing
fall risk.



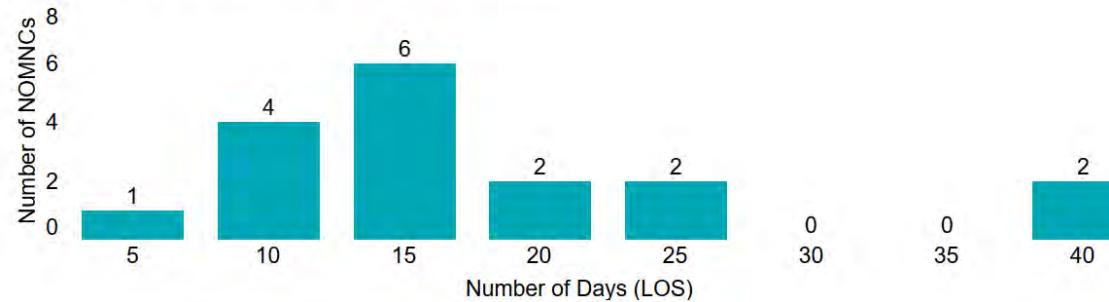
Results: Length of Stay

- Length of stay (LOS) was calculated based on the date of admission to the SNF and the date of the initial NOMNC.
- Across all MA plans, the highest concentration of initial NOMNCs occurred between 13 and 17 days, with a sharp peak at day 15 ($n = 20$), followed by day 20 ($n = 12$).

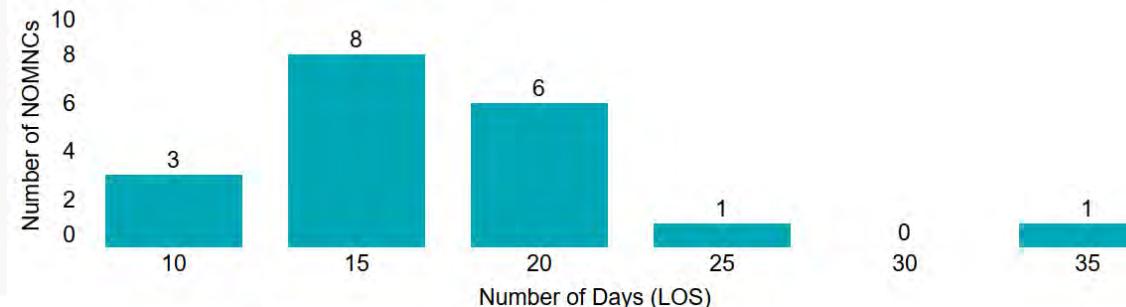
Length of Stay (LOS) Admit to LCD Initial NOMNC
Plan A



Length of Stay (LOS) Admit to LCD Initial NOMNC
Plan B

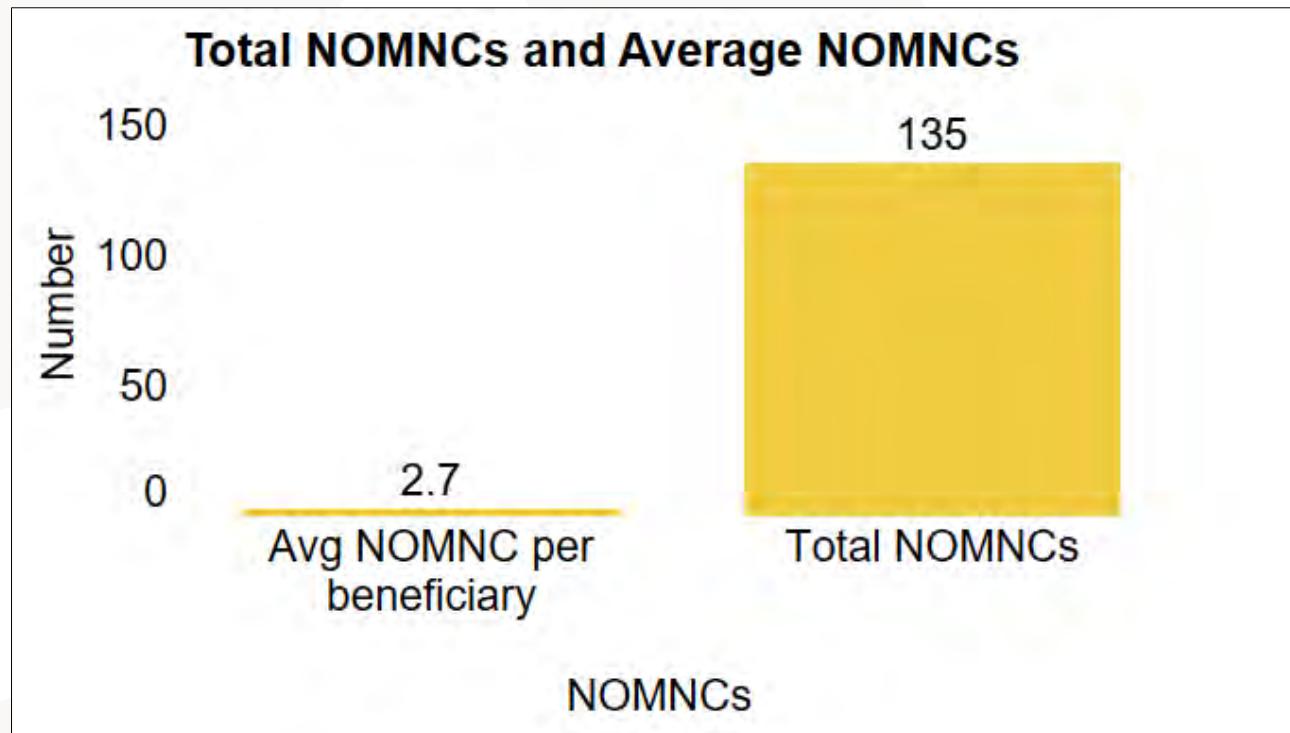


Length of Stay (LOS) Admit to LCD Initial NOMNC
Plan C



Results: Repeat NOMNCS

- Repeat NOMNCs were calculated per beneficiary, excluding their initial NOMNC.
- The average rate of repeat NOMNCs from MA plans was 2.7.
- The highest number of repeat NOMNCs for a beneficiary was 12.



Discussion: Repeat NOMNCs

- Center for Medicare Advocacy (CMA) - Alert 2022
 - “An alarming increase in complaints from MA enrollees”
- CMA Grievance Form drafted
 - File complaints against MA plans
- The Centers for Medicare & Medicaid Services (CMS) updated the appeal guidelines effective January 1, 2025. Detailed Explanation of Non-Coverage (DENC) instructions include the following element for [plans] to complete:
 - *If the plan enrollee has previously received a favorable QIO appeal decision during the current episode of care, detail the specific change(s) in the enrollee’s condition since the previous appeal that provide the basis for this decision to terminate services.*

Key Findings



92% of beneficiaries required continued skilled nursing or therapy services at NOMNC issuance.



72% of beneficiaries were at high risk for decline, injury, or readmission if discharged.



NOMNCs were frequently clustered around day 15 of the SNF stay.



Many beneficiaries received multiple repeat NOMNCs, up to 12 in some cases.



Common gaps in care planning and documentation across SNFs.

MA Plan Recommendations



**Align NOMNC Timelines
with Clinical Recovery**



**Education and
Collaboration**



**Promote Equitable Access to
Rehabilitation Services**

SNF Recommendations



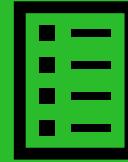
Goal Planning and Updates

- Develop individualized, achievable goals.
- Reassess goals regularly.
- Keep goals and treatments updated to reflect realistic, patient-specific outcomes.



Treatment Planning and Updates

- Initiate discharge planning early.
- Ensure interdisciplinary care coordination with MA plans.
- Regularly inform beneficiaries and/or their caregivers.



Strengthen Clinical Documentation

- Clearly document goals and obstacles to achieving established goals.
- Record measurable descriptions of current functional status.
- Do not fail to document teaching and training for beneficiaries and/or their caregivers and the establishment of maintenance plans when needed.



Enhance Interdisciplinary Collaboration

- Conduct regular interdisciplinary meetings.
- Collaboratively conduct discharge planning early and ongoing with MA plans.
- Involve beneficiaries and/or their caregivers in care and discharge planning.



Recommendations to Assist Beneficiaries and Caregivers



Prehab Not Just Rehab

- Build functional reserve with a weekly mobility minimum.
- Obtain an appropriate exercise plan.
- Ensure adequate nutritional support.
- Psychological support may be needed for stress management.
- Medical optimization.



Choosing the Right SNF Facility

- Check CMS Care Compare / Five-Star ratings: [Find Healthcare Providers: Compare Care Near You | Medicare](#).
- Look for strong performance on outcomes that matter after rehab: [Measures | CMS](#).



Beneficiary and Caregiver Engagement

- Obtain clear functional goals that can be tracked throughout the stay.
- Monitor weekly performance towards goals.
- If progress stalls, request a care planning meeting.
- Be actively involved in discharge planning.



Ensure Proper Post Discharge Care

- Get a home exercise plan.
- Medication reconciliation: understand the list of recommended home medications.
- Ensure home health/outpatient therapy and durable medical equipment have been arranged if needed.
- Set up and attend follow-up appointments.



Thank You For Participating





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H E A L T H

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