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# Medicare Skilled Nursing Facility Appeals: **What to Do When an Appeal is Filed**

This handout is a quick reference for staff when a Medicare appeal is filed related to Medicare-covered skilled services. It outlines the next immediate steps, documentation requirements, key timelines, staff responsibilities, and what to expect during the review process.

## How Staff Are Notified an Appeal Was Filed

When an appeal is requested by the beneficiary (patient) or representative, the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) sends a medical records request to the facility. Acentra Health serves as the BFCC-QIO for the 29 states covered under a contract with the Centers for Medicare & Medicaid Services (CMS). Visit www.acentraqio.com for states included in the service area along with contact information.

## Immediate Next Steps

Notify staff involved in the beneficiary's care and documentation process, including nursing, therapy, medical records, case management/discharge planning, and physicians. Then, begin gathering documentation immediately. Timelines move quickly and require prompt action.

**Review the medical records request carefully to ensure all requested documentation is included.**

## Key Timelines

Appeals are usually requested by noon the day before coverage ends. Medical records are often due the same day or next business day.

**Providers (facilities) should ensure staff knows:**

- Who receives medical records requests
- Who submits documentation
- Who monitors determinations and status updates

This handout is part of Acentra Health's **Skilled Nursing Facility Appeals Education Toolkit**. Find related training videos and printable handouts at www.acentraqio.com/providers/snf-appeals-toolkit.

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# Required Documentation

**Submit the following information:**

- Complete medical record for the stay
- Notice of Medicare Non-Coverage (NOMNC) and related notices
- Nursing documentation
- Therapy documentation
- Physician/provider documentation
- Documentation supporting the discharge decision
- The medical records request received from Acentra Health

# Documentation Best Practices

**Documentation should:**

- Clearly explain skilled needs
- Support the discharge plan
- Reflect current functional status
- Describe progress, maintenance, or decline
- Include barriers affecting discharge readiness

**Physician Reviewers rely entirely on the medical record during the appeal review process.**

# Common Issues That Delay Reviews

- Late medical records
- Missing documentation
- Invalid NOMNCs
- Incorrect or outdated facility contact information

# What Happens During the Review?

- The BFCC-QIO reviews the appeal independently.
- A physician reviewer evaluates the medical record.
- The reviewer determines whether Medicare-covered skilled services should continue.

**Coverage continues during the initial review process until the effective date listed on the NOMNC.**

# Possible Appeal Outcomes

- Medicare-covered skilled services continue.
- Medicare-covered skilled services end.
- The beneficiary or representative may request a second-level review (Reconsideration).

**Providers and plans receive determination letters by fax only. This may occur outside of normal business hours.**

# Provider Resources

- **Check appeal status online** on Acentra Health's website, 24/7: www.acentraqio.com/casestatus
- **News and updates regarding appeals** on Acentra Health's website: www.acentraqio.com/providers/appeals
- Contact information for Acentra Health: www.acentraqio.com/contact
- **Keep your facility's contact information updated with Acentra Health** to receive *timely* communications without unnecessary delays: https://acentraqio.com/providers/updatecontactinfo/
- **Access training and educational materials:** www.acentraqio.com/providers
- **Sign up for our newsletter:** www.acentraqio.com/newsletters
  You will receive newsletters and special bulletins with the latest information and updates from Acentra Health and organizations such as CMS.