Washington State Department of Social Attsa Aging and Long-Term Support Administration

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES ALTSA, OFFICE OF RATES MANAGEMENT

Support Administration NH SAFETY NET ASSESSMENT (SNA) PAYMENT FORM								
FACILI	TY NAME :	ABC Nursing & Rehab Center			NH LICENSE NO : 2345			
VENDOR NO :		4123456						•
PROVIDE	RONE NO:	1234567			REPORTED CENSUS			
MONTH (A)	YEAR (B)	MEDICAID (C)	MEDICAID MANAGED CARE (D)	MEDICARE (E)	MEDICARE ADVANTAGE PART C (F)	PRIVATE (G)	OTHER (H)	TOTAL PATIENT DAYS (I)
January	###	1745	100	700	55	957	343	3900
TOTAL PATIENT DAYS (I)	DAYS MEDICARE DAYS (I) (E + F)		SNA PAYMENT DAYS			AMOUNT DUE		
3900	- 755 = 3145 × \$2				3.00 =	= \$72,3	35.00	

FACILITY NAME : ABC Nursing & Rehab Center

VENDOR NO : 4123456

PROVIDERONE NO : 1234567

NH LICENSE NO : 2345

PAYMENT MUST BE <u>POSTMARKED</u> BY THE 20TH OF THE FOLLOWING MONTH: REMIT TO:

Department of Social and Health Services P.O. Box 9501 Olympia, Washington 98507-9501

On the lower left-hand corner of your check, please write "SNA Fee" and give NH License #

Definitions:

"Medicare patient day" means a patient day for Medicare beneficiaries on a Medicare part A stay, Medicare hospice stay, and a patient day for persons who have opted for managed care coverage using their Medicare benefit.

"Resident day" or "patient day" means a calendar day of care provided to a nursing facility resident, excluding Medicare patient days. A resident day includes the day of admission and excludes the day of discharge. An admission and discharge on the same day count as one day of care. Resident days include nursing facility hospice days and exclude bedhold days for all residents.

Any questions about the SNA, its calculation, or a nursing home's status under the SNA should be directed to ALTSA's Office of Rates Management. Direct any questions to SNAssessment@dshs.wa.gov, or Tiffany Hills, Nursing Facility Rate Manager, at (360) 725-2472 or Tiffany.Hills@dshs.wa.gov.

Chains may submit one check for multiple facilties but each facility must submit a separate form.

Please pay SNA amount only. Do not add bed renewal or any other fee with the SNA payment.

Days and amount due reported on this worksheet will be audited and reconciled by the Office of Rates Management.