



NOTICE OF DIRECT SNF ADMISSION ELIGIBILITY

Date:		Member ID:	
Beneficiary Name:		DOB:	

The above named beneficiary has been verified, by the referring provider, is enrolled in the NGACO program with NWMHP and is eligible for utilization of Direct Admit SNF Waiver. Please review the attached health records provided to ensure meets skilled services prior to accepting for admission. If you have questions regarding the above named beneficiary's eligibility please contact the referring provider office.

Beneficiary is aligned with NWMHP Next Generation ACO.

Primary Reason for SNF Admission:

Contact Information:

Name of Referring Provider

Phone Number

Name of Person Who Has Verified Eligibility

Date