GUIDELINES FOR PROVIDING MEDICARE BENEFICIARY NOTICES Revised 4.25

Advance Beneficiary Notice (ABN)	Home Health Change of Care Notice (HHCCN)	Notice of Medicare Non-Coverage (NOMNC)
Triggering events: ▪ Initiation, reduction and termination of services **Applies to:** ▪ **Traditional Medicare beneficiaries** ▪ Does not apply to beneficiaries covered under a Medicare Advantage/Medicare Health Plan/Medicare HMO or MSHO plan. ▪ Medicare Secondary Payer (MSP): provide ABN if patient does not meet Medicare coverage criteria. Could occur on admission or after. **Purpose:** ▪ Provided to beneficiaries to inform them Medicare may not pay for items/services listed. This allows the patient to make an informed decision about continuing cares. (Ex: dually eligible patient requiring med set up billed to Medicaid). **Timeframe for delivery:** ▪ Notice to be provided in advance of providing items/services in question ▪ Effective 10/21, ABN remains effective so long as there has been no change to the care described in the original ABN, coverage guidelines in question, and/or patient's health status, requiring a change in treatment of the non-covered condition. If any of the above, a new ABN must be issued. A single ABN may be issued for an extended or repetitive course of non-covered treatment.	**Triggering events**: ▪ Reduction and termination of Services **Applies to:** ▪ **Traditional Medicare beneficiaries** ▪ Does not apply to beneficiaries covered under a Medicare Advantage/Medicare Health Plan/Medicare HMO or MSHO plan. **Purpose:** ▪ Provided to beneficiaries to inform them of changes in their plan of care: to include reductions in care, not outlined on the original plan of care, or to give notice of reduction/termination based on agency reason (Ex: agency can no longer provide needed services; HHA refuses to continue care due to dangerous animal in the home). **Timeframe for delivery:** ▪ Notice to be provided prior to reduction or termination of service. **Exceptions**: HHCCN form not required for: ▪ frequency/duration increases or when new discipline is added ▪ reduction/termination at request of the patient. (Clearly document) ▪ a Missed Visit ▪ non-covered services including Dietician or Telehealth. ▪ patient refusal of services. (Clearly Document)	**Triggering events**: ▪ Termination of all Medicare/Medicare HMO services. **Applies to:** ▪ Both **traditional Medicare beneficiaries** and **Medicare Advantage/Medicare Health Plan/Medicare HMO beneficiaries.** ▪ Not required for beneficiaries covered under an MSHO plan. MSHO beneficiaries can appeal through DHS. **Purpose:** ▪ Informs the patient that their Medicare-covered services are ending and what their appeal rights are. **Timeframe for delivery:** ▪ Notice to be provided at least 2 calendar days (or next to last visit for patients receiving visits less frequently than daily) prior to discharge from all Medicare/Medicare HMO covered services. **Exceptions:** ▪ Form is not required if patient requests discharge (clearly document) or transfers to another provider or higher level of care ▪ Form is required, but exempt from 2 day notice if patient is found to be no longer homebound and thus ineligible for home health – can be delivered immediately

1265 Grey Fox Road, Suite 2, Arden Hills, MN 55112
651.635.0607 mhca@mnhomecare.org

Minnesota Home Care Association

INITIATION OF SERVICES	ABN	HHCCN	NOMNC
One time billable PT assessment. No other services are being initiated.	Not Required	Not Required	**X** (Notice date is Assessment date)
Skilled Assessment – patient does not meet Medicare criteria, but services will be initiated and billed to another payer.	**X**	Not Required	Not Required
Skilled Assessment - patient **not admitted** for services (Ex: does not meet Medicare criteria; refused services).	May choose to provide "best practice"	Not Required	Not Required
Patient being admitted for Skilled Services under Medicare as well as non-covered services billed to another payer.	**X**	Not Required	Not Required
Patient is being admitted for home health aide services only.	**X**	Not Required	Not Required
Non-covered services that will be paid for by a payer other than Medicare are being initiated at some point during the episode	**ABN**	Not Required	Not Required
REDUCTION OF SERVICES	**X**	**HHCCN**	**NOMNC**
Your agency believes Medicare will not cover services at the frequency ordered by the provider. (Ex: Order: PT 5 x's week, but only 3 x's week seems reasonable/necessary)	Not required	Not Required	Not Required
Any time you reduce services (disciplines, frequency, duration) that does not follow the original plan of care based on administrative or provider orders.	Not Required	**X**	Not Required
At recertification, there is a reduction in the disciplines or frequency of services from what was being provided at the end of the cert period.	Not Required	**X**	Not Required
Services placed on "HOLD". Ex: PT on hold until weight bearing status is upgraded.	Not Required	**X**	Not Required
Your discipline is discharging as ordered (duration), but other skilled services are continuing	Not Required	Not Required	Not Required
You obtain an order to discharge your discipline prior to the current ordered duration, but other skilled services are continuing.	Not Required	**X**	Not Required
Upon Resumption of Care, service frequency is reduced from what was previously ordered.	Not Required	**X**	Not Required
Upon Resumption of Care, a discipline that was previously ordered is not resumed.	**ABN**	**X**	Not Required
TERMINATION OF SERVICES	Not Required	**HHCCN**	**NOMNC**
All Medicare/Medicare HMO services are being discontinued: No other services continuing. • Medical condition has stabilized, **or** No longer homebound, **or** Provider has ordered discharge, **or** Goals of care have been attained	**X**	Not Required	**X**
All Medicare services are ending because patient no longer meets Medicare criteria, but **services that are typically covered by Medicare will continue or be initiated under another payer** (Ex: SN now needed for MSU only- not covered by Medicare, but will be paid by patient or another payer)	Not Required	Not Required	**X**
Transfers to another level of care/provider (hospital, SNF, Hospice, HHA), documentation is required.	Not Required	Not Required	Not Required
Patient refuses further home care services, documentation is required.		Not Required	Not Required

Termination based on Agency reasons, not Medicare coverage. Ex: Unsafe patient situation, Unsafe for agency personnel, Staff resource issue, lack Face to Face. Can mail but document verbal given to patient.	Not Required	**X**	Not Required
Unanticipated discharge: 1. Patient seen in clinic – MD calls and discontinues home care 2. Determine by phone or upon arrival that patient is no longer homebound.	Not Required	Not Required	**X**

Amending all Beneficiary Notices	
What do I do if any of the beneficiary notices have been given, but the date for the planned discharge changes?	❖ Verbally Inform the patient of the new date as soon as possible ❖ Amend the notice by drawing a single line through the original coverage end date, write new date above or beside the deleted date ❖ Write the words "Notice Amended" on the notice ❖ Date and sign the entry and provide copy of amended notice to the beneficiary ❖ Retain a copy of the amended notice in the patient record
Refusal of Patient to sign ABN, HHCCN or Notice of Non-Coverage	
What do I do if the patient/representative refused to sign an ABN, HHCCN or Notice of Non-Coverage form?	❖ Document on the form that the patient or representative refuses to sign the document. ❖ Date the entry and sign your name and title by the entry. ❖ Leave a copy of the form with the patient or representative. ❖ May list witness(es) to refusal on the notice, but not required.
Unable to Deliver the Notice in Person	
What do I do if I am unable to deliver the notice in person to the patient or representative? **Note: Beneficiary notices should be reviewed and completed in-person whenever possible. If not possible, may deliver using other methods including direct phone contact, mail, secure fax or email. A response must be received in order to validate delivery.*	❖ Call the patient/representative and explain the notice in its entirety, answering all related questions as able. Direct beneficiary to call 1-800-MEDICARE if any questions cannot be answered. ❖ Annotate the notice with the date, time, person you spoke with, and their phone number. Document that the entire notice was verbally administered by {your name/ date}. ❖ File original document in the patient records. Send the patient 2 copies and a return envelope with instructions for the patient to sign and return one copy. ***See below for more detail** ▪ For ABN, send 2 copies with a return envelope and instructions for the patient/rep to sign and return one copy. Document attempts to obtain signed copy. ▪ For NOMNC delivered by telephone, send a copy the same day as the phone contact and place dated copy in medical record; signed copy not required. ❖ Fax or email can be utilized if HIPAA compliant and patient is agreeable to that method.

Reference: Medicare Claims Processing Manual Chapter 30 – Financial Liability Protections

Retention: In general, retain signed copies for 5 years from discharge/completion of delivery of care when there are no other applicable requirements under state law. Electronic retention of signed paper document is acceptable. Note: Minnesota requires minimum of 7 years retention of medical records from date of discharge/last service (longer for minors) - refer to MN Administrative Rule 2150.7535 Record Keeping