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ABREVIATED INSTRUCTIONS FOR THE

SKILLED NURSING FACILITY ADVANCE BENEFICIARY NOTICE

(SNFABN)

I. General Rules

The SNFABN must not be modified except in the customizable space above the title for the SNF* name, address and/or logo since it is a mandatory notice. The SNFABN will be available online in English and Spanish at the CMS Beneficiary Notices Initiative (BNI) Web page at <http://www.cms.hhs.gov/bni/>. For questions regarding the notice please call your Medicare Fiscal Intermediary.

The SNFABN must be given to the beneficiary† prior to the delivery of non-covered items or services. Although there is no specific time frame given for notification, the SNF must notify the beneficiary as far enough in advance as possible before terminating or reducing extended care items or service so that the beneficiary has time to make other arrangements. See Ch. 30, §70.3.3 of the Medicare Claims Processing Manual (MCPM) for information on timely delivery.

II. The SNFABNs Header

The customizable space for the SNF is located above the title “Skilled Nursing Care Advance Beneficiary Notice (SNFABN)”. The identifying information to be inserted here must include, at a minimum: name, address, and telephone number. A TTY number for beneficiaries with hearing or speech impairments should be provided when necessary to meet beneficiary needs. Use of the facility’s email address or corporate logo is optional.

III. Completing the SNFABN

A. Beneficiary’s Name

The SNF must write legibly or pre-print the name of the Medicare beneficiary affected by this notice.

B. Medicare # (HICN)

The SNF must write legibly or pre-print the Medicare number (health insurance card number (HICN)) of the affected Medicare beneficiary.

C. Coverage Decision

* The term “SNF” includes swing bed facilities unless otherwise indicated.

† The term “beneficiary” includes authorized representatives where applicable unless otherwise indicated.

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The SNFABN is not an official Medicare coverage decision. This notice represents the SNF's informed opinion about the likelihood of Medicare coverage. When delivering this notice, a SNF must verbally review the entire notice with the beneficiary before the beneficiary completes and signs the notice.

D. "Beginning on" Blank/Effective Date of Potential Noncoverage

In this blank ("Beginning on _____..."), the SNF will enter the date the facility believes the beneficiary will become responsible for paying for the items and/or services described under E.

E. "Items or Services" Section

In this section, the SNF must specify the items and/or services (or group of items and services) that it believes will not be covered by Medicare. The specification must be in lay language, so that the beneficiary understands precisely what items and/or services may not be given to him/her unless he/she agrees to be responsible for payment.

F. Estimated Cost Section

In this section, the SNF must enter the estimated cost of the corresponding noncovered items and/or services. Supplies may be generally described on the SNFABN. For example, "wound care supplies" would be a sufficient description; an itemized list is not required. However, when a reduction occurs, enough additional information must be included so that the beneficiary understands the nature of the reduction, (i.e., wound care supplies now delivered once a month, not weekly). The SNF should verbally review the written notice with the beneficiary to ensure comprehension.

G. "Because" Section

The SNF must give a detailed reason it, the Utilization Review (UR) entity, the QIO, or the Medicare contractor expects Medicare to deny payment for the applicable item(s) and/or services. The reason(s) cited must be in understandable lay language and must be sufficiently specific to allow the beneficiary to understand the basis for the expectation that Medicare will deny payment. The SNF must answer inquiries from the beneficiary who requests further information and/or assistance in understanding and responding to the SNFABN or any part of the notice. The SNF's refusal to respond to such inquiries may result in the SNFABN being invalidated and, thus, ineffective in protecting the SNF from liability.

Common reasons for Medicare denial under Parts A and B are:

Because:

- No qualifying 3-day inpatient hospital stay.
- You were not admitted to the skilled nursing facility within 30 days of your hospital discharge.
- No days left in this benefit period.
- Care not ordered or certified by a physician.
- Daily skilled care no longer needed for example: speech, physical or occupational therapy.
- SNF transfer requirements not met.
- Facility/bed not certified by Medicare.
- Care not given by, nor supervised by, skilled nursing or rehabilitation staff.
- Items or services not furnished under arrangements

by the skilled nursing facility.

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- Individual item(s) and/or service(s) under Part B are not medically reasonable and necessary for example: Skilled Nursing not needed for Foley Care inserted for convenience.
- Under Part B, Medicare does not pay for this service more often than the frequency limit.
- Medicare does not pay for services which it considers to be experimental or for research use.
- Other:** _____

Note: The SNFABN negates any need for the Notice of Exclusion from Medicare Benefits (NEMB), since the new SNFABN can be voluntarily given prior to the delivery of items or services that Medicare never covers, such as routine foot care, dental care, personal comfort items, etc. See Ch. 30, §90 of the MCPM for a list of items or services which Medicare never covers.

H. Selecting an Option Box

For Options 1, 2, and 3, on the SNFABN, the beneficiary should personally select only one option by making a mark in the chosen checkbox. Checking multiple options is not permitted. Pre-selection of an option by the SNF is prohibited and will invalidate the notice.

SNF staff may only enter the beneficiary's selection if s/he is physically unable to do so. SNF staff should annotate the notice to indicate that a staff member entered the beneficiary's selection because the beneficiary was physically unable to do so.

1. Option 1

This option means the beneficiary does not want the care in question. By checking this box, the beneficiary understands that he/she is not entitled to appeal this decision because no additional care will be received and he/she will be discharged.

2. Option 2

This option allows the beneficiary to receive the noncovered items and/or services and pay for them out of pocket. Neither Medicare nor any other insurance will be billed. The beneficiary is not entitled to appeal this decision because no claim will be filed.

3. Option 3

This option allows the beneficiary to receive the items and/or services at issue and have the SNF, at the beneficiary's request, submit a claim to Medicare and/or any other insurance. For Medicare, this will result in a payment decision which, if denied, can be appealed. There are boxes to indicate which insurer is to be billed if option 3 is selected, and a blank to fill in the name of any other insurer. Please inform the beneficiary that his/her stay is not automatically covered while he/she waits for the Medicare decision. However, the beneficiary cannot be charged for his/her stay until a Medicare decision has been made.

I. Signature and Date

The beneficiary and or the authorized representative (where applicable) must sign the signature box to acknowledge having read the notice. In the case of a refusal to sign the SNFABN, refer to §40.3.4.6 *Dealing with Beneficiary Refusals* for instructions. The SNF may fill in the date to assist the beneficiary. This date reflects the date that the SNF personally gave the notice to the beneficiary, or if appropriate, the date telephone contact was made.

The SNF representative administering the care or the notice to the beneficiary must sign his/her signature in the box acknowledging that he/she gave the notice and received the signed original copy from the

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beneficiary or his representative. This box can also be used to obtain the signature of a witness (second SNF staff person) should the beneficiary refuse to sign the notice. Please refer to §40.3.4.6 of the MCPM for instructions on handling a beneficiary's refusal to sign the SNFABN. Please refer to §70.5 of the MCPM for instructions on retention of the SNFABN.