

Advance Beneficiary Notice (ABN) & Notice of Non Coverage (NONC)

April 2015

Home Health VNA
Merrimack Valley Hospice
HomeCare, Inc.



The Leaders in Home Health and Hospice Care

Objectives

- ▶ The participant will be able to discuss the Advance Beneficiary Notice (ABN)
- ▶ The participant will be able to discuss the Notice of Non-Coverage (NONC) and Detailed NONC

Advance Beneficiary Notice (ABN)

- ▶ The ABN is only required when the beneficiary expects to receive services that the Hospice Medicare benefit will not cover
- ▶ When an ABN is required, the Hospice must report the date the ABN was issued
- ▶ The day of discharge is the day identified on the ABN

When An ABN is required

▶The level of care is determined to not be reasonable or medically necessary

- Example– Hospice House patient wants to stay on GIP but GIP eligibility is not met.

▶ABN not required for

Live discharge

Revocation

Respite care beyond 5 days

Transfers

Emergent care not arranged/coordinated by hospice

Advance Beneficiary Notice (ABN)

- ▶ If you do not issue a valid ABN to the beneficiary when required by Medicare, the agency cannot bill the beneficiary for the service and the agency may be financially liable

NONC – Notice of Non-Coverage

- ▶When a patient is being discharged by hospice for no longer meeting Medicare eligibility for hospice – the patient/family has the right to appeal the decision.
- ▶The Patient/family has the right to an expedited review by the QIO assigned to that state (Levanta for MVH and YHHC)

NONC – Notice of Non-Coverage

- ▶ Must give the patient the NONC form no later than 2 days before the effective date of discharge
- ▶ Informs patient of the right to appeal and request an expedited review
- ▶ If the patient/family request a review the hospice must furnish to the beneficiary and the QIO – a “Detailed Explanation of Non-Coverage” form
- ▶ The QIO usually decides within 72 hours

for the ABN Fact Sheet

- ▶ Review “Guidelines for the ABN and Expedited Determination” fact sheet