

Loeb & Troper's *e-Bulletin*

Beneficiary Notice Becomes Mandatory April 1, 2011

Background

Beginning April 1, 2011, all Medicare Certified Home Health Agencies (CHHAs) and Long Term Home Health Care Programs (LTHHCPs) must issue advance notice to their clients of Medicare noncovered items and potential liability for payment with the updated Home Health Advance Beneficiary Notice (HHABN). Any HHABN Form No. CMS-R-296 with an expiration date of 8/31/2009 issued to clients on or after April 1, 2011, will be considered invalid.

The Centers for Medicare & Medicaid Services (CMS) posted the revised HHABN for use in December 2010. Any CHHA or LTHHCP could have started using the revised form at that time; however, to allow for transition time, mandatory use is effective April 1, 2011. The revised form is notated with an expiration date of 10/31/2012 in the lower left hand corner and is available for download along with updated instructions at http://www.cms.gov/BNI/03_HHABN.asp.

The updated HHABN contains some minor formative changes but continues to include the interchangeable Option Box 1, 2 or 3. The triggering events and delivery requirements for issuance of the HHABN have not changed; however, the completion of the HHABN reflects changes as follows:

- ◆ The client's health insurance claim number (HICN) will no longer be entered on the form. This field is replaced with optional entry by the provider of a birth date or medical record number used for agency identification purposes.
- ◆ Option Box 1 text includes preprinted Medicare telephone number and TTY number since these are constant and will no longer have to be filled in by the provider. (Providers are still required to fill in the CHHA/LTHHCP telephone number and TTY number at the top of all HHABNs.)

Action

Loeb & Troper recommends that each CHHA and LTHHCP confirm that their policy and procedure for the HHABN is current and all staff responsible for completion and delivery of the HHABN receive inservice on the updated form and instructions by April 1, 2011. CMS has stressed that any HHABN completed incorrectly or found to be deficient may result in provider liability. Reiterate to staff that the following common deficiencies can make an issued HHABN invalid:

- ◆ Incorrect reason for noncoverage listed;
- ◆ Abbreviations used to describe services;
- ◆ Charge for the service not listed;
- ◆ Mistakes are crossed out or written over;
- ◆ Issued over one year prior to the date of service; and/or
- ◆ Not appropriate for the entire episode, i.e., noncovered services change.

If you have any questions, please refer to the CMS website or contact:

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