LeadingAge Midwest
Illinois · Iowa · Missouri

F582 – Medicare & Medicaid Notices Guidance

Overview

Residents must be informed of goods and services that are and are not included in Medicare & Medicaid payments as well as what the costs are for services not included. This guidance document helps providers implement the corresponding spreadsheet to assess compliance with F582.

Monitoring Guidance

A1 – Review resident records to identify that they were notified **at admission** of what services were included in the Medicaid State Plan including:

- Items and services that are included in nursing home services under the State plan and for which the resident may not be charged.
- Other items that are not included in the State plan for which the resident may be charged and the amount charged for those services

A3 – Review resident records to identify that they were notified **upon eligibility for Medicaid** of what services were included in the Medicaid State Plan including:

- Items and services that are included in nursing home services under the State plan and for which the resident may not be charged.
- Other items that are not included in the State plan for which the resident may be charged and the amount charged for those services

A5 – Review resident records to identify if residents were informed **at admission** of:

- Services available in the nursing home
- Charges for those services including any charges for services not covered under Medicare, Medicaid or the per diem rate.

A7 – Review resident records to identify if residents were informed **when changes were made** of services provided, charges for services not covered under Medicare, Medicaid, and the per diem rate within the following time frames:

- When changes in coverage are made to items and services covered by Medicare and/or the Medicaid State plan, notice must be provided as soon as reasonably possible.
- When changes are made to charges for other items and services that the nursing home offers, notice must be provided at least 60 days prior to the implementation of the change.

A9 – Identify if resident's who made advance payment were refunded amounts due within 30 days of discharge.

A11 – Identify the number of skilled discharges that were not issued a Notice of Medicare Non-Coverage (NOMNC) form.

- NOMNCs must be given by the nursing home to all Medicare beneficiaries at least two days before the end of a Medicare Part A stay or when all of Part B therapies are ending. The NOMNC informs the beneficiaries of the right to an expedited review by a Quality Improvement Organization.
- A NOMNC is not required when:
    - A beneficiary exhausts skilled benefits coverage (100 days), thus exhausting their Medicare Part A SNF benefit.
    - The beneficiary initiates the discharge from the SNF.
    - The beneficiary elects the hospice benefit or decides to revoke the hospice benefit and return to standard Medicare coverage.

A13 – Identify the number of skilled discharges that remained in the nursing home who were not issued a SNF ABN notice.

- The SNF ABN is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare. A SNF ABN must be provided during the following events:
    - Initiation when the SNF believes Medicare will not pay for extended care items or services that the physician has ordered.
    - Reduction when the SNF proposes to reduce a beneficiaries extended care item or service because it expects Medicare will not pay for a subset of extended care items or services, or for any items or services at the current level and/or frequency of care that a physician has ordered, the SNF must provide an ABN to the beneficiary before it reduces items or services.
    - Termination – In the situation in which a SNF proposes to stop furnishing all extended care items or services to a beneficiary because it expects that Medicare will not continue to pay for the items or services and the beneficiary would like to continue receiving the care.

A15 – Identify the number of skilled discharges who didn't receive the NOMNC and SNF ABN (as applicable) **at least 2 days before skilled discharge**.

A17 – Identify the number of **Part B** services that didn't receive a NOMNC form at least two days prior to ending all Part B services.