

New Fast-Track Review Process for Beneficiaries in Original Medicare (Rev. 6-21-05).

Beginning July 1, 2005, beneficiaries in Original Medicare will have access to a new fast-track expedited review process when Medicare coverage of their home health, skilled nursing, comprehensive outpatient rehabilitation, or hospice services is about to end. Home health agencies, skilled nursing facilities, CORFs, and hospices (“providers”) will be required to notify individuals of this new right when they anticipate that Medicare coverage of their services will end. On April 29, 2005, the two notices associated with the implementation of these expedited reviews were published for comment in the Federal Register--the Notice of Medicare Provider Non-Coverage (Generic Notice) and the Detailed Explanation of Non-Coverage (Detailed Notice). The Office of Management and Budget approved these notices for use through 2008. Copies of the notices, as well as the instructions for using them, can be found on CMS' Beneficiary Notices Initiative webpage, located at www.cms.hhs.gov/medicare/bni.

Given the short time-frame between final OMB approval of the new standardized notices and implementation of the expedited review process, we want to emphasize that, between July 1, 2005 and October 1, 2005, affected providers and suppliers may use either the standardized notices or the model notices that have been available on the CMS website since April. As of October 1, 2005, providers must use the new standardized notices exclusively. CMS will continue to provide additional updates here on the BNI page and through CMS provider and Open Door Forum Listservs as additional information becomes available.

What About the Current ABNs?

As noted above, providers have historically used ABNs to inform beneficiaries of impending service terminations. For the most part, the need for ABNs in these situations is eliminated by the new expedited review procedures. However, the ABNs will still serve a valuable role under other circumstances, and we recognize that the existing ABNs and the accompanying instructions will need minor modifications in light of the new expedited review process.

Thus, on May 6, 2005, CMS published for comment in the Federal Register a revised Home Health Advance Beneficiary Notice (HHABN). (See www.cms.hhs.gov/regulations/pna for more information.) The comment period for the revised HHABN closed June 6, 2005. We are currently reviewing the public comments and will issue the new HHABN and implementing instructions when we have completed that review. Until that process is complete, HHAs should continue using the current HHABN as they have in the past.

Similarly, CMS is continuing its efforts to implement a new, simplified Skilled Nursing Facility Advance Beneficiary Notice (SNFABN). As with the HHABN, we are evaluating the SNFABN and the accompanying instructions in light of the new expedited review process, as well as reviewing public comments we have already received on these notices. Until the new SNFABN is made final, SNF providers may continue to use either the SNFABN or one of the five SNF denial letters in situations where the expedited review notice is not appropriate. Copies of the five SNF denial letters may be obtained by clicking [here](#).