

KEY TERMS

ABN refers to an **Advanced Beneficiary Notice** (CMS Form R-131) and is used with Medicare Part B services when an item or service is expected to be denied by Medicare on a particular occasion as either not reasonable and necessary or because it constitutes custodial care.

Beneficiary Notices Initiative Website or **BNI Website** is located at www.cms.hhs.gov/bni. The BNI website provides information on financial liability notices, including the Revised ABN, SNFABN and SNF Denial Letters, Expedited Determination Notices and NEMB-SNF, and provides instruction for issuing each type of notice.

Demand Bill is a type of claim submitted by facility at the beneficiary's request, which is medically reviewed by the FI. The SNFABN and the Denial Letters inform the beneficiary of potential liability for noncovered items or services, appeal rights, and of his/her right to have a claim (i.e., demand bill) submitted to Medicare.

Denial Letter is used interchangeably with SNFABN for Part A services. There are five uniform denial letters that providers may use.

Detailed Notice of Non-Coverage, known simply as the "**Detailed Notice**" or CMS Form 10124, explains to the beneficiary why the SNF believes services are no longer covered. This notice is only delivered to beneficiaries who requested an expedited appeal by a QIO.

Expedited Appeal refers to the right of fee-for-service beneficiaries to obtain a fast appeal by a QIO within 72 hours if the beneficiary disagrees with his/her discharged from provider services.

Fiscal Intermediary or FI adjudicates standard Medicare Part A claim appeals submitted to Medicare for care that has been furnished to the beneficiary.

"**Generic Notice**" is the **Notice of Medicare Provider Non-Coverage** and is associated with CMS Form 10123. The Generic Notice informs beneficiaries that their Medicare covered services in a SNF are coming to an end. It also informs beneficiaries of their right to an expedited review by a QIO, if they feel they are being discharged too soon.

Medicare Administrative Contract or **MAC** adjudicates Medicare Part B standard claim appeals submitted to Medicare for care that has been furnished to the beneficiary.

NEMB-SNF or **Notice of Exclusion from Medicare Benefits** is used when notice is not required under either Medicare Parts A or B. NEMB-SNF is a voluntary notice used when an item/service is expected to be denied as a benefit category denial, meaning Medicare never covers it or it doesn't meet the technical eligibility requirements for coverage such as the 3-day stay requirement has not been met.

NF refers to a **Nursing Facility**. This is a nursing home certified under the Medicaid program only.

The **Notice of Medicare Provider Non-Coverage** is sometimes referred to as an **Expedited Determination Notice** or “**Generic Notice**” and is associated with CMS Form 10123. This notice informs beneficiaries that their Medicare covered services in a SNF are coming to an end. It also informs beneficiaries of their right to an expedited review by a QIO, if the beneficiary feels he/she is being discharged too soon.

QIO refers to a **Quality Improvement Organization**. QIOs are independent reviewers located in every state and perform the expedited review.

Quality Indicator Survey, known as **QIS**, is a revised long-term care survey process that is currently the survey process in 11 states and will be used all across the country.

Revised ABN is used for Part B services.

SNF refers to a **Skilled Nursing Facility**. This is a nursing home certified under the Medicare program only.

SNFABN refers to a **Skilled Nursing Facility Advanced Beneficiary Notice** and is associated with CMS Form 10055. This notice is used for Medicare Part A services only.

Skilled Nursing Facilities / Long-Term Care Open Door Forum (ODF) addresses the concerns and issues of the Medicare SNF, the Medicaid NF, and the nursing home industry in general. More information about the ODF can be found at http://www.cms.hhs.gov/OpenDoorForums/25_ODF_SNFLTC.asp