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Hot TOPICS

Advance Beneficiary Advance

Revalidation Questions? Call Us!

SNF ABN:

CMS has released a newly revised Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) along with instructions for form completion. The revised SNFABN will be mandatory for use on May 7, 2018. During the interim, SNFs may continue to use the old version of the SNFABN, the Denial Letters or the NEMB-SNF, however, it is recommended that the revised SNFABN be used as soon as possible. The form and the instructions can be found at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-SNFABN-.html

CMS will be discontinuing the 5 SNF Denial Letters and the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility (NEMB-SNF). Since the NEMB-SNF was used as a voluntary notice for care that is never covered by Medicare, CMS will continue to encourage providers to issue the revised SNFABN in this voluntary capacity.

For Part A items and services: SNFs must use the newly revised SNFABN as the liability notice.

For Part B items and services: SNFs must use the Advance Beneficiary Notice of Non-coverage (ABN), Form CMS-R-131. The ABN and information on this notice can be found at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html.

Events, News & Notes

United Health/Optum:

If any SNF receives a packet from United Health/Optum regarding joining Medicaid Managed Care Plan Network—THIS IS NOT applicable for SNF's.

Medicaid Level of Care Issues:

SNF's are still receiving claim denials due to Medicaid Level of Care not being on file. We previously instructed SNF's to send the Level of Care issues to lee.guice@ky.gov. SNF's that have been sending the level of care issues to Lee Guice are having their level of care cases corrected. Please send your Level of care cases to the email listed above, one case per email. Enter a subject line on the email of "Level of Care."

PROVIDER ENROLLMENT REVALIDATION – CYCLE 2

CMS has established due dates by which the provider/supplier's revalidation application must reach the MAC in order for them to remain in compliance with Medicare's provider enrollment requirements. The due dates are established based on your last successful revalidation or initial enrollment (once every 5 years for SNF's). Submit your revalidation application to your MAC within 6 months of your due date to avoid a hold on your Medicare payments and possible deactivation of your Medicare billing privileges. The list will be available at **http://go.cms.gov/MedicareRevalidation** and will include **all** enrolled providers/suppliers. Those due for revalidation will display a revalidation due date, all other providers/suppliers not up for revalidation will display a "TBD" (To Be Determined) in the due date field.

The fastest and most efficient way to submit your revalidation information is by using the Internet-based PECOS. To revalidate via the Internet-based PECOS, go to **https://pecos.cms.hhs.gov/pecos/login.do**.

HARGIS & ASSOCIATES LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

270.726.4033 • accountants@hargisandassociates.com

186 N. Main St. • P.O. Box 263 • Russellville, KY 42276