

**Revisions to the Advance Beneficiary Notice of Noncoverage (ABN)
Paperwork Reduction Act Approval Process
May 2007**

The ABN is a formal information collection subject to approval by the Executive Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA). This is a renewal of an existing collection. The revised ABN included in this package incorporates: suggestions for changes made by notifiers over the past 3 years of use, refinements made to similar liability notices in the same period through consumer testing and other means. Our primary goal has to design a form that is clear and understandable for beneficiaries, while permitting appropriate customization by the various types of providers, practitioners, and suppliers that use ABN.

We received 43 public comments on the revised ABN. The following changes were made to documents in the initial PRA package based on the first round of public comments.

ABN Notice

(A single page document, 3 versions now provided)

Globally, wording changes were made throughout the ABN, as were adjustments in layout and formatting, for example:

- The term “items/services” was removed and replaced with a customizable blank, so that users can insert a description most appropriate to their specific businesses. For example, laboratories can insert “tests” rather than “items/services.” The revised instruction includes a list of options to fill in this blank.

NOTE: **There are now 3 versions of the ABN available.** In addition to the generic version described above, we are also providing a version of the ABN with this blank filled in with the term “items or services” for those not wishing to do additional customization, and another generic version using “laboratory tests” and other customizations illustrating laboratory-specific use.

- Less bolding and underlining is used.
- Text is streamlined as much as possible, and includes more beneficiary-friendly plain language. Note that some commenters favor more formal usage and style; however, we did not adopt these comments, based on CMS’ extensive experience with tailoring Medicare publications to the beneficiary population and experience gained in beneficiary-oriented consumer testing of notices.
- More space was added to the margins, in particular at the top where customized information appears.

In the header of the ABN:

- The label “(A) Supplier/Provider” is replaced by the more generic “Notifier” since this term captures disparate groups such as physicians, practitioners and various provider and supplier types. Types of notifiers are spelled out in the instructions. We also make clear in the instructions that the “notifier” label may be removed and replaced with a logo as part of permissible customization of the header.
- The label “(B) Beneficiary Name” is changed back to “Patient Name” to honor requests that the previous simpler language of the current ABN be maintained. (We had proposed changing to “beneficiary” in order to make clear to all parties that this notice is only required from Medicare, a repeated point of inquiries made to CMS).

In the body of the ABN (up to the Option Box):

- The paragraph above the items and service box is simplified and shortened to clarify that Medicare does not pay for all services, even if recommended by a health care provider.
- Gridlines are removed from the items and services box and the size of columns in the box adjusted.
- The bullets below the items and services box are streamlined to highlight only the key actions required of the notice recipient. Other important information that previously appeared in this area was moved to other parts of the notice.

In the Option Box:

- The options were re-ordered, in response to concerns expressed by beneficiary advocates that the first option should be the one that made beneficiaries aware of their right to receive services and appeal to Medicare should the services be denied.
- The wording of the new first options addresses the following commenter concerns:
 - Noting that beneficiaries are still responsible for payment if Medicare does not pay.
 - Providing information on the Medicare Summary Notice (MSN) as the vehicle informing beneficiaries of official payment decisions and appeal rights.
 - Adjusting wording so that non-participating physicians and suppliers who are not always required to bill or collect money for Medicare are less likely to have beneficiaries seeking refunds from them inappropriately.
 - Adding information on Medicare cost-sharing amounts that are not refundable when Medicare pays.

Below the Option Box:

- The label “(H) Other Insurance” was replaced by “Additional Information.” Many commenters opposed the mandatory inclusion of information about other insurance, since there is no requirement that they bill such insurers. Instead, we have provided for a more flexible use of space that will permit either alternative insurance information or other types of information, such as information that may not be cross-cutting to all notifiers (i.e., prior determinations for physician services, DMEPOS competitive bidding). It will also permit notifiers to enter information they believe will help beneficiaries understand the ABN in individual cases. For example, this space could still relate to other insurance, which was concern beneficiaries raised in consumer testing of the SNFABN, as well as other case-specific issues like documenting refusals to sign or providing additional witness signatures.
- Text relaying that the ABN is not an official Medicare decision and 1-800 MEDICARE contact information are moved to this area of the notice. Note a majority of commenters expressing an opinion favored the addition of this contact number.
- We removed the heading “Privacy Notice” from the disclosure statement (this heading was remaining from the currently approved ABN where this space is used to provide pertinent information on confidentiality of ABN information). Note that many commenters recommended that the appearance of the form could be improved by the elimination or abbreviation of the required PRA information at the bottom of the form, and some requested the privacy information be re-entered, but CMS clearly does not have the authority to make such changes.