

CLINICAL SUCCESS GUIDE

NOMNC vs. ABN: Solutions to Uncommon Scenarios

Medicare beneficiaries and providers have rights and protections related to financial liability and appeals. These financial liability and appeal rights are communicated to beneficiaries through notices given by providers. It is imperative for providers to understand and follow the requirements set forth for both the NOMNC and ABN notices. Below are some uncommon scenarios clients have shared with us, along with our recommended solutions:

SCENARIO	NOMNC	SNF ABN	NOT REQUIRED
Resident chooses Hospice services immediately while receiving Med A skilled services			X
Resident is discharged from therapy services under Med B	X		
Resident is discharged from therapy under Med B services, but the beneficiary wants to continue therapy under custodial care	X	X	
Resident exhausts their skilled Med A benefits and has no remaining days			X



Melissa Keiter, RN, RAC-CT, DNS-CT, DON
Interim MDS/RNAC & Interim DON • Lead Consultant of Nursing Services

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Resident is discharged to another nursing facility and will continue to receive skilled services under Med A			X
Resident is being discharged from Med A skilled services and will continue to reside in the facility with benefit days remaining	X	X	
Resident discharges self from skilled services as an unplanned discharge			X
Resident is receiving skilled services under Managed care. Upon discharge of services, resident will reside in the facility	X		
Resident meets all technical criteria (e.g. 3-day hospital stay, SNF benefit days available, admitted within 30 days, etc.) to access their SNF Med A benefits but does not present with a need for daily skilled rehabilitation or nursing services		X	
Resident under a Med A stay and uses 34 days of their SNF benefit. Med A coverage ends and no longer requiring a skilled service. The beneficiary will remain in the SNF under Medicaid	X	X	
Resident has skilled benefit days remaining and is being discontinued from Part A services and is leaving the facility immediately following the last covered skilled day	X		



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