

CROSSWALK DOCUMENT FOR CHANGES TO CMS-R-131  
(Advance Beneficiary Notice of Non-Coverage)  
SUBMITTED FOR COLLECTION

SUMMARY OF CHANGES TO CMS-R-131: The “Advance Beneficiary Notice of Non-coverage (ABN)” is issued to Original Medicare (fee for service - FFS) by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to beneficiaries in situations where Medicare payment is expected to be denied in certain instances (e.g. not medically reasonable and necessary under Section 1862(a)(1)(A)). In order for the provider, physician, practitioner, and supplier to transfer potential financial liability, an ABN must be issued to the Original Medicare FFS beneficiary to inform them prior to providing the item or service in question. The ABN was initially approved with the 2023 PRA submission; however, with this submission, there is plain language and information design, non-substantive changes to the form and form instructions. There are no changes that will affect existing ABN users.

The following non-substantive changes have been made to the form:

- The form has been revised to include plain language and minor information design changes. New headings were added in plain language to break up the form for readability. See enclosed documents for changes.
- The PRA disclosure statement was placed on the bottom of the ABN form to reflect a single page document. See enclosed documents for changes.

The following non-substantive changes have been made to the form instructions:

- The form instructions have been revised to provide consistent instructions regarding the changes to the form. See enclosed documents for changes.

The ABN is an existing collection and is in use. It is our expectation that the non-substantive changes to the form and form instructions will have little effect on burden for all users. The Office of Communications (OC) recommendations are soundly based on research-based best practices in plain language and information design. Along with decades of research in cognitive science and behavioral economics, OC draw from a wealth of research data specific to CMS programs. The OC has been conducting consumer research with patients, caregivers, providers and partners who interact with CMS programs for more than 20 years, and they use feedback from this research to make sure the information and products are clear and easy to use. Consumer testing is ongoing, and OC iteratively refine language and design standards as our audiences and their information needs evolve. The OC work to apply the same research-based standards across all products and channels to make sure our language, messaging and branding are consistent.