

G440

(Rev. 219; Issued: 04-12-24; Effective: 04-12-24; Implementation: 04-12-24)

§484.50(c) *Standard: Rights of the patient. The patient has the right to—*

(7) Be advised, orally and in writing, of—

- (i) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA,**
- (ii) The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA,**

- (iii) The charges the individual may have to pay before care is initiated; and**
- (iv) Any changes in the information provided in accordance with paragraph (c)(7) of this section when they occur. The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f).**

***Survey Procedures* §484.50(c)(7)**

Ask the patient or legal representative (if any) about whether the HHA informed them if there were any services that may not be covered by Medicare and, if so, how that would be addressed. If a notice of Medicare non-coverage was provided to the patient, confirm that it was received prior to the care being provided. Surveyors are not to advise the patient about finances, or coverage, or payment issues, but rather confirm if the HHA provided this information.