This training module is intended to provide information about:

1. What is a Notice of Medicare Non-Coverage (NOMNC)?
2. When should a Medicare Advantage patient receive a NOMNC?
3. Which CareCentrix customers have Medicare Advantage patients?
4. Where are NOMNC letters, instructions, and other tools located?
5. How should a provider complete a NOMNC letter?
6. What are some common provider Do’s and Don’ts?
The NOMNC letter is a Centers for Medicare and Medicaid Services (CMS) approved form that a provider must deliver to a Medicare Advantage patient receiving covered skilled services, such as home health, in certain situations when services are terminating.

1. The NOMNC notifies a Medicare member, in writing, that the member’s Medicare health plan and/or provider have decided to terminate the member’s covered Home Health Agency (HHA), Skilled Nursing Facility (SNF), or Comprehensive Outpatient Rehabilitation Facility (CORF) care and, as a result of the termination of services, the member has appeal rights.

2. When a Medicare Advantage patient receiving Medicare-covered services is discharged from one of these services a provider must issue a NOMNC. The NOMNC must be delivered to a patient at least two (2) calendar days before Medicare covered services end OR the second to last day of service if care is not being provided daily.

3. A provider must timely deliver a NOMNC letter unless a NOMNC exception applies.

4. A provider must follow the NOMNC instructions and fully complete the form.

5. A provider should, at no cost, fulfill a patient’s special accommodation request including providing a NOMNC in large print and an alternate language when the patient resides in a Medicare service area that meets CMS’ criteria which is a 5% foreign language threshold.
NOMNC FORM AND INSTRUCTIONS

CareCentrix’s Medicare Advantage Home Health customers are: Florida Blue, Aetna, and ConnectiCare.

- Providers can see which patients are on a Medicare Advantage plan by looking at the Service Authorization Form (SAF).

- CMS’ NOMNC template and instructions are available on the CMS website https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html.

  - CMS’ Form number is 10123 (Approved 12/31/2011) OMB approval (0938-0953)

Florida Blue requires that providers use their CMS version of the NOMNC template.

- Florida Blue’s NOMNC template and instructions are located on the Provider Portal: HomeBridge www.carecentrixportal.com For Providers >>Resources and Forms >>Health Plan Forms

- Florida Blue’s version contains three (3) plan contact phone numbers: Florida Blue For Fast Appeals: ONLY: 1-877-842-9118, For Standard Appeals : 1-800-926-6565 or TTY 1-800-955-8770 and the QIO (FL KEPRO-Area 2) at 1-844-455-8708 or TTY/TDD 1-855-843-4776
NOMNC OVERSIGHT

Providers must fax every Medicare Advantage member’s completed, signed and dated NOMNC form to CareCentrix.

- Providers must use CareCentrix’s dedicated fax line: 866-778-0723.

- Completed NOMNCs are reviewed by CareCentrix and our client health plans.

- NOMNCs may be reviewed in connection with Medicare Advantage patient appeals of coverage denials.

- NOMNC performance is measured monthly in audit response letters sent to the provider agencies.

- Repeat NOMNC offenders may be placed on a NOMNC Monitoring or Corrective Action Plan in order to monitor improvements.

- Provider agencies who do not improve may be subject to termination.
NOMNC EXCEPTIONS

Providers are NOT required to deliver a NOMNC letter in these instances:

1. When a patient never received Medicare covered care in one of the covered settings.

2. When services are being reduced (i.e. a HHA providing physical therapy and occupational therapy discontinues the occupational therapy).

3. When a patient is moving to a higher level of care (i.e. home health care ends because a patient is admitted to a Skilled Nursing Facility (SNF)).

4. When a patient has exhausted his/her benefit.

5. When a patient ends care on his/her own initiative (i.e. patient decides to revoke the home health benefit and return to standard Medicare coverage).

6. When a patient transfers to another provider at the same level of care.

7. When a provider discontinues care for business reasons (i.e. HHA refuses to continue care at a home with a dangerous animal or because the patient was receiving physical therapy and the provider’s physical therapist leaves the HHA for another job).
GUIDELINES TO COMPLETE THE NOMNC FORM (PAGE 1)

(Patient number)

The provider may either fill in the patient’s unique medical record number or another patient identification number. (REMINDER: The patient’s HIC/HICN (Medicare Health Card Identification Number) number must NOT be used.)

**PROVIDER CONTACT INFORMATION:** The provider delivering the NOMNC must complete the Form Header: Provider Name, Address and Telephone. (REMINDER: The provider’s registered logo MAY be used).

**EFFECTIVE DATE COVERAGE:** The provider must complete the type of services ending (i.e. home health services) in both locations (under the patient information and the first paragraph).

**SERVICES WILL END:** The provider must fill in the exact date the service will end.

(REMINDER: All text should be in no less than 12-point type. If handwritten, print must be at least as large as 12-point font type and legible.)

**QIO KEPRO INFORMATION:** The provider must complete the name and telephone number for the regional QIO, including the TTY number. (REMINDER: This information must be provided to each patient regardless of whether or not they requested the TTY number)

FL BL version of the NOMNC is pre-populated with the FL KEPRO phone number and hearing impaired phone line: QIO (KEPRO) at 1-844-455-8708 or TTY/TDD 1-855-843-4776
GUIDELINES TO COMPLETE THE NOMNC FORM
(PAGE 2)

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information ________________________________

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Representative ___________________ Date ________________

PLAN CONTACT INFORMATION: The provider must complete the health plan’s name and contact information. The patient may use this information to request an appeal and the QIO may seek the plan’s identification from this form. (REMINDER: The plan information is located on the patient’s insurance card.)

FL BL version of the NOMNC is pre-populated with Fast and Standard Appeals phone numbers along with the hearing impaired phone line:
Florida Blue For Fast Appeals: ONLY: 1-877-842-9118,
For Standard Appeals: 1-800-926-6565 or TTY 1-800-955-8770

OPTIONAL ADDITIONAL INFORMATION: The provider may use this section for additional pertinent information that may be useful to the patient. (REMINDER: This section may NOT be used as the Detailed Explanation of Non-Coverage, even if facts pertinent to the termination decision are provided.)

SIGNATURE/ DATE LINE: The provider must ensure that the patient or patient’s representative signs and dates the NOMNC form. (REMINDER: If the NOMNC is delivered but the patient or patient’s representative refuses to sign the NOMNC then the provider must note this (1) on the NOMNC near the signature/date line and (2) in the patient’s file. The notes should indicate that the NOMNC was completed, delivered and refused (i.e. the date that the NOMNC was delivered; who refused to sign etc.)
## PROVIDER DO’S & DON'TS

<table>
<thead>
<tr>
<th>Do:</th>
<th>&amp;</th>
<th>Do NOT:</th>
</tr>
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<tbody>
<tr>
<td>✓ Use the correct NOMNC form including Florida Blue’s NOMNC for Florida Blue patients.</td>
<td>✓ List the patient’s HIC number as the patient’s number.</td>
<td></td>
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<tr>
<td>✓ Include the identifying patient number.</td>
<td>✓ Leave information blank including the Quality Improvement Organizations (QIO) line and Plan contact information line.</td>
<td></td>
</tr>
<tr>
<td>✓ Populate with accurate services, dates of service and provider demographics (i.e. provider name, address and telephone number).</td>
<td>✓ List CareCentrix’s phone number where the Plan contact information belongs.</td>
<td></td>
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<tr>
<td>✓ Complete the NOMNC Letter with 12 point font and appropriately use CMS’ Spanish or Large Print NOMNC when the patient needs it.</td>
<td>✓ Alter the NOMNC template including deleting language, CMS’ form number and OMB control number.</td>
<td></td>
</tr>
<tr>
<td>✓ Type or write the correct state Quality Improvement Organizations (QIO) information from <a href="http://QualityNet.org">QualityNet.org</a></td>
<td>✓ Forget to review the NOMNC for accuracy.</td>
<td></td>
</tr>
<tr>
<td>✓ Deliver the NOMNC at least two (2) calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily.</td>
<td>✓ Forget to timely obtain the patient’s or patient’s representative’s signature and date.</td>
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<tr>
<td>✓ Retain the original signed NOMNC in the patient’s file.</td>
<td>✓ Complete a NOMNC when a NOMNC exception is met.</td>
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- Complete an IDN when a patient is discharged from services that require that a NOMNC.
PROVIDER RESOURCES

- NOMNC forms and instructions (available in English, Spanish, and Large Print Font) are available on the CMS website at:
  - [https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html)

- Florida Blue’s NOMNC template and instructions are located at:
  - [www.carecentrixportal.com](http://www.carecentrixportal.com)
  - For Providers >> Resources and Forms >> Health Plan Form

- Quality Improvement Organizations (QIO) and related information are located at:
  - [www.qualitynet.org](http://www.qualitynet.org)
  - Under the Quality Improvement tab, under QIO Directories, then click on Beneficiary and Family-Centered Care (BFCC) QIOs

- Provider Communications including Newsflashes, FAQs and NOMNC Aids are available on our Provider Portal at:
  - [www.carecentrixportal.com](http://www.carecentrixportal.com)