

 The background image shows a person in a wheelchair, likely a caregiver or a person with a disability, in a brightly lit room with large windows. The person is wearing a white lab coat and dark pants. The wheelchair is a standard manual wheelchair. The overall tone is professional and caring.

**NOTICE OF MEDICARE
NON-COVERAGE
(NOMNC) TRAINING**

NOMNC OVERVIEW

This training module is intended to provide information about:

1. What is a Notice of Medicare Non-Coverage (NOMNC)?
2. When should a patient covered under a Medicare Advantage or Dual Eligible Special Needs Plan (DSNP) receive a NOMNC?
3. Which CareCentrix customers have Medicare Advantage and/or DSNP members?
4. Where are NOMNC forms, instructions, and other tools located?
5. How should a provider complete a NOMNC?
6. What are some common NOMNC Do's and Don'ts?

NOMNC KEY POINTS

A NOMNC is a Centers for Medicare and Medicaid Services (CMS) approved form that a provider must deliver to a patient covered under a Medicare Advantage or DSNP plan who is receiving covered skilled services, such as home health agency (HHA), skilled nursing facility (SNF), and Comprehensive Outpatient Rehabilitation Facility (CORF) services, in certain situations when services are terminating.

1. The NOMNC notifies a patient covered under a Medicare Advantage or DSNP plan in writing that the patient's health plan and/or provider have decided to terminate the patient's covered HHA, SNF, or CORF care and, as a result of the termination of services, the *patient has appeal rights.*
2. The provider must deliver the NOMNC to the patient unless a NOMNC exception applies.
3. The NOMNC must be fully completed consistent with the CMS NOMNC instructions.
4. The NOMNC must be delivered to the patient at least two (2) calendar days before covered services end **OR** the second to last day of service if care is *not* being provided daily.
5. The provider should, at no cost, fulfill a patient's special accommodation request including providing a NOMNC in large print and an alternate language as required by CMS.

NOMNC FORM AND INSTRUCTIONS

These NOMNC requirements apply to the following CareCentrix health plan customers with Medicare Advantage and DSNP members: Florida Blue, Aetna/Coventry, ConnectiCare, and WellCare.

- Providers can see which patients are covered by a Medicare Advantage or DSNP plan by looking at the **patient's insurance ID card** or the **Service Registration Form (SRF) issued by CareCentrix**.
- The 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)
 - ❑ NOMNC instructions and forms with Florida Blue's and Coventry's plan specific contact information pre-populated are located on the Provider Portal: HomeBridge www.carecentrixportal.com For Providers >>Resources and Forms >>Health Plan Forms
 - ❑ The health plan specific contact information for Florida Blue and Coventry are as follows:

Florida Blue

- Fast Appeals ONLY: 877-842-9118.
- Standard Appeals: 800-926-6565
- TTY 800-955-8770

Coventry

- Coventry Medicare Part C Appeals & Grievances
- P.O. Box 14067, Lexington, KY 40512.
- Phone: 1-800-932-2159

WellCare

- For Original Medicare call: 1-888-315-0636
 - For a Medicare Health Plan, Call WellCare: 1-888-571-6028
- (TTY/TDD: 711) Monday-Friday, 8AM – 8PM EST.

NOMNC OVERSIGHT

Providers must fax every completed, signed and dated NOMNC to CareCentrix.

- ❑ Providers must fax completed NOMNCs to CareCentrix's dedicated NOMNC fax line:
 - WellCare: 866-229-1287
 - Florida Blue/Coventry/Aetna: 866-778-0723
 - ConnectiCare 888-571-6024
- ❑ Completed NOMNCs are reviewed and audited by CareCentrix to validate compliance with CMS NOMNC requirements.
- ❑ CareCentrix network providers that do not comply with CMS NOMNC requirements will be subject to corrective action. Such corrective action may include, but is not limited to, a Monitoring Action Plan, a Corrective Action Plan, and termination from the CareCentrix provider network.

NOMNC EXCEPTIONS

Providers are **NOT** required to deliver a NOMNC 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 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 Original 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 (PAGE 1)

{Insert provider contact information here}
Notice of Medicare Non-Coverage

Patient name:

Patient number:

The Effective Date Coverage of Your Current {insert type}
Services Will End: {insert effective date}

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).

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) must NOT be used.)

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
 - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

EFFECTIVE DATE COVERAGE OF YOUR CURRENT: 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 services 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.)

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: {insert QIO name and toll-free number of QIO} to appeal, or if you have questions.

QIO INFORMATION: The provider must insert the name and telephone number for the applicable regional QIO, **including the TTY number**.

(**REMINDER:** The TTY number must be provided to all patients)

See page 2 of this notice for more information.

GUIDELINES TO COMPLETE THE NOMNC (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 a health plan appeal, and the QIO may seek the plan's identification from this form. (**REMINDER:** Plan contact information can be obtained from the patient's insurance card.)

CareCentrix provides forms pre-populated with the plan specific information for both Coventry and Florida Blue.:

Both can be found on the Provider Portal: HomeBridge
www.carecentrixportal.com For Providers >>Resources and Forms >>Health Plan Forms

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, 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.)

PROVIDERS DO'S & DON'TS

DO:

- ✓ Use the correct NOMNC form and insert the correct health plan contact information.
- ✓ Include the identifying patient number.
- ✓ Populate with accurate services, dates of service and provider demographics (i.e. provider name, address and telephone number).
- ✓ Complete the NOMNC with 12 point font and appropriately use the CMS' Spanish or Large Print NOMNC when the patient needs it.
- ✓ Type or write the correct state Quality Improvement Organizations (QIO) information from <https://qioprogram.org/locate-your-qio>
- ✓ 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.
- ✓ Retain the original signed NOMNC in the patient's file.

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Do NOT

- ✗ List the patient's HIC number as the patient's number.
- ✗ Leave information blank including the Quality Improvement Organizations (QIO) line and plan contact information line.
- ✗ List CareCentrix's phone number where the Plan contact information belongs.
- ✗ Alter the NOMNC template including deleting language, CMS' form number and OMB control number.
- ✗ Forget to review the NOMNC for accuracy.
- ✗ Forget to timely obtain the patient's or patient's representative's signature and date.
- ✗ Complete a NOMNC when a NOMNC exception is met.

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>

- ❑ Plan specific NOMNC templates that are pre-populated with plan contact information are located at:
 - www.carecentrixportal.com
 - For Providers >>Resources and Forms >>Health Plan Form

- ❑ Quality Improvement Organizations (QIO) and related information are located at:
 - www.qualitynet.org
 - Under the Quality Improvement tab, under QIO Directories, then click on Beneficiary and Family-Centered Care (BFCC) QIOs
 - NOTE: QIO assignments and/or contact information is subject to change. Please check the above website often to ensure you are using the current and correct QIO information.

- ❑ Provider Communications including Newsflashes, FAQs and NOMNC Aids are available on our Provider Portal at:
 - www.carecentrixportal.com

QUESTIONS?

