



Notice of Medicare Non-Coverage

(NOMNC) Training

2024

NOMNC Overview

In this training presentation we will cover the following topics:

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

What is a NOMNC?

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 D-SNP plan who is receiving covered skilled services, such as Home Health Agency (HHA), Skilled Nursing Facility (SNF), and Comprehensive Outpatient Rehabilitation Facility (CORF) services, when **services are terminating** in certain situations.

Note: CareCentrix currently manages HHA and SNF services but does not manage CORF services.



NOMNC Key Points

- 1) The NOMNC notifies a patient covered under a Medicare Advantage or D-SNP plan in writing that CareCentrix or the provider have decided to terminate the patient's covered HHA or SNF care and, as a result of the termination of services, the patient has appeal rights.
- 2) When CareCentrix denies a request for continued coverage of home health or SNF services *on the basis of lack of medical necessity*, CareCentrix produces the NOMNC and issues the NOMNC to the provider for delivery to the patient or patient representative, as applicable.
 - In all other cases when a NOMNC is required, the provider produces the NOMNC.
 - The provider delivers the NOMNC to the patient or patient representative in all cases.
- 3) CareCentrix or the provider must issue the NOMNC unless a NOMNC exception applies.
- 4) The NOMNC must be fully completed consistent with the CMS NOMNC instructions.
- 5) 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.
- 6) CareCentrix or the provider should, at no cost, fulfill a patient's special accommodation request including providing a NOMNC in large print and alternate languages as required by CMS.

NOMNC Key Points

These NOMNC requirements apply to the following CareCentrix health plan customers with Medicare Advantage and/or D-SNP members: *Florida Blue, Horizon/Braven, Excellus, Wellcare and Blue Cross Blue Shield of Michigan.*

- 1) Providers can see which patients are covered by a Medicare Advantage or D-SNP plan by looking at the **patient's insurance ID card** or the **Service Registration Form (SRF) issued by CareCentrix.**
- 2) The CMS NOMNC template and instructions are available on the [CMS Website](#).
 - CMS Form Number is 10123 (Approved 12/31/2011) OMB approval (0938-0953)
 - NOMNC instructions and forms with Florida Blue plan specific contact information pre-populated are located on the [HomeBridge® provider portal](#) > LOGIN > For Providers > Resources and Forms > Health Plan Forms

Health Plan Contact Information

The health plan specific contact information is as follows:

Florida Blue

For Expedited Appeals ONLY:

- Phone: 1 (877) 842-9118
- Fax: 1 (305) 437-7490

Standard Appeals:

- Phone: 1 (800) 926-6565

TTY: 1 (800) 955-8770

Horizon/Braven

For Medicare Part C:

- Phone: 1 (800) 365-2223
- TTY: 711

Wellcare

For Medicare Advantage/DSNP Health Plans:

- Phone: 1 (855) 538-0454
- Fax: 1 (866) 201-0657
- TTY: 711

Excellus

For Expedited Appeals ONLY:

- Phone: 1 (877) 883-9577
- TTY: 711
- Fax: 1 (315) 671-6656

Standard & Expedited Appeals

Mailing Address:

- Excellus BlueCross BlueShield
Customer Advocacy Unit
PO Box 4717
Syracuse, New York 13221

Health Plan Contact Information

The health plan specific contact information is as follows:

Blue Cross Blue Shield Michigan

For Medicare Plus Blue PPO:

- **Phone:** 1 (800) 422-9146; TTY: 711
- **Fax:** 1 (877) 348-2251
- **For mailing standard appeals:**
Medicare Plus PPO - Grievances and Appeals Department
P.O. Box 2627
Detroit, Michigan 48231-2627

For Blue Cross Network HMO-POS and HMO:

- **Phone:** 1 (800) 450-3680; TTY: 711
- **Fax:** 1 (866) 522-7345
- **For mailing standard appeals:**
BCN Advantage - Grievance and Appeals Unit
P.O. Box 44200
Detroit, Michigan 48244
Mail Code A01C

Faxing a NOMNC

Providers must fax every completed, signed and dated NOMNC to CareCentrix's dedicated NOMNC fax lines:

Skilled Nursing Facility	Home Health Agency
<ul style="list-style-type: none">• Florida Blue: 1 (877) 244-7146• WellCare: 1 (866) 229-1287• Horizon/Braven Health: 1 (877) 250-2410• Excellus: 1 (877) 464-1748	<ul style="list-style-type: none">• Florida Blue: 1 (866) 778-0723• Blue Cross Blue Shield of Michigan (BCBSM): 1 (866) 778-0723• Horizon/Braven Health: 1 (866) 778-0723• WellCare: 1 (866) 778-0723

- 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, **including but not limited to:** *Monitoring Action Plan, 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 (e.g., a HHA providing physical therapy and occupational therapy discontinues the occupational therapy).
- 3) When a patient is moving to a higher level of care (e.g.; home health care ends because a patient is admitted to a SNF).
- 4) When a patient has exhausted their benefit.
- 5) When a patient ends care on their own initiative (e.g., patient decided 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 (e.g., a beneficiary transfers from one SNF to another while remaining in a Medicare-covered SNF stay).
- 7) When a provider discontinues care for business reasons (e.g., HHA refuses to continue care at 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

{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}

- 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.

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.

See page 2 of this notice for more information.

Form CMS 10123-NOMNC (Approved 12/31/2011) OMB approval 0938-0953

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.)

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.)

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)

Guidelines to Complete the NOMNC

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

Form CMS 10123-NOMNC (Approved 12/31/2011)

OMB approval 0938-0953

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 pre-populated forms with the plan specific information for Florida Blue:

This form can be found on the [HomeBridge® provider portal](#) > LOGIN > 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.)

NOMNC Do's and 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 services, 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 Organization (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.

DO NOT

- ✗ List the patient's HIC number as the patient's number
- ✗ Leave information blank including the Quality Improvement Organization (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.
- ✗ Extend the NOMNC beyond 2 pages. It can be two sides of one page or one side of two separate pages.
- ✗ Move text from page 1 to page 2 to accommodate large logos, address headers, etc.
- ✗ 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:
 - <https://www.cms.gov/medicare/medicare-general-information/bni/ffs-expedited-determination-notice>
- Plan Specific NOMNC templates that are pre-populated with plan contact information are located at:
 - www.carecentrixportal.com > LOGIN > For Providers > Resources and Forms > Health Plan Forms
- Quality Improvement Organizations (QIO) and related information are located at:
 - <https://qioprogram.org/>
 - Click on Locate Your QIO, then find Beneficiary and Family-Centered Care (BFCC) QIOs and select Click here.
 - **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 HomeBridge® Provider Portal:
 - www.carecentrixportal.com

Questions?

Please reach out to your dedicated Provider Relations contact for additional information and support!

