

Completing the Notice of Medicare Non-Coverage (NOMNC)

The following instructions are intended for easy completion of *Medicare Assured*[®] HMO patients' Notice of Medicare Non-Coverage (NOMNC.) They are not meant to replace the Form Instructions issued by CMS for the CMS-10095-A, which are available on the CMS website at www.cms.hhs.gov/MMCAG/Downloads/NOMNCInstructions.pdf.

Providers must deliver a completed copy of the standard NOMNC notice to enrollees receiving skilled nursing, home health or comprehensive outpatient rehabilitation facility (CORF) services not later than 2 days before the termination of services. Because it is a standard notice, provider cannot deviate from the content of the form.

The NOMNC must be validly delivered, which means that the enrollee must be able to understand the purpose and contents of the notice in order to sign for receipt of it. The enrollee must be able to understand that he/she may appeal the termination decision. Valid delivery does not preclude the use of assistance devices, witnesses or interpreters during notice delivery. If the enrollee refuses to sign the notice, the notice is still valid as long as the provider documents that the notice was given, but the enrollee refused to sign.

When an enrollee is not competent to sign the NOMNC, or has authorized an individual to act on his/her behalf, the notification must be provided to the authorized representative. CMS requires that procedures are developed to use when the enrollee is incompetent or incapable of receiving the notice. The following points are important to note regarding the delivery to an authorized representative:

- The provider should telephone the representative to advise of the date that the enrollee's services are no longer covered.
- The enrollee's appeal rights must be explained, including the name and phone number of the QIO.
- The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice sent certified mail on the same date.
- Place a dated copy of the notice in the enrollee's medical file and document the telephone call to include: name of person initiating the contact, name of the representative contacted, date and time of the contact and the phone number called.
- When the notices are returned by the post office, with no indication of a refusal date, then the enrollee's liability starts on the second working day after the provider's mailing date.

Completion of the form:

- Insert the patient's full name and patient identifier, such as the HIC number.
- Insert the type of service ending (home health, skilled nursing or CORF)
- List the last date of coverage or discharge date.
- Insert the name and phone number of the QIO in the section marked, "HOW TO ASK FOR AN IMMEDIATE APPEAL"
- At the signature line, the enrollee or authorized representative must sign.
- The enrollee or authorized representative must fill in the date that he/she signs the document. (This is critical to demonstrating the 2-day notice requirement.)
- **Keep a copy in your records and fax a copy of all signed NOMNC forms to 1-800-685-5231.**

If you have questions regarding how to complete a NOMNC, call UM at 1-800-685-5207. At prompt, enter extension 4815.