

**Notice of Medicare Non Coverage (NOMNC)
Fax Requirement****Purpose of this communication:**

- To remind all participating home health providers that they are required to fax to CareCentrix every Medicare Advantage patient's completed NOMNC form.

What do I need to know?

- Effective May 2016, CareCentrix required that each participating home health provider fax to CareCentrix each Medicare Advantage patient's completed, signed and dated NOMNC form.
- CareCentrix implemented this requirement so that CareCentrix has access to provider NOMNC forms for both our own and health plan clients' NOMNC compliance audits. Access is also needed in connection with Medicare Advantage patient appeals of coverage denials.
- The CareCentrix dedicated **fax number for NOMNC is: 866-778-0723.**
- Please fax each NOMNC separately to the dedicated fax number. Do not include discharge notes or other patient information.
- If a patient (or patient representative) refuses to sign the NOMNC form, please note the refusal, the date, and any other pertinent information directly on the NOMNC form and then fax the unsigned NOMNC form to CareCentrix.
- Please continue to retain the original NOMNC forms in the patient files.

**Thank you in advance for your cooperation and continued partnership.
If you have any questions, please reach out to your Network Management representative.**