

**Notice of Medicare Non Coverage (NOMNC)  
Process Change****Purpose of this communication:**

To communicate a change to the NOMNC process for home health providers (Providers) that render services to Florida Blue Medicare Advantage members.

**What do I need to know?**

- Effective immediately, when CareCentrix denies a request for continued home health services because the services are not medically necessary, CareCentrix will produce and fax the NOMNC to the Provider.
- In all other cases, the Provider will continue to produce the NOMNC when required.
- The Provider will continue to be responsible for delivering and securing the signed and dated NOMNC in all cases.

**What steps should I take as the home health Provider?**

- Provide the patient with the NOMNC at least two calendar days prior to discharge, or the second to the last day of service if home health care is not provided daily.
- The patient or the patient's authorized representative must sign and date the NOMNC.
  - *If a patient (or patient representative) refuses to sign the NOMNC form, note the refusal, the date, and any other pertinent information directly on the NOMNC.*
- Fax the signed NOMNC to CareCentrix at **866-778-0723**.
  - *Fax each completed NOMNC to CareCentrix separately*
  - *Do not include discharge notes or other patient information*
- Retain the original NOMNC in the patient files.

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