Provider NewsFlash

May 2014

Notice of Medicare Non- Coverage (NOMNC) for Medicare Advantage Members

Purpose of this communication

- To remind providers that they are required to follow CMS requirements relating to Notices of Medicare Non-Coverage **(NOMNC)** with respect to their Medicare Advantage patients**.** Under CMS requirements, providers are required to deliver a NOMNC letter to a Medicare Advantage patient prior to discharging the patient from home health services. The NOMNC letter advises the patient of the coverage termination date and the patient's right to appeal.

What do I need to do?

- Prior to discharging a patient from home health services, determine whether the patient is a Medicare Advantage member.

- If the patient is a Medicare Advantage member, provide the patient with a NOMNC letter at least 48 hours prior to discharge.

- Utilize the approved CMS NOMNC letter template and complete the template letter as directed by CMS.

What do I need to know?

- CareCentrix may audit your records for NOMNC letter compliance. Appropriate action will be taken if you fail to comply with the CMS NOMNC requirement, which may include a corrective action plan and/or termination from the network.

- For more information about NOMNC letters, including the appropriate form and signature requirements, please refer to the Q&A document posted on our Provider Portal and the CMS websites listed below or contact The Florida Quality Improvement Organization (QIO) and FMQAI at 1-800-564-7490.
  http://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html
  http://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/UPDATED_InstructionsforNOMNC.pdf

Thank you in advance for your cooperation and participation in our network.

Notice of Medicare Non-Coverage (NOMNC) Letter: Frequently Asked Questions

Q1: What is a Notice of Medicare Non-Coverage (NOMNC) Letter?

A1: A NOMNC letter is a notification required by the Center for Medicare and Medicaid Services (CMS) for Medicare and Medicare Advantage members who are discharged from home health care services. The NOMNC letter advises the patient of the home health care services coverage termination date and the patient's right to appeal.

Q2: Are all Medicare members required to receive a NOMNC letter?

A2: Yes, per CMS guidelines, all members enrolled in a Medicare plan who are discharged from home health care services must receive this letter at least 2 days prior to the termination of their home health care services coverage.

Q3: Does a CareCentrix network provider need to complete this letter?

A3: Yes, CareCentrix requires its network providers to comply with applicable CMS guidelines, including the requirement to issue a NOMNC letter to Medicare members being discharged from home health care services. CareCentrix conducts random audits to ensure compliance with this CMS requirement.

Q4: Where can the provider locate the NOMNC letter?
A4: You can locate the NOMNC letter at

http://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html

Q5: Where can I locate instructions on the NOMNC letter?

A5: Please visit **http://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html** for instructions on the NOMNC letter.

Q6: Can the letter be altered, shortened or abbreviated in any way?

A6: No, the CMS 10123 NOMNC letter is an OMB approved government document and should not be altered or changed in any way.

Q7: What fields on the NOMNC letter need to be completed?

A7: The required fields on the NOMNC letter that need to be completed are the following:

- Provider name, address and telephone number
- Patient's full name
- Patient number (*PLEASE note: Use the patient's unique medical record or other identification number. Health Insurance Card (HIC) number or Social Security Number should not be used.)
- Type of services terminating (e.g.: home health, skilled nursing services)
- Date that the home health will be terminating
- Plan name and contact information including member services phone number and TTY number
- Signature of patient or patient representative and signature date

Q8: What should the provider do if a member is not able to sign the NOMNC letter?

A8: If the member is unable to sign, an authorized representative for the patient should sign. If an authorized representative is not present at the home on the day that the NOMNC is to be issued, the home health agency must notify the representative telephonically and document the following**:**

- Name of the staff member initiating the call
- Name of the representative contacted by phone and role
- Date and time of the telephone contact
- Telephone number called
- That the representative was informed that the member's home health care services are no longer covered and that the member has the right to appeal that decision.

  This telephone contact should be confirmed by a written notice to the representative mailed on the same date as the telephone call.

Q9: What happens if the NOMNC letter requirement is not met and/or completed incorrectly?

A9: Appropriate action will be taken if a network provider fails to issue NOMNC letters as required by CMS. Such action may include a corrective action plan and termination from the network.

Q10: What are the most frequently made errors by providers when issuing the NOMNC letter?

A10: The most frequent errors that home health agencies make when issuing a NOMNC letter include:

- Services are not clearly documented
- Patient number is missing
- Plan contact information is missing
- Form not issued at least 48 hours prior to termination of services
- Form is shortened, abbreviated or modified
- Font is not 12 point
- Form is missing a dated signature