

Instructions for Valid Delivery of Notice of Medicare Non-Coverage (NOMNC) for Skilled Nursing Facilities and Home Care Agencies

Use these instructions to complete the Notice of Medicare Non-Coverage (NOMNC) form for Skilled Nursing Facilities (including Transitional Care Units) or Home Health Care. CMS requires Skilled Nursing Facilities, Transitional Care Units, and Home Health Care agencies to deliver a Notice of Medicare Non-Coverage (NOMNC) to members at least two days before the last covered service date. NOMNCs can be issued earlier to accommodate a weekend or to provide a longer transition period. Please deliver the NOMNC as early in the week as possible to minimize the possibility of extended liability for weekend services.

Completing the NOMNC form

- Identify the last day of covered services and discuss it with the patient, family, or authorized representative.
- Select and complete the appropriate Form:
 - Notice of Medicare Non-Coverage for Home Health Care
 - Notice of Medicare Non-Coverage for Skilled Nursing Facilities/Swing Bed

Checklist

Page 1—Verify that all the following are included:

- Delivering provider's name, address, and telephone number above the title of the form.
- Patient's name and the Quartz Medicare Advantage ID in the top section of the form. If the member ID is not available, use the facility medical record number. Do not use the patient's Medicare number.
- Type of service to be terminated (Skilled Nursing/Rehabilitative services, or Home Health visits). This information is pre-populated on the form. Ensure the correct form is being used.
- Last Covered day. The signature date must be two days before the last covered day.

Page 2—Verify Signature Date and if Representative is needed:

- The patient or authorized representative has signed this page of the NOMNC form. You can have an authorized representative sign the NOMNC form if the patient is unable to comprehend the notice or sign it. If the member or the representative refuses to sign, include a notation that the form was delivered including the date and who received the form.
- *If the authorized representative is not available in person to sign the NOMNC form, you can submit the NOMNC via telephone. It **must include all the following** to be valid (see additional information section on NOMNC for details).*

Use the additional information (Optional section) to document this information:

- Name of the person authorized by the member that you contacted, phone number date, and time.
- Date that services will end (Last Covered Date).
- Notation that full appeal rights were reviewed and Quality Improvement Organization (QIO) phone number provided.
- Date and time the QIO must be contacted to request an immediate (expedited) appeal. (noon the day prior to date services will end).
- If mailing the NOMNC enter date mailed.
- Enter date HCPOA will be in to sign if phone contact completed.
- Facility staff Name.

What to do with the completed NOMNC form:

- Give a copy to the patient or the authorized representative who signed it. If delivered by phone, the written notice is mailed to the authorized representative on the same date.
- Place a copy in the patient's medical record
- Fax it to Quartz Medicare Advantage (608) 881-8397 as soon as possible after the form is signed.

Discharge Planning:

Before you discharge the patient, be sure to include the following elements in the medical record:

- A description of the discharge plan
- Important: Therapy notes that reflect discharge status and rationale; you do not need to include a full discharge summary, but brief notes indicating that member will be coming off or reducing skilled services and that the plan of care has been completed.
- Discuss the discharge plan with the member or caregiver(s).
- The patient may choose to discharge sooner than the designated day. In this case, the NOMNC must still be signed, and a note should be added detailing the circumstances of the early discharge.

Appeals:

- If the patient chooses to appeal, he or she must contact the Quality Improvement Organization (QIO) listed on the NOMNC form to request a review no later than noon on the day before services are to end. The QIO appeal decision will generally be completed within 48 hours of the patient's request for review.
- If the patient appeals, the servicing provider should be prepared to provide the medical record to the QIO listed on the NOMNC form.

Timeline requirements:

- NOMNC is issued 2 days before the last covered day:

If the member files an appeal with the QIO on the day that NOMNC is issued:

- Before noon, then you must submit the medical records to the QIO by 5 p.m. that same day.
- After noon, then you must submit the medical record to the QIO by noon the next day.

If the member files an appeal with the QIO on the day after the NOMNC is issued:

- Before noon, then you must submit the medical record to the QIO by 5 p.m. that same day.

Questions?

Contact your Quartz Medicare Advantage Utilization Management Team at 1-888-829-5687 (follow the prompts for the government Line of Business/Medicare Advantage). Local number (608) 881-8738.