



HSAG Provider **BULLETIN**

From the Medicare Quality Improvement Organization for California

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To: California Medicare Advantage Health Plans

Subject: Invalid Notices—Notice of Medicare Non-Coverage (NOMNC)

Health Services Advisory Group of California, Inc. (HSAG), the Medicare Quality Improvement Organization (QIO) for California, is receiving a large number of invalid Notices of Medicare Non-Coverage (NOMNC) associated with a beneficiary's right to appeal a termination of services. HSAG is providing the following education and tips to providers to improve the validity and delivery of the notice.

A Medicare Advantage (MA) health plan must deliver a copy of the Notice of Medicare Non-Coverage (NOMNC) to all enrollees receiving skilled nursing, home health, or comprehensive outpatient rehabilitation facility services. If the notice does not conform to Office of Management and Budget (OMB) standards, is not filled out correctly, or is not delivered correctly, it will be determined to be invalid by the state's Medicare Quality Improvement Organization (QIO).

The NOMNC is a standardized notice. Health plans and providers may not rewrite, reinterpret, or insert non-OMB-approved language into the body of the notice except where indicated or approved by a CMS Regional Office. In order to assist health plans and providers, CMS has added a Word version of the notice to the Beneficiary Notices Initiative (BNI) Web site at <https://cms.gov/BNI> (please look on the left side of the Web page and click on MA Ed Notices). There is also an [instruction sheet](#) on the Web page that provides information regarding filling out and delivering the notice.

Valid delivery means that the enrollee must be able to comprehend the purpose and the contents of the notice. If the enrollee is not able to comprehend the contents of the notice, it must be delivered to and signed for by a representative.

Common reasons that notices are deemed invalid by a Medicare QIO include the following:

1. The OMB number is missing (found at the top-right corner of page 1 of the NOMNC).
2. The line for the **patient name** is left blank. The patient name must be entered on the line located at the top of the notice.
3. The service type is not written correctly: the service type **MUST** be skilled nursing, home health, or comprehensive outpatient rehabilitation facility.
4. The MA organization's name and contact information are missing.
5. The telephone number for contacting HSAG is missing or incorrect. The correct number is **800-841-1602**.
6. The Paperwork Reduction Act verbiage (at the bottom of page 2 of the NOMNC) is missing.
7. There is a missing patient or representative signature.
8. The time between the effective date and signature date is not two days.
9. The wrong form is used (e.g., a FFS form is used for an MA patient).
10. The form used has expired (please note that the current form expires on August 31, 2010).
11. The notice is three pages instead of two (e.g., the medical group or MA plan inserts a logo that causes the notice to go onto a third page).

When an MA plan is informed that a notice is invalid, the MA plan must issue a new NOMNC. The enrollee is given a new effective date (two days after issuing the new notice) and would need to call the QIO again if he or she wishes to appeal. For example: If the notice was given on 10/4 with an effective date of 10/6, and the notice was found to be invalid, then after reissue on 10/5 the new effective date would be 10/7.

(An annotated NOMNC is attached.)

Include name of MA organization and contact information.

{Insert Logo here}

OMB Approval No. 0938-0910

NOTICE OF MEDICARE NON-COVERAGE

Correct OMB approval number must be present in upper right of notice.

Patient Name:

Write in the complete patient name.

Patient ID Number:

MA enrollee number (Do not use HIC)

Important: Font throughout notice must be 12 points or larger.

ANTICIPATED DATE COVERAGE OF YOUR CURRENT {insert type} SERVICES WILL END: {insert effective date}

Skilled Nursing, Home Health, or Comprehensive Outpatient Rehabilitation Facility

Effective Date = Anticipated last date that current services will be covered by MA.

- Your Medicare Health plan administrator has determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.
- You may have to pay for any {insert type} services you receive after the above date.

YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision and the date of the appeal orally by no later than the effective date of this notice.
- Call your QIO at: **HSAG at 1(800) 841-1602 [TTY/TTD: 1(800) 881-5980]** to appeal, or if you have questions.

HSAG and phone numbers must be included.

See the back of this notice for more information.

All of the above information must be on page 1 of the notice.

OTHER APPEAL RIGHTS:

- If you miss the deadline for requesting an immediate appeal with the QIO, you still may request an expedited appeal from your Medicare Health plan. If your request does not meet the criteria for an expedited review, your plan will review the decision under its rules for standard appeals. Please see your Evidence of Coverage for more information.
- Contact your plan or 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048 for more information about the appeals process.

ADDITIONAL INFORMATION (OPTIONAL)

You may leave this section blank or use it for the documentation of any pertinent information you may wish to include.

However,

If the patient or patient representative refuses to sign or if the notice was given by phone, the following documentation **is required**:

- Date and time of call/verbal notice
- Identify person contacted
- If by phone, document the number you called
- Document that you explained the notice
- Made aware of effective date of __/__/__
- Informed that appeal must be made by noon the day before the Effective Date
- Indicate HSAG phone number, (800) 841-1602, was given

You must sign and date any documentation made in the Additional Information section.

Please sign below to indicate that you have received this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Must be signed by the patient or authorized representative.

Signature of Patient or Representative

Do not write anything below the signature line.

Date

Make certain Paperwork Reduction Act verbiage is included.

Be aware of expiration date, and do not use an expired notice.

Form No. CMS-10095 (NOMNC)

Exp Date: 8/31/2010

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0910. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.