

Operations Bulletin 04-10



Date: August 25, 2010

To: Skilled Nursing, Home Health/Hospice and Comprehensive Outpatient
Rehabilitative Participating Providers

Re: Notice of Medicare Non-Coverage (NOMNC) Form & Process Reminder

In accordance with the Center for Medicare and Medicaid Services (CMS) regulations, we would like to reiterate the importance that you issue a Notice of Medicare Non-Coverage (NOMNC) form to every member with a planned discontinuation of a Skilled Nursing Facility (SNF), Home Health/Hospice (HHH), or Comprehensive Outpatient Rehabilitation Facility (CORF) level of care.

When a Member no longer meets CMS criteria for SNF, HHH, or CORF level of care, their eligibility for these Covered Services expires. The NOMNC form informs the Member of the impending termination of Covered Services and their appeal rights should they disagree with the decision. As the Provider of Care, it is imperative that you **issue the NOMNC form to applicable Members no later than two (2) days prior to Member's Covered Services terminating.** The signature page should be faxed to Geisinger Health Plan¹ within one (1) business day of issuing and obtaining the Member's or authorized representative's signature. The most current NOMNC form and the associated instructions on filling it out can be found on the CMS web site at: www.cms.gov/bni/09_MAEDNotices.asp.

To request an immediate appeal, Members must contact their Medicare authorized Quality Improvement Organization (QIO), Quality Insights of Pennsylvania, no later than noon of the day before the date Covered Services expire, as indicated on the NOMNC form. The Member's **QIO can be reached at (800) 322-1914.**

The contents of this Operations Bulletin coincide with the information set forth in the Health Plan's Participating Provider Guide (12/08). Additional information related to the expectation and release of the NOMNC can be located in the Participating Provider Guide in section 3. If you have any questions about this bulletin, please contact the Health Plan's **Medical Management department at (800) 544-3907 option 2.**

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¹ *Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Health Plan".*