

Policy

DEPARTMENT: Utilization Management	POLICY#: UM-024
TITLE: Notice of Medicare Non-Coverage	VERSION: 1.0
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Purpose

This policy outlines the criteria surrounding delivering of a Notice of Medicare Non-Coverage (NOMNC).

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
NOMNC	Notice of Medicare Non-Coverage
LHP	Longevity Health Plan, the Plan
CMS	Centers for Medicare and Medicaid Services

When to Deliver a NOMNC

Health plans must deliver a completed copy of the Notice of Medicare Non-Coverage (NOMNC) to members receiving covered skilled nursing services at least 2 calendar days prior to Medicare covered services ending or the second to the last day of services if care is not being provided daily.

Note: The 2 day advance requirement is NOT a 48 hour requirement.

In situations where the decision to terminate covered services is not delegated to a provider by a health plan, but the provider delivering the notice, the Plan must provide the service termination date to the provider at least 2 calendar days before Medicare covered services end.

Provider Delivery of a NOMNC

Providers must deliver the NOMNC to all members eligible for the expedited determination process. A NOMNC must be delivered even if the member agrees with the termination of services. While Medicare providers are responsible for delivery of the NOMNC, they may delegate the delivery of notices to a designated agent such as a courier service. However, all the requirements of valid notice delivery still apply.

The provider must ensure that the member signs and dates the NOMNC to demonstrate receipt and understanding that the termination decision may be disputed.

Note: If the member is unable to sign the use of assistive devices may be employed and the member's representative may sign on their behalf.

Delivery may be in electronic form; however, the member has a right to request a paper copy of the notice. Signatures may be digitally captured.

Note: Regardless of whether the notice is delivered electronically or on paper, the member must be given a paper copy of the NOMNC with all of their specific information contained.

Exceptions

Providers should not issue a NOMNC in these circumstances but rather the CMS Form 10003 – Notice of Denial of Medical Coverage.

- Member never received Medicare covered care in one of the covered settings
- Services are being reduced
- Member is moving to a higher level of care or transfers to another provider at the same level of care
- When benefits are exhausted, or provider discontinues care for business reasons
- When member ends care on their own



Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		9/6/2022	Courtney Gonzales	NEW

Appendices



NOMNC Form.pdf



CMS-10003_NDMCP
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