

Checklist for Valid Delivery of a Notice of Medicare Non-Coverage

Important: the NOMNC form should be issued no later than two days before the proposed end of services.

In Person: Issuing the NOMNC to a Member or Responsible Party

- Insert the **name, address and telephone number of the facility that is delivering this NOMNC** in the space directly below the Highmark product logo, on the first page of the form.
- Verify that the form to be used displays the **logo of the Highmark Medicare Advantage product under which the member has coverage**. If this is not the case, please select the appropriate form.
- Complete the **Patient Name and Patient ID fields**. Report the Highmark Member Identification Number, *not* the HIC number.
- Print the **type of service to be terminated** (Skilled Nursing Services, Home Health Services or Comprehensive Outpatient Rehabilitation Services) in the two fields referring to termination of services, in the first and second sections of the form. (These fields are identified by the instruction "**Insert Type.**")
- Document the **effective date of the proposed termination of services** (which must be two days after the NOMNC was issued), in the field marked "**Insert effective date**" in the first section of the form.

In the *Additional Information* Section of the form, document the information described below:

- Details of Conversation with the Member/Representative:** Document any aspects of the conversation that serve to support the valid delivery of the Notice.
- The **name and telephone number of the Quality Improvement Organization**
- The **date and time by which the QIO must be contacted** in order to file an appeal of the proposed termination of services
- The **name and title of the individual delivering the NOMNC** to the Member or Representative on behalf of the facility
- The **date and time of the conversation** during which the NOMNC was delivered to the Member or Representative
- How the NOMNC was delivered** to the Member or Representative – verbally (in person), by telephone, etc.
- Date on which a written confirmation was sent** as follow-up to a telephone delivery of the NOMNC to the Member or Representative. (*Important: The written confirmation must be sent on the same date as the telephone conversation.*)
- If the NOMNC was delivered to the Member's Representative, the **name of the Representative** and the **Representative's relationship to the Member**

- In the last section of the form, obtain the **signature** of the Member or Responsible Party and the **date on which the NOMNC was signed** by the Member or Responsible Party.

Via Telephone – When Unable to Provide the NOMNC Form to the Member or Representative in Person

- Select the appropriate Highmark-branded NOMNC form, which displays the logo of the Highmark Medicare Advantage product under which this member has coverage.
- Insert the **name, address and telephone number of the provider delivering this NOMNC**, on the first page of the form
- Complete the fields on the first page of the NOMNC as described above.
- Prepare for the conversation with the Member or Representative by also completing the **name and telephone number of the QIO** and the **date by which the QIO must be contacted**, in the “Additional Information” section of the NOMNC form,
- Call the Member or Representative on the telephone and inform him/her of the following information. **IMPORTANT: Do not leave this information in a voice-mail message, since CMS considers only verbal notifications to be valid.**
 - The Medicare Advantage Plan has determined that it is likely that Medicare will not pay for the current {type of service} service after the effective date (two days after the date of this notification); and
 - The Member has the right to appeal the termination of services. To do so, the Member must contact NAME, the Quality Improvement Organization (QIO). Provide the telephone number of the QIO; and
 - The QIO must be contacted as soon as possible, but no later than noon on the day before the effective date. Specify the date by which the contact must be made, *and emphasize it*; and
 - Advise the Member or Representative of the last covered day for services, including the date on which the member’s financial liability will begin.
- When the telephonic delivery conversation with the Member or Representative has been completed, compose and mail to the Member or Representative contacted a written confirmation of all the information communicated during the telephonic delivery conversation.
- Then document the following information in the Additional Information section of the NOMNC form:
 - The **name and telephone number of the person(s) to whom the NOMNC was delivered**, and the **relationship** of that person/these persons to the Member
 - The **date and time of the delivery of the NOMNC**
 - The **name and title of the individual delivering the NOMNC** to the Member or Representative on behalf of the facility.

- The **date on which the written confirmation was mailed** to the Member or Representative.
- Obtain the signature of the Member or Representative by one of these means:
 - If the Member or Representative plans to come to the facility to sign the NOMNC form at a later date, ensure that all the documentation above has been completed and retain the form for signature.
 - If the Member or Representative is unable to come to the facility for signature, make a copy of the NOMNC form (completed with all necessary documentation) for the facility's records. Then send the original to the Member or Representative via Certified Mail, *requesting that a receipt be returned to the facility*. The receipt should be maintained in the facility's records along with the copy.

Via Certified Mail – When an In-Person or Verbal Notification is Unsuccessful

- Complete all steps for delivering the NOMNC, as described above.
- Document on the NOMNC form itself the date on which the completed NOMNC form will be sent by Certified Mail to the Member or Representative, noting that the effective date of the termination of services will be two days after the date of the mailing of the Certified letter. **Send the Certified letter on that date.** A Certified Mail Return or Received receipt must be requested and kept on file with the NOMNC.
- The table below identifies the NOMNC notification date and the effective date of the termination of services to the Medicare Advantage member when the delivery of the NOMNC is accomplished via Certified Mail.

If...	Then the NOMNC notification date is...	And the effective date of the termination of service is...
The Certified Mail receipt is signed or refused	The date on which the receipt was signed or refused (as documented on the receipt)	Two days after the date of signature or refusal. The effective date will be adjusted as necessary, based on the date of the receipt.
The Certified letter is undeliverable (returned with no indication of a refusal date)	The date on which the Certified letter is returned with no indication of a refusal date	Two working days after the date on which the Certified letter was mailed.