

## Skilled Nursing Facility Providers: Notice of Medicare Non-Coverage (NOMNC)

<b>Update #:</b>	<b>OPSNOMNC62024</b>
<b>Effective Date:</b>	Reminder
<b>Current State:</b>	As Stated Below
<b>Future State:</b>	As Stated Below
<b>Business Owner:</b>	Integrated Care Management

Sentara Health Plans policies align with the Notice of Medicare Non-Coverage and actions required to remain compliant with the Centers for Medicare & Medicaid Services (CMS). Sentara Medicare Utilization Management (UM) would like to partner with our providers to ensure we are adhering to CMS regulations.

- Detailed information can be found here: <https://www.cms.gov/medicare/forms-notice/beneficiary-notice-initiative/ffs-ma-nomnc-denc>
- Skilled nursing facilities are required to provide a NOMNC to beneficiaries when their Medicare-covered service(s) are ending. The NOMNC informs beneficiaries on how to request an expedited determination from their Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) and allows beneficiaries to request an expedited determination from a BFCC-QIO. The subsequent Detailed Explanation of Non-Coverage (DENC) is given only if a beneficiary requests an expedited determination. The DENC explains the specific reasons for the end of covered services.
- The NOMNC must be delivered at least two calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily. **Note: The two-day advance requirement is not a 48-hour requirement.**
- Providers must deliver the NOMNC to all beneficiaries eligible for the expedited determination process. A NOMNC must be delivered even if the beneficiary agrees with the termination of services. Medicare providers are responsible for the delivery of the NOMNC.
- The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed.
- All NOMNCs must be returned signed to Sentara Health Plans within 24 hours of the member signing the document. Our UM department will call, email, or fax requests for this information until we have received a signed notice. All NOMNCs should be delivered and signed timely by the member and/or member representative and faxed to **757-470-5941** or **1-833-459-0783**. As a reminder, Sentara Health Plans should be provided with the most up-to-date clinical from the providers with the next review date and when members initiate an immediate Quality Improvement Organization (QIO) appeal.

## Below is an example of the NOMNC and QIO Appeal Timeline

Notification Date and QIO Appeal Request Date 1 (For example: Tuesday, March 5)	Appeal Request Date 2 (For example: Wednesday, March 6)	Last Covered Date (For example: Thursday, March 7)	Denial Date and QIO Decision Date 1 (For example: Friday, March 8)	QIO Decision Date 2 (For example: Saturday, March 9)
<b>NOMNC Delivered:</b>  Bob receives NOMNC indicating that his coverage is ending on the last covered date.	<b>Bob must request expedited determination by noon today.</b>	<b>NOMNC Effective Date:</b> This is the last day of coverage, as stated on NOMNC.	<b>If Bob made his request on Request Date 1:</b> The QIO makes its decision and notifies Bob and the SNF by COB.	<b>If Bob made his request on Request Date 2:</b> The QIO makes its decision and notifies Bob and the SNF by COB.
	The QIO must notify the SNF of Bob's request for expedited determination.  The SNF must deliver the DENC to Bob by COB today.	The beneficiary has no liability for this day as this is the last day of coverage in the SNF.	If QIO decision is unfavorable: Beginning today, Bob is liable for his stay if he does not leave the SNF.	If you miss the deadline to request an immediate appeal, you can call the plan appeal number at <b>1-855-813-0349</b> .