



Information for Healthcare Improvement



Expedited Appeal Connection

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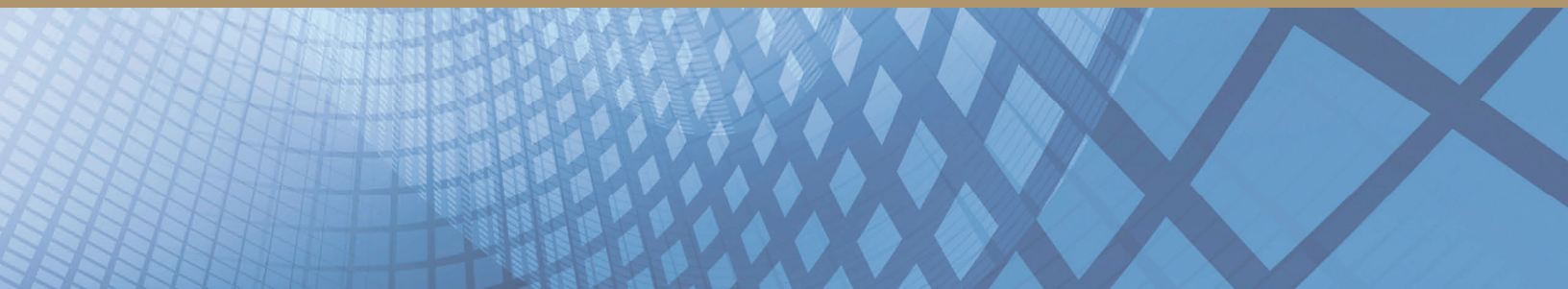
CMS Publishes Proposed Notice Revisions

The current Notice of Medicare Non-Coverage (NOMNC) (form CMS-10095) and Detailed Explanation of Non-Coverage (DENC) (form CMS-10095) expire on August 31, 2010. The Centers for Medicare & Medicaid Services (CMS) has published revisions to the notices. The revised versions have not yet been approved by CMS, so the Medicare Advantage plan should still use the current forms (those with an expiration date of August 31, 2010).

The NOMNC and the DENC are provided to Medicare health plan (Medicare Advantage plans and cost plans) enrollees when Medicare-covered services will end, no later than two days in advance of the proposed termination of service. Home health agencies must provide the NOMNC to their patients enrolled in a Medicare health plan. If a patient wishes to appeal the termination of coverage, the DENC is provided by the health plan. Changes have been made to the proposed forms and instructions. The link for more information is listed below.

www.cms.gov/PaperworkReductionActof1995/PRAL/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=descending&itemID=CMS1234980&intNumPerPage=10

Click on Downloads. For the proposed NOMNC, click on 508NOMNC508 - 2010.pdf.



Invalid Notices—Notice of Medicare Non-Coverage (Medicare Advantage Plans)

A Medicare health plan must deliver a copy of the Notice of Medicare Non-Coverage 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 FMQAI.

The Notice of Medicare Non-Coverage 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 notices to the Beneficiary Notices Initiative (BNI) webpage [<https://cms.gov/BNI> (Please look on the left hand side and click on MA ED Notices)]. There is also an instruction sheet 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 notices, it must be delivered to and signed for by a representative.

The following are common reasons that notices are deemed invalid by FMQAI:

- 1) The OMB number is missing (found on top right hand corner of page 1).
- 2) The line for the patient name is left blank. The patient name must be entered on the line. This is located at the top of the notice.
- 3) The service type is not written correctly (acceptable service types are skilled nursing, home health, or comprehensive outpatient rehabilitation facility).
- 4) The Medicare Advantage organization's name and contact information are missing.
- 5) The telephone number for contacting FMQAI is missing or incorrect. The correct number is 866-800-8768.
- 6) The Paperwork Reduction Act verbiage (at the bottom of page 2) is missing.
- 7) There is a missing patient or representative signature.
- 8) The time between the effective date and signature is not two days.
- 9) The wrong form is used (for example, using a FFS form for a Medicare Advantage patient).
- 10) The form used is expired (current expiration is August 31, 2010).
- 11) The notice is three pages instead of two (for example, inserting a logo may increase the pages).

Invalid Notices—Notice of Medicare Non-Coverage (cont.)

When a plan is told that the notice is invalid, a new notice must be issued. The beneficiary is given a new effective date (two days after issuing the notice) and a date to call again if he/she wishes to appeal. For example, if the notice was given on October 4 with an effective date of October 6, and the notice was found to be invalid, then after reissue on October 5, the new effective date would be October 7.

For more information about this newsletter or for questions about the appeal process, contact: Marie Munsch - Case Review, 813-865-3536 mmunsch@flqio.sdps.org



Remember, the educational trainings are still available at <http://edu.flqio.org>. There is one Continuing Education (CE) credit available for taking a course.

This material was prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. FL2010FONR2411811