

# Checklist for the Notice of Medicare Non-Coverage (NOMNC) for Skilled Nursing Facilities and Home Health Care Agencies

Use this checklist to complete the appropriate *Notice of Medicare Non-Coverage (NOMNC)* form for skilled nursing facilities (including transitional care units) or home health care. CMS requires skilled nursing facilities, transitional care units, and home health care agencies to deliver a *Notice of Medicare Non-Coverage (NOMNC)* to members at least two days before the last covered service date. NOMNCs can be issued earlier to accommodate a weekend or to provide a longer transition period. Please deliver the NOMNC as early in the week as possible to minimize the possibility of extended liability for weekend services.

## Completing the NOMNC form

- Identify the last day of covered service and discuss it with the patient, family or authorized representative.
- Select and complete the appropriate form:  
[Notice of Medicare Non-Coverage for Home Health Care](#)  
[Notice of Medicare Non-Coverage for Skilled Nursing Facilities](#) (includes transitional care units)

## Checklist

### On page 1—Verify that it includes the:

- Delivering provider’s name, address, and telephone number above the title of the form.
- Patient’s name and the Blue Cross member ID in the top section of the form.  
If the member ID is not available, use the facility medical record number.  
Do not use the patient’s Medicare number.
- Type of service to be terminated (skilled nursing service days or home health visits). This information is pre-populated on the form. Ensure the correct form has been selected.
- Last covered day. The signature date must be two days before the last covered day.

### On page 2—Verify:

- The patient or authorized representative has signed this page of the NOMNC form. You can have an authorized representative sign the NOMNC form if the patient is unable to comprehend the notice or to sign it. If the member or the representative refuses to sign, include a notation that the form was delivered including date.

*If the authorized representative is not available in person to sign the NOMNC form, you can submit the NOMNC via telephone. It **must include all of the following** to be valid.*

Use the “Additional Information (Optional)” section to document this information:

- Name of the staff person initiating the contact
- Name of the person authorized by the member that you contacted by phone
- Date that services will end.
- Date and time of the phone call—the same date the member or authorized representative gets the notice—and the phone number called.
- Notation that full appeal rights along with Quality Improvement Organization and Blue Cross Blue Shield of Massachusetts contact information— including the phone number— were given to the representative.
- Date and time the Quality Improvement Organization must be contacted to request an immediate (fast-track) appeal.

## What to do with the completed NOMNC form

- Give a copy to the patient or the authorized representative who signed it. If delivered by phone, the written notice is mailed to the authorized representative on the same date.
- Place a copy in the patient's medical record.
- Fax it to our Medicare Advantage NOMNC line, **617-246-4189**, as soon as possible after the form is signed.

## Discharge planning

Before you discharge the patient, be sure to include the following elements in the medical record:

- A description of the discharge plan
- A physician note reflecting readiness for discharge
- Important: Therapy notes that reflect discharge status and rationale; *you do not need to include a full discharge summary, but brief notes indicating that member will be coming off or reducing skilled services and that the plan of care has been completed.*

Also be sure to discuss the discharge plan with the member or caregiver(s).

## Appeals

- The patient may choose to discharge sooner than the designated day. In this case, the NOMNC must still be signed, and a note should be added detailing the circumstances of the early discharge.
- If the patient chooses to appeal, he or she must contact the Quality Improvement Organization listed on the NOMNC form to request a review no later than noon on the day before services are to end. The Quality Improvement Organization appeal decision will generally be completed within 48 hours of the patient's request for a review.
- If the patient appeals, the servicing provider should be prepared to provide the medical record to the Quality Improvement Organization listed on the NOMNC form.

## Timeline requirements

When the NOMNC is issued 2 days before the last covered day:

**If the member files an appeal with the Quality Improvement Organization on the day that the NOMNC is issued:**

- *Before noon*, then you must submit the medical record to the Quality Improvement Organization by 5 p.m. that same day.
- *After noon*, then you must submit the medical record to the Quality Improvement Organization by noon the next day.

**If the member files an appeal with the Quality Improvement Organization on the day after the NOMNC is issued:**

- *Before noon*, then you must submit the medical record to the Quality Improvement Organization by 5 p.m. that same day.

## Questions?

Contact your Blue Cross Blue Shield of Massachusetts Medicare Advantage Utilization Reviewer at **1-888-366-5130**.

Blue Cross Blue Shield of Massachusetts, Inc., Blue Cross Blue Shield of HMO Blue® Inc., and/or Massachusetts Benefits Administrators LLC, based on Product participation. MPC\_020516-3L-7-O (1/20)