



## **Asuris Northwest Health TruAdvantage Notice of Medicare Non-Coverage (NOMNC form) Fact Sheet**

The Centers for Medicare & Medicaid Services (CMS) requires that members enrolled in Medicare Advantage health plans, like Asuris Northwest Health TruAdvantage (Asuris TruAdvantage), have the right to a fast track review by a Quality Improvement Organization (QIO) if they appeal the discontinuation of their home health coverage.

It is imperative that your organization understands that **Medicare requires the *Notice of Medicare Non-Coverage (NOMNC) form to be issued for every discharge***. The NOMNC form informs the patient the date coverage of services from your facility ends, and describes the member appeal process.

**The following information highlights the process that Asuris TruAdvantage participating facilities must follow.** It also lists resources for additional information and gives a sample case scenario.

### **Who must sign:**

- Patients (or their authorized representative) whose coverage for services from your facility will end.

### **What you must do:**

- Provide an Asuris NOMNC Form to Asuris TruAdvantage patients and obtain their signature on the form.
- Fax a copy of the signed and dated form to Asuris at 1 (800) 453-4341 and keep a copy in the patient's medical record as required by CMS.
- In the case of an emergency, the information on the Asuris NOMNC form can be conveyed over the telephone to the authorized representative. In this circumstance, facilities must document on the NOMNC form that the notice and telephone number for the QIO was provided via telephone.

### **When to issue the NOMNC form:**

- The form must be signed and a copy faxed to Asuris **no later than two visits before a patient's coverage of services from your facility is due to terminate**.
- If services are expected to be less than two visits, deliver the notice upon admission.
- If the patient chooses to appeal, he or she must contact the QIO to request a review no later than noon on the day before services are to end. The QIO appeal decision will generally be completed within 48 hours of the patient's request for a review.
- With respect to weekends, although QIOs are open, Asuris is closed. If possible, providers should try to deliver the Asuris NOMNC form early enough in the week to minimize the possibility of extended liability for weekend services.
- See the enclosed detailed timeline for more information.

**Where to find Asuris NOMNC Forms:**

- Forms are available in the Forms section of the *Provider Web Site* at [www.Asuris.com/provider](http://www.Asuris.com/provider). Be sure to select the correct version of the form. Versions are available for **home health** and **skilled nursing facilities**.

**Where to find additional information:**

- CMS requirement #42 CFR 422.624(b) (2) can be found as a final rule published in the April 4, 2003 edition of the *Federal Register*, Vol. #68, No. #16652.
- CMS provides detailed explanations of the appeal process, along with frequently asked questions, on their Web site at: [www.cms.hhs.gov/MMCAG](http://www.cms.hhs.gov/MMCAG).
- Contact your provider relations representative or Asuris TruAdvantage Customer Service at 1 (800) 541-8981 if you have additional questions.

**Home Health Agency (HHA) Sample Scenario:**

*Asuris TruAdvantage authorizes Jane Doe to receive care from a Home Health Agency (HHA) from May 25<sup>th</sup> through June 4<sup>th</sup>. Ms. Doe feels she needs additional services and decides to appeal.*

DATE	MEMBER	QIO and ASURIS
May 25 <sup>th</sup>	Jane Doe is beginning a pre-authorized course of care.	
June 2 <sup>nd</sup>	<b>NOMNC form Distribution Date</b> Jane Doe receives advance notice at least two (2) HHA visits prior to last HHA visit. In this case, June 4 <sup>th</sup> would be Jane Doe’s last HHA visit and NOMNC form would have been issued <i>at least</i> two HHA visits prior to June 4 <sup>th</sup> .	The HHA delivers an <i>Asuris Notice of Medicare Non-Coverage</i> (NOMNC) form which is signed by the member or designated representative. A copy of the signed Asuris NOMNC form is faxed to Asuris at (800) 453-4341.
June 3 <sup>rd</sup>	If Jane Doe does not agree with discharge, Jane Doe must file appeal with QIO by noon.	If Jane Doe appeals, QIO notifies Asuris to provide medical information and detailed notice to the QIO by end of day. Provider may be asked to provide copy of signed Asuris NOMNC form and medical records.
June 4 <sup>th</sup>	<b>Last Authorized Day</b> If Jane Doe appealed, she should receive a decision from the QIO by end of day.	QIO decision will overturn, uphold, or determine a new discharge date.  If Jane Doe does not appeal and receives no services after this date, she has no liability.
June 5 <sup>th</sup>	If the QIO agrees with original discharge date, Jane Doe is liable for care starting today.	If the QIO overturns Asuris’s decision to discontinue HHA care, Asuris is liable for services through the date given by the QIO.  If Asuris determines that no additional HHA days are required beyond the date specified by the QIO, the facility must issue a new Asuris NOMNC form.