

Delivering Notice of Medicare Non-Coverage

UnitedHealthcare Nursing Home Plan Members

The Notice of Medicare Non-Coverage (NOMNC) is a required Centers for Medicare & Medicaid Services (CMS) notice that is used to notify Medicare health plan members when their Medicare-covered skilled nursing facility services are ending. Skilled nursing facilities are required to deliver a NOMNC to Medicare health plan members when their covered services are ending.

Please review the following steps for delivering a NOMNC to UnitedHealthcare Nursing Home plan members who will be discharged from an inpatient skilled nursing or rehabilitative stay. The NOMNC must be delivered at least two calendar days before Medicare-covered services end.

We'll help you with this process by emailing you before an impending discharge, and then faxing you the NOMNC at least two days before services end.

Three Ways to Deliver the NOMNC

Give the NOMNC to the member or their representative in person.

The member or their representative must sign and date the form to acknowledge receipt and understanding of the NOMNC. The date of signature is the date of delivery.

If the member is unable to sign but able to understand the NOMNC and what it means to them, you may use technology or other witnesses and interpreters to deliver the NOMNC to the member. Be sure to document the method and date of delivery on the NOMNC.

If the member or representative refuses to sign the form after the NOMNC has been explained to them, document the date of refusal and that notice was given, but that the member or their representative refused to sign the notice.

Call the member's representative.

Call the member's representative if the member isn't able to sign the form because of a physical or mental condition and you aren't able to deliver the notice to the member's representative in person within two days of services ending. During the call, provide the representative with the following:

- Member's last day of covered services and the date when the member's liability is expected to begin
- Member's right to appeal a coverage termination decision
- Description of how to request an appeal by a Quality Improvement Organization (QIO)
- Deadline to request a review as well as what to do if the deadline is missed
- Telephone number of the QIO to request the appeal

Complete the "Additional Information" section on the last page of the notice. Confirm the telephone conversation in writing and **mail the NOMNC on the same day**. Note the name of the staff person initiating the contact, the name of the representative contacted by phone, the date and time of the telephone contact and the telephone number called. The date of the telephone conversation is the date of delivery. A conversation is necessary. Leaving a voicemail is not considered notice.

Mail the notice.

If you don't reach the member's representative by phone, document the attempt to contact them and send the NOMNC by certified mail, return receipt requested. The date that someone at the representative's address signs – or refuses to sign – the receipt is the date of delivery.

Send Us a Copy of the NOMNC

To document that the NOMNC was delivered, please place a dated copy in the member's medical file and fax the NOMNC with documentation of delivery to us at 800-346-7790 within two days of delivery. You may use the return fax cover sheet included with the NOMNC.

CMS Resources

The following CMS resources for NOMNC are available at [CMS.gov](https://www.cms.gov):

- [Medicare Advantage \(MA\) Expedited Determination Notices](#)
- [Medicare Claims Processing Manual](#), Chapter 30, Section 260 – Expedited Determinations of Provider Service Terminations

We're Here to Help

If you have any questions about the NOMNC, please call 866-802-4629, 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.