

Clinician Guide to Medicare Non-coverage Notices and Appeal Process

Form Name	Notice of Medicare Non-coverage
Description	Green Form with Yellow NCR patient copy
What is it?	This notice informs the patient of the date that coverage of home care services will end, and describes what to do if the patient wishes to appeal the decision.
Why is it issued?	Patients have a right to adequate notice of non-coverage of services, and a right to an expedited appeal by a Quality Improvement Organization (QIO).
When Notice is not required	<ul style="list-style-type: none"> • 1 x eval, no further visits planned • Discipline Discharge, other discipline to continue • Transfer to other care (hospital, hospice, other agency, etc.) • Patient/family request discharge • Death
Required for which Insurers?	Traditional Medicare and Medicare Advantage plans (e.g. First Seniority Freedom, Blue Care 65, Secure Horizons, etc.)
Issuing a Valid Notice	<ul style="list-style-type: none"> • Explain appeal rights and appeal process to patient (see other side). • If patient is not able to comprehend, explain to a representative.
When is the Notice issued?	<ul style="list-style-type: none"> • In person, no <u>later</u> than two days/ two visits before proposed end of services. • If services expected to be fewer than two days, give at the time of admission. • If span of time between services exceeds two days, give no later than the next to last visit. • Planning ahead will give the patient adequate time to make a decision.
What if Discharge is Unexpected?	Issue on the day of discharge. Beneficiary has 24 hours to request an expedited appeal. <ul style="list-style-type: none"> • For Traditional Medicare, Effective date is the day of discharge. • For Medicare Advantage, Effective date is two days later.
What if I'm unable to issue the Notice in person?	Notice may be given verbally by telephone, followed by mail delivery. Explain non-coverage and appeal rights. Verbal Notice cannot be delivered via voice mail. Document specifics of the conversation, for example: <i>"Notice of non-coverage delivered by phone to Mary Jones at 978-555-5000 on July 24th 2009 at 11:15 A.M. I explained her appeal rights, and that coverage of services will end on July 26th. If she wishes to appeal, she must call MassPro at 1-800-252-5533 by noon on July 25th."</i> Complete form and submit to CSC to mail. Date of conversation is the received date
How to Complete the Notice	<ul style="list-style-type: none"> • Patient name/Patient ID • Date services will end. This date must be at least two days after the notice issued unless discharge is unexpected (see above). • Medicare Advantage requires Insurance name and Insurance ID on form. • Signature of patient/representative and date signed
What if the patient refuses to sign?	Document refusal on page 2 of notice. Include details of your instruction such as: <i>"Notice of non-coverage delivered in person to Mary Jones on July 24th 2012 at 11:15 A.M. I explained her appeal rights, and that services will end on July 26th. If she wishes to appeal, she must call MassPro at 1-800-252-5533 by noon on July 25th."</i> She refused to sign.
Return completed Notice to CSC	<ul style="list-style-type: none"> • Yellow copy of Notice is left with patient • Original must be turned in to CSC as soon as possible. Envelopes are available at Medical Records if mailing the form will be timelier. • If you know the patient will be appealing, Notice must be returned or faxed to a CSC (any branch) on the same day.

Expedited Appeal Process

What	Who	When
Notice of Noncoverage issued to patient/representative.	Clinician	See other side
MassPro is notified of request for appeal	Patient/representative	By noon of day prior to date of termination (effective date)
Notice of Noncoverage and Face Sheet (Summary Sheet from OfficeWyse) faxed to MassPro	QA Manager or designee	Same day as appeal
Detailed Explanation of Non-coverage created and mailed to patient	For Medicare, QA Manager or designee For Medicare Advantage, the Insurance company	Same day as appeal
Physician Certification: A physician must certify in writing that failure to continue the provision of the service(s) may place the beneficiary's health at significant risk.	MassPro instructs the patient to obtain	After receipt of a valid notice
Medical Record faxed to MassPro or Insurance Company; including Detailed Explanation of Non-coverage	QA Manager/Medical Records	Upon request of MassPro or Insurance Company, after receipt of Physician Certification
The patient and the agency are notified of the decision by phone, followed by written notice.	MassPro	Usually within 48 -72 hours of request for appeal,