

**NOMNC Guidance Issued to MyCare Ohio Plans  
April 10, 2015**

When should providers issue the Notice of Medicare Non-Coverage?

Under Section 2.10.5 of the Ohio 3-way contract, and in accordance with Chapter 9, Section 8 of the MyCare Ohio member handbook, beneficiaries receiving services from home health agencies (HHAs), comprehensive outpatient rehabilitation facilities (CORFs), and skilled nursing facilities (SNFs) must receive a Notice of Medicare Non-Coverage (NOMNC) at least two calendar days before a Medicare-covered service is scheduled to end. Providers are responsible for delivering this notice. More detail about the NOMNC is available at <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html>

The NOMNC gives a beneficiary access to a fast-track Medicare appeals process designed to prevent inappropriate termination of services or discharge from a facility. The process and notices were implemented as part of a 2003 litigation settlement and are not waived as part of the MyCare Ohio demonstration.

Note also that Medicare rules require issuing the NOMNC only when Medicare-covered services are terminating. Reductions in services are not subject to the NOMNC rules.

In the context of the MyCare Ohio demonstration, there are circumstances where the NOMNC should be tailored or not be issued. For example:

- If the “Medicare-covered” portion of a benefit ends, but the “Medicaid-covered” portion of the benefit provides unchanged coverage for the beneficiary, the NOMNC should not be issued.
- If the end of the “Medicare-covered” portion of the benefit results in a reduction in services for the beneficiary, the plan/provider should issue the NOMNC and specify in the “Additional Information” field in the NOMNC how the beneficiary’s services are changing and that a discharge or service termination is not occurring.
- If the “Medicare-covered” portion of the benefit is ending, and the service is not being continued under the Medicaid benefit the NOMNC should be issued.

**NOTE:** If a member is receiving skilled services beyond the usual 100 day benefit period for Medicare (for example they are receiving skilled services under the plan for 105 days), do not issue the NOMNC if the services terminate on day 105. Under Medicare rules, the NOMNC is not issued when a Medicare service is exhausted.