



Notice of Medicare Non Coverage (NOMNC) Process

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Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Virginia Commonwealth University Medical Center Health Plan Division

NOMNC Process

- The Centers for Medicare & Medicaid Services (CMS) require a Notice of Medicare Non-Coverage form be issued to Medicare beneficiaries who are receiving services from a skilled nursing facility (SNF), home health agency (HHA), hospice or comprehensive outpatient rehabilitation facility (CORF) to inform them that their Medicare covered services are ending.
- The NOMNC is intended to give the beneficiary an opportunity to request an immediate, independent review of the proposed discontinuation of the covered services.
- When a review is requested, a Detailed Evidence of Non Coverage (DENC) is given to provide a more detailed explanation as to why the coverage is ending.

NOMNC Process

- ❑ The provider should notify the Virginia Premier CompleteCare (a Commonwealth Coordinated Care plan) (VPCC) UR team on the 1st business day following a Skilled Admission – Contact 1-888-251-3063
- ❑ The VPCC UR nurse utilizes Interqual criteria to approve the stay.
 - ❑ If Interqual criteria is not met, the VPCC UR nurse sends the case to a VPCC Medical Director for Medicare review and decision.
- ❑ Updates are required a minimum of three days prior to an authorization end date. Frequency is determined by a VPCC UR nurse.
- ❑ Once a Last Covered Day (LCD) is determined –VPCC will Fax a NOMNC to the facility point of contact a minimum three days in advance of the Last Covered Day.
- ❑ The facility will have the member or a representative sign the NOMNC upon receipt.
- ❑ On same date as the signature, the signed NOMNC should be faxed back to the Virginia Premier CompleteCare UR nurse at (877) 739-1365.
- ❑ If member is expected to be discharged within the first week of admission – a VPCC nurse and the facility will discuss the Last Covered Day and issue the NOMNC.



NOMNC Process

- We know a discharge can be stressful for members and their families. VPCC shares your goal for a safe and effective discharge.
- VPCC recommends including a NOMNC in the admission packet for review.
- This may provide members and their families an opportunity to review a NOMNC document in advance of their Last Covered Day (LCD), and further reduce confusion when a last covered day has been determined.

NOMNC Process

- There are some instances in which a NOMNC will not be required. These may include, but are not limited to the following:
 - The beneficiary did not qualify for a skilled level of care
 - The beneficiary exhausts their skilled benefit
 - The beneficiary discharges prior to a Last Covered Day
 - Readmission to a hospital

