

Dear Provider:

As Virginia Premier's CompleteCare (a Commonwealth Coordinated Care plan) line of business has grown and evolved, we continue to look for ways to improve processes and communication. To that end, this communication is intended to illustrate Virginia Premier CompleteCare's Notice of Medicare Non Coverage (NOMNC) process from admission through NOMNC delivery and Discharge.

Along with this detailed process, please see the quick guide related to Virginia Premier CompleteCare's NOMNC process.

This may be a helpful resource to make available to your admission, business office, and clinical teams.

As a Medicare provider you are required to deliver a completed copy of the Notice of Medicare Non-Coverage to a beneficiary or enrollee receiving covered skilled nursing, home health, comprehensive outpatient rehabilitation facility and hospice services.

The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily.

**Admission:**

- If admission was not coordinated with Virginia Premier Care Management, a provider should notify Virginia Premier CompleteCare on the first business day following a skilled admission by contacting the Organizational Determinations line at 1-888-251-3063.
- Facility will be asked to provide clinical information to the Virginia Premier CompleteCare Utilization Review (UR) nurses who, in turn, review case details and issue authorizations.
- Virginia Premier CompleteCare UR nurse utilizes Interqual criteria to approve a skilled stay. If Interqual criteria are not met, a Virginia Premier CompleteCare UR nurse sends the case to the Virginia Premier CompleteCare Medical Director for a Medicare guideline review.
- Virginia Premier CompleteCare Medical Director, utilizing Medicare guidelines, will determine if the member's admission rises to a skilled level of care and renders a decision.
- Upon approval of admission, Virginia Premier CompleteCare will issue an authorization.
- Virginia Premier CompleteCare UR nurse notifies the facility when the next update needs to occur. The facility needs to fax clinical documents to the Virginia Premier CompleteCare UR nurse. Clinical documents can be sent securely to **(877) 739-1365**
- Frequency of updates will be communicated to the facility for follow up. The facility is expected to provide a clinical update by the date and time determined by a Virginia Premier CompleteCare UR nurse.
- If the facility does not provide clinical documentation, Virginia Premier CompleteCare will be required to deny a skilled stay for lack of information.

**Discharge Planning:**

- Through communication between the facility and the Virginia Premier CompleteCare Care Coordinator, progress will be discussed and a projected plan for discharge will be identified.
- Virginia Premier CompleteCare UR nurse will continue to review clinical documentation, utilize Interqual criteria and forward to a Virginia Premier CompleteCare Medical Director for Medicare review and decision.
- When a Last Covered Day (LCD) of skilled care has been determined, a Virginia Premier CompleteCare UR nurse will fax a Notice of Medicare Non Coverage to the Facility.

**NOMNC Delivery:**

- If the member is expected to be discharged within the first week of admission – a Virginia Premier CompleteCare UR nurse and the facility will discuss LCD and NOMNC.
- Once a decision has been made to end a skilled level of care, a Virginia Premier CompleteCare UR nurse will fax the NOMNC to the facility point of contact.
- The facility will be asked to deliver the NOMNC for signature in accordance with CMS guidelines pertaining to 42 CFR 405.1200 at least two calendar days before Medicare covered services end.
- On the same day of signature, the facility will fax signed copy of NOMNC back to a Virginia Premier CompleteCare UR nurse at **(877) 739-1365**.
- In the event that the beneficiary refuses to sign the NOMNC, Virginia Premier CompleteCare would expect the provider to note the refusal on the NOMNC, sign, date and fax the attempt back to a Virginia Premier CompleteCare UR nurse for inclusion in the medical record.
- CMS requires providers to develop procedures to use when the beneficiary has been deemed incapable or incompetent, and the provider cannot obtain the signature of the enrollee's representative through direct personal contact. Please refer to CMS NOMNC guidelines regarding these requirements. These instances should be documented and communicated to a Virginia Premier CompleteCare UR nurse via fax at **(877) 739-1365**.

Virginia Premier appreciates your commitment to our members.