



UCare Denial Notices-General Information (Effective 1/1/2012)

MEDICARE ADVANTAGE PRODUCTS: *UCare for Seniors-Minnesota; UCare for Seniors-Wisconsin*

- NOMNC – Notice of Medicare Non-coverage.
 - Issued by SNF/CORF/HHA staff when ongoing services will be terminated.
 - Must be given at least 2 full days prior to date of discharge or service termination.

- DENC – Detailed Explanation of Non-coverage.
 - Issued by SNF/CORF/HHA staff when the member does not agree with service termination and wants to appeal via fast track, using the QIO.

- NDMC – Notice of Denial of Medical Coverage.
 - Issued by UCare or delegates when:
 - A Medicare outpatient service is denied.
 - A behavioral health partial hospitalization is denied.
 - A non-covered behavioral health service is denied.
 - Admission to SNF/CORF/HHA is denied at or prior to admission.
 - A member exhausts the 100 day skilled benefit in a facility.
 - There is a denial, reduction, or termination of a Medicare service that does not conclude a skilled Medicare stay.

DUAL SNP PRODUCT: MSHO

- NOMNC – Notice of Medicare Non-coverage.
 - Issued by SNF/CORF/HHA staff when ongoing services are being terminated.
 - Must be given 2 days prior to discharge or service termination.

- DENC – Detailed Explanation of Non-coverage.
 - Issued by SNF/CORF/HHA staff when the member does not agree with service termination and wants to appeal via fast track, using the QIO.

- NDMC – Notice of Denial of Medical Coverage.
 - Issued when:
 - A Medicare-only outpatient service is denied.
 - A non-covered behavioral health service is denied.
 - Admission to SNF/CORF/HHA is denied at or prior to admission.
 - A member exhausts the 100 day skilled benefit in a facility.
 - There is a denial, reduction, or termination of a Medicare service that does not conclude a skilled Medicare stay.

- Integrated DTR.

- Issued when:
 - The service being denied is a Medicare and Medicaid benefit.
- Dual SNP Non-integrated DTR.
 - Issued when:
 - The service being denied is a Medicaid-only benefit.

Note: If a service is being denied under Medicare but is being covered under Medicaid, then no Medicare denial notice needs to be sent.

STATE PRODUCTS: PMAP; MinnesotaCARE; MSC+; Connect

- State Products Non-integrated DTR.
- Connect Non-integrated DTR.

HOSPITAL DENIAL NOTICES:

Hospital facilities are responsible for issuing the *Important Message from Medicare* upon admission to all members, and for issuing the Detailed Notice of Discharge (DNOD) when members want to appeal their hospital discharge.

Other Information:

1. UCare’s website contains the most current version of the notices. Please print notices directly off of the website (www.ucare.org; click on Providers, Forms, and scroll down to the Clinical Services Section). Forms are specific to product and contain approval numbers that correspond with each product. Use ONLY the form that is listed under the product name. Please destroy all old notices.
2. Notices cannot be altered in any way; and, a SNF, CORF or HHA cannot create its own notice.
3. The NOMNC notice must be delivered no later than 48 hours before the last covered day of service.
4. Notices must meet all “valid delivery” criteria. When delivery is directly to the member (or member’s authorized representative), form must be signed and dated by the member (or member’s authorized representative).
5. When the NOMNC notice is by phone to the member’s authorized representation, usage of the *NOMNC Valid Delivery Documentation Form-MINNESOTA* or *NOMNC Valid Delivery Documentation Form-WISCONSIN* (forms available on UCare’s website) is recommended because this form contains the NOMNC phone notification requirements. If this form is not used, then all CMS valid delivery requirements must be documented in the member’s chart notes. These requirements include:
 - a. Date of call;
 - b. Time of call;
 - c. Phone number called;
 - d. Name of person called;
 - e. Appeal rights & phone # of QIO given;
 - f. Mailing of NOMNC notice (needs to be same day as phone call); and,
 - g. Name of person who delivered the notice.

6. When delivery of the NOMNC notice by phone or in person cannot be made, the notice must be sent by certified mail, with return receipt requested.
7. All staff who issues notices must be trained; and back up staff must be identified and trained on how to issue notices when staff that have the primary responsibility to issue notices is unavailable.
8. Remember that UCare waives the 3 day hospital stay prior to a SNF admission. Do not issue a denial based on the lack of a 3 day hospital stay.
9. Use the product specific correct notice:
 - a. **NOMNC:**
 - i. Used when SNF, CORF or HHA services will be terminated.
 - b. **DENC:**
 - i. Used when a member appeals the SNF, CORF or HHA service termination.
 - c. **NDMC:**
 - i. Used when a SNF, CORF or HHA stay is denied at or prior to admission;
 - ii. Used when a member has exhausted the 100 day benefit;
 - iii. Used when there is a denial, reduction, or termination of a Medicare service; stay that does not conclude a skilled Medicare stay.
10. NOMNC notices do not need to be issued when a member:
 - a. is discharged to the hospital;
 - b. is discharged to hospice;
 - c. leaves before skilled needs end; or,
 - d. dies.

For more information about skilled nursing services or home care services and notification requirements, please refer to Chapter 7, *Skilled Nursing Facility* and Chapter 8, *Home Care Services*, in the UCare Provider Manual (available on line at www.ucare.org).