
NOTICE OF MEDICARE NON-COVERAGE

Patient Name: _____ Patient ID Number: _____

THE EFFECTIVE DATE COVERAGE OF YOUR CURRENT _____
SERVICES WILL END: _____

- Your Medicare Advantage (MA) plan and/or provider have determined that Medicare probably will not pay for your current _____ services after the effective date indicated above.
- You may have to pay for any _____ services you receive after the above date.
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YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, neither Medicare nor your MA plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.
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HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally by no later than the effective date of this notice.
- Call your QIO at: Stratis Health, 1-877-624-1414 toll free or TTY: 1-800-627-3529 toll free (Minnesota Relay) to appeal, or if you have questions.

See the back of this notice for more information.

OTHER APPEAL RIGHTS:

If you miss the deadline for requesting an immediate appeal with the QIO, you still may request an expedited appeal from your Medicare Health plan. If your request does not meet the criteria for an expedited review, your plan will review the decision under its rules for standard appeals. Please see your Evidence of Coverage for more information.

Contact your plan or 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048, 24 hours a day/7 days a week, for more information about the appeals process.

ADDITIONAL INFORMATION

UCare Complaints, Appeals, and Grievances
Phone: 612-676-6841 or 1-877-523-1517 (toll free)
Fax: 612-884-2021 or 1-866-283-8015 (toll free)
TTY: 612-676-6810 or 1-800-688-2534 (toll free)

For members in UCare’s MSHO even though you no longer have a Medicare-covered skilled need, nursing facility services are still covered by UCare or by the Minnesota Department of Human Services.

Please sign below to indicate that you have received this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Representative

Date

H2456 122109 (122209) DHS (122809) F

U2786 (12/09)

Form No. CMS-10095 (NOMNC)

Exp Date: 8/31/2010

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0910. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attention. If you want free help translating this information, call UCare at 612-676-3200 or toll free at 1-800-203-7225.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທສາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

LB5-0009 (1-08)

This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY); or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.
