

Harmony Healthcare International (HHI)

Medicare Part A Notice of Non-Coverage (NOMNC)

Facility Name

March 3, 2021

DRAFT



Medicare Part A Notice of Non-Coverage (NOMNC) Policy & Procedure

NOMNC	
Department: Nursing	Submitted By: HHI
Approval Date: March 1, 2021	Page Number: 1 of 2
Effective Date: March 1, 2021	Revised Date: 3/1/2021

Policy Statement

It is the policy of this facility to issue a Notice of Non-Coverage (NOMNC) for the discontinuation of Medicare Part A benefits.

Policy Interpretation and Implementation

The Director of Case Management (or other designated staff member) will notify the Beneficiary and/or the Beneficiary's Authorized Representative when it has been determined that the Medicare Part A benefit will be discontinued.

Notification of the termination of Medicare Part A coverage is provided to the Beneficiary and/or the Beneficiary's Authorized Representative at least two full calendar days before the Medicare covered services end.

The Notice of Medicare Non-Coverage (NOMNC) form is used to document and deliver this information.

The Notice of Non-Coverage is verbally explained to the Beneficiary and/or the Authorized Representative at the time the notice is delivered. During this conversation, the Beneficiary and /or Authorized Representative are made aware of their right to appeal this decision.

Whenever possible, the delivery and written acknowledgment of receipt will be obtained in person.

Harmony Healthcare International (HHI)

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If unable to deliver the NOMNC in person, our staff member will deliver it by phone contact and will document this telephone delivery, with the date of the conversation, on the NOMNC form. The date of the phone conversation is the date of the receipt of the notice. The staff member will confirm the phone conversation by mailing a written notice on that same date.

If the facility does not connect with the Authorized Representative in a live conversation, a detailed message will be left. At least two attempts to reach the Representative will be made and documented.

If unable to connect by phone, our staff member will also send the NOMNC to the Beneficiary's Authorized Representative by email, by fax, or by certified mail, asking that the NOMNC be signed, dated, and returned to the facility.

If email transmission of the NOMNC is acceptable to the Authorized Representative, we will request a signed copy, either digitally captured or manually penned, be returned to us. If the NOMNC is sent by email, the Beneficiary must also be given a paper copy, in person, by mail, or fax.

If email transmission is not feasible, a NOMNC must be sent by certified mail, return receipt requested. The date that someone at the Representative's address signs or refuses to sign the receipt is the date of receipt. A dated copy of the NOMNC will be placed in the Beneficiary's medical record. If notices are returned from the Post Office, with no indication of a refusal date, the Beneficiary's responsibility starts on the second working day, after the facility's mailing date.

All efforts to reach the Authorized Representative should be documented. A signed copy of the NOMNC will be kept in a three-ring binder by the Staff member responsible for issuing the notices. The original signed copy of the NOMNC will be placed in the Medicare section of the Patient's medical record.

A Beneficiary who exhausts all 100 Medicare Part A days does not require a NOMNC.

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