

Provider Update

Amerigroup* to Conduct Periodic Audits to Ensure CMS Requirements

The Centers for Medicare and Medicaid Services (CMS) requires providers to notify every Medicare beneficiary (including Medicare Advantage members) of their discharge appeal rights using the Notice of Medicare Non-Coverage (NOMNC) for skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities, and the Important Message from Medicare About Your Rights (IM) for inpatient hospitals. Providers must obtain the signature of the beneficiary or representative to indicate that the beneficiary/representative received and understood the notice.

To help providers meet CMS requirements, the Health Plan periodically conducts IM and NOMNC audits to proactively identify opportunities for improvement. We make recommendations and work with providers to improve processes and compliance with CMS requirements.

Download IM and NOMNC notices and instructions from the CMS website:

- **NOMNC Notice:** <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFSEDNotices.html>
- **IM Notice:** <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices.html>

NOMNC - CMS requires delivery of the NOMNC at least 2 days prior to the termination of services. For home health agencies only: beneficiaries who are found not to be homebound must also be given the NOMNC notice, however, the last covered day may be less than the 2 day required timeframe prior to the end of service

IM - CMS requires delivery of the IM within 2 calendar days of the date of an inpatient hospital admission. Hospitals may deliver the initial copy of the notice if the beneficiary is seen during a preadmission visit, but not more than 7 calendar days in advance of admission. Hospitals may not deliver the IM to a beneficiary who is in an outpatient or observation setting on the chance that the patient may end up receiving inpatient care. A follow-up IM must be provided to each beneficiary again, no sooner than 2 calendar days before discharge.

IMPORTANT REMINDER: Make sure the Medicare notices have the correct Beneficiary and Family Centered Care (BFCC) Quality Improvement Organization (QIO) contact information. Locate your QIO at <http://www.qioprogram.org/contact>.



For more information about CMS guidelines for delivery of the notices or the Health Plan's IM/NOMNC audit program, contact Carol Bossingham BSN, RN, CCM -- phone: 317-287-0196, fax: 877-261-2134, email: carol.bossingham@anthem.com.

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*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.