

# Provider Update

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## Medicare Notices and Provider Requirements

The Centers for Medicare and Medicaid Services (CMS) require providers to notify every Medicare beneficiary – including Amerigroup\* Community Care 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.

CMS requires delivery of the **NOMNC** at least two days prior to the end of services. Providers must obtain the signature of the beneficiary or representative to indicate that the beneficiary/representative received and understood the notice.

CMS requires delivery of the **IM** within two calendar days of the date of an inpatient hospital admission. Providers must obtain the signature of the beneficiary or representative to indicate that the beneficiary/representative received and understood the notice. A follow-up IM must be provided to each beneficiary again, no sooner than two calendar days before discharge. If hospitals have processes in place to document delivery of other information related to the beneficiary's discharge, staff attestation is sufficient for the follow-up IM. If there is no process in place, hospitals should use the "Additional Information" section the IM to document delivery of the follow-up copy and include the beneficiary's signature or initials and date.

To help providers meet CMS requirements, Amerigroup 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.

Our audit findings show providers would benefit from focusing on the following elements required by CMS:

### **NOMNC Notices:**

- Deliver notice to **Managed Medicare** beneficiaries the way you do to **Traditional Medicare** beneficiaries
- On page 1, include the beneficiary's Health Care Identification Number or Medical Record Number
- On page 1, include the specific type of services ending (i.e. home health, skilled nursing care)
- On page 2, include the Health Plan contact information (information can be found on the beneficiary's insurance card)
- Page 2 should be signed and dated by the beneficiary or authorized representative at least 2 days prior to the end of services
- Retain a copy of the signed notice (page 1 AND page 2)

### **IM Notices:**

- Deliver notice to **Managed Medicare** beneficiaries the way you do to **Traditional Medicare** beneficiaries
- On page 1, include the physician's name on page one



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- Ensure the beneficiary or authorized representative signs and dates page 1 within 2 calendar days of an inpatient admission
- Call the authorized representative to deliver the IM when the beneficiary is unable to sign and annotate the IM properly
- Deliver the follow-up IM no sooner than two calendar days before discharge and retain documentation of delivery
- Retain a copy of the signed notice (page 1 AND page 2)

CMS requires use of standardized notices for the IM and NOMNC. Download copies 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>

**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.qioprogam.org/contact>.

For more information about compliance with the NOMNC or IM, contact Carol Bossingham BSN, RN, CCM in the Federal Clinical Compliance Department -- phone: 317-287-0196, fax: 877-261-2134, email: [carol.bossingham@anthem.com](mailto:carol.bossingham@anthem.com).

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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.

\*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.

