

Provider Update

Provider Requirements and Medicare Notices

The Centers for Medicare and Medicaid Services (CMS) requires providers to deliver the **Notice of Medicare Non-Coverage (NOMNC)** to every Medicare beneficiary at least two (2) days prior to the end of their skilled nursing, home health or comprehensive outpatient rehabilitation facility services, and obtain the signature of the beneficiary or his or her representative to indicate that he or she received and understood the notice.

Additionally, CMS requires providers to deliver the **Important Message from Medicare About Your Rights (IM)** notice to every Medicare beneficiary within 2 calendar days of the date of an inpatient hospital admission, and obtain the signature of the beneficiary or his or her representative to indicate that he or she received and understood the notice. The IM, or a copy of the IM, must also be provided to each beneficiary again, no sooner than 2 calendar days before discharge.

CMS requires 100 percent compliance. To help our providers meet these CMS requirements, Amerigroup Community Care, Inc. periodically conducts IM and NOMNC Audits to *proactively* identify opportunities for improvement. We make recommendations and work with providers to improve their process and increase compliance with CMS requirements.

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

- **NOMNC Notices:**
 - Deliver notice to *Managed Medicare* beneficiaries the way you do to *Traditional Medicare* beneficiaries
 - Include the beneficiaries Health Care Identification Number or Medical Record Number on page one
 - Include the specific type of services ending on page one
 - Include the Health Plans contact information on page two
 - Have the beneficiary or authorized representative sign and date page two at least two (2) days prior to the end of services
 - Retain a copy of the signed notice, both page one and page two.

- **IM Notices:**



Provider Update

- Deliver notice to *Managed Medicare* beneficiaries the way you do to *Traditional Medicare* beneficiaries
- Include the physician's name on page one
- Have the beneficiary or authorized representative sign and date page one within 2 calendar days of the date of an inpatient hospital admission
- Call the authorized representative to deliver the IM when the beneficiary is unable to sign
- Deliver the IM, or copy of the IM again, no sooner than 2 calendar days before discharge
- Retain a copy of the signed notice, both page one and page two.

To download the **standardized** IM/NOMNC Notices **required** by CMS, along with accompanying instructions, go to CMS website at www.cms.hhs.gov/bni or refer to the specific links below:

- **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 UPDATE: Quality Improvement Organizations (QIO's) have changed. Make sure your Medicare notices have the correct QIO contact information. Please see <http://www.qioprogam.org/contact> to locate your QIO.

For more information on compliance with the Notice of Medicare Non Coverage or the Important Message from Medicare, contact Mary Heapes, RN, BSN in the Federal Clinical Compliance Department at (212) 476-2908.

Y0071_14_22638_I 11/21/2014

Amerivantage is an HMO plan with a contract with the New Mexico Medicare program. Enrollment in Amerivantage depends on contract renewal.

