Notice of Medicare Non-Coverage PC.N15

Regulatory Citation(s):	CMS Transmittal R2711CP/ Change Request CR 7903
L-Tag(s):	None

POLICY: Lifesong Hospice and Palliative Care provides a Notification of Medicare Non-Coverage (NOMNC) to a patient (or the patient's legal representative) when it is determined that the patient will be discharged, and Medicare will no longer pay for hospice care or services.

PROCEDURE:

1. Lifesong Hospice and Palliative Care uses the approved *Notice of Non-Coverage* form (CMS - 10123) to notify Medicare beneficiaries that Medicare services are ending. (Forms can be found online at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.htmland attached as PC.N10.1 and PC.N10.2).

2. The NOMNC is provided even if the patient (or representative) agrees with the termination decision.

3. The Social Worker or designee delivers and explains the NOMNC to the patient/representative at least two days before the last day of covered care.

4. If the patient/representative refuses to sign the notice, the notice is still valid as long as the hospice documents that the notice was given, but the beneficiary refused to sign. The date of refusal to sign is considered the day of notice receipt.

5. If the NOMNC cannot be delivered to the beneficiary or his/her representative in person, a designated hospice team member:
    a. calls the patient/representative to inform him or her that services are ending;
    b. explains appeal rights and provides the name and telephone number of the appropriate Quality Improvement Organization (QIO);
    c. mails the written notice on the same date as the telephone contact, which is considered the date of the receipt of the notice;
    d. places a dated copy of the notice in the beneficiary's clinical record and documents the phone contact including: the name of the hospice team member, name of the person contacted, date and time and the telephone number called.

6. If telephone contact cannot be made, the notice is sent by certified mail with return receipt requested. The patient's liability begins on the second day following the hospice's mailing date.

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Expedited Review and Determination

7. If the beneficiary/representative does not agree that covered services should end, s/he has the right to request an expedited review of the hospice's decision by the Quality Improvement Organization (QIO) in his/her State no later than noon of the day before services are to end.

8. When a QIO notifies the hospice that an expedited review has been requested, the hospice provides a *Detailed Explanation of Non-Coverage* (DENC) to the patient or representative and the QIO, explaining why services are no longer covered. These notices can be found online at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.html and as addendums to this policy PC.N10.3 DENC English Version and PC.N10.4 DENC Spanish Version.

9. The DENC and other information requested by the QIO must be provided to the QIO by the close of business of the day the QIO notifies the hospice that an expedited determination has been requested.

10. The QIO is responsible for reviewing the information and deciding no later than 72 hours after the beneficiary's request.

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