

# Operations Bulletin 03-11



Date: April 14, 2011

To: Skilled Nursing, Home Health/Hospice and Comprehensive Outpatient Rehabilitative Participating Providers

Re: **New Notice of Medicare Non-Coverage (NOMNC) Form/Process Reminder & Matrix On-Site Health Risk Assessments**

## NOMNC Form/Process

The Centers for Medicare and Medicaid Services (CMS) have recently updated the Notice of Medicare Non-Coverage (NOMNC) form which notifies a Member of impending termination of Skilled Nursing Facility (SNF), Home Health/Hospice (HHH), or Comprehensive Outpatient Rehabilitation Facility (CORF) Covered Services and their right to request an immediate, independent review.

Geisinger Health Plan<sup>1</sup> would like to remind of your responsibility to issue the most current NOMNC form, effective March 1, 2011, to Members with a planned discontinuation of SNF, HHH, or CORF services. The current form, associated instructions, and additional information are available on the CMS Web-site at:

[http://www.cms.gov/bni/09\\_MAEDNotices.asp](http://www.cms.gov/bni/09_MAEDNotices.asp).

As the Provider of Care, it is imperative that you **issue the NOMNC form to applicable Members no later than two (2) days prior to the termination of a Member's Covered Services**. The signature page should be retained and made available upon request.

To request an immediate appeal, Members must contact their Medicare authorized Quality Improvement Organization (QIO), Quality Insights of Pennsylvania, no later than noon of the day before the date Covered Services expire, as indicated on the NOMNC form. The Member's **QIO can be reached at (800) 322-1914**. If the deadline for requesting an immediate appeal with the QIO is missed, the Member may still **request an expedited appeal through the Health Plan by calling (800) 498-9731**.

During either appeal process, a copy of medical record documentation including the signed NOMNC notice will be required. Please be aware that any delay in the appeal process or extension of coverage of medical services because of failure of the Provider of Care to produce a valid signed NOMNC will result in the financial liability of the Provider of Care. If you have any questions about the NOMNC form or process, please contact the Health Plan's **Medical Management department at (800) 544-3907**.

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<sup>1</sup> Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Health Plan".

## **Matrix On-Site Health Risk Assessments**

The Health Plan and Matrix Medical Network (Matrix) remain actively engaged in conducting Health Risk Assessments for eligible Members residing in skilled nursing facilities. Some facilities may have already worked with Matrix in collecting health risk assessment data. Matrix conducts on-site health risk assessments utilizing a nurse and licensed physician. The on-site assessments include a thorough review of the medical record, a complete Member assessment, and a short mental health and depression survey. A practitioner from Matrix or the Health Plan will contact you to schedule a time to perform these assessments.

Matrix serves the Health Plan in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). Matrix is ethically and legally bound to protect, preserve, and maintain the confidentiality of any Protected Health Information (PHI) of Members and their medical record. Matrix will treat your patients' PHI with the highest level of protection and confidentiality.

Your cooperation in extending Matrix your professional courtesy and assistance is appreciated. If you have questions about any portion of this process, please contact your **Provider Relations Representative at (800) 876-5357**.

The contents of this Operations Bulletin amend the information set forth in the Health Plan's Participating Provider Guide available online at [www.thehealthplan.com](http://www.thehealthplan.com).

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