

NHP/NHIC-Termination of Provider Services

Abstract/Purpose:

PlatinumPlus members are provided notice when NHP/NHIC decides to terminate certain provider services including Skilled Nursing Facility (SNF), Home Health Agency (HHA), and Comprehensive Outpatient Rehabilitation Facility (CORF).

I. Policy:

- A. NHP/NHIC provides notice to Platinum*Plus* members of its decision to terminate provider services, through the SNF, HHA or CORF provider.
- B. Notice is delivered to the member or member's representative no later than two days before the proposed end of services.
- C. The notice provided to Platinum*Plus* members is a CMS standardized NOMNC form (Notice of Medicare Non-Coverage - Addendum A, B & C).
- D. The NOMNC includes:
 - 1. The date that the coverage of service ends.
 - 2. The date the member's financial liability of continued services begins.
 - 3. The member's right to a fast-track appeal via the Quality Improvement Organization (QIO).
 - 4. Information on how to contact the QIO.
 - 5. Information on the member's right to submit evidence to the QIO.
 - 6. Alternative appeal mechanism if fast-track appeal deadline not met.
 - 7. The member's right to receive detailed information as to why services are either no longer reasonable and necessary or no longer covered and a description of applicable Medicare coverage rule or policy.
- E. NHP/NHIC is responsible for making the decision to end services.
- F. Providers are responsible for:

1. Inserting the member's name and the date that coverage of service ends onto the NOMNC.
 2. Delivering the NOMNC on behalf of NHP/NHIC to the member or member's representative no later than two days before the proposed end of services.
 - a. The valid delivery of the NOMNC is the responsibility of the SNF, HHA, and CORF providers under their Medicare provider agreements (42 CFR 489.27).
 - b. Obtaining the member's or the member representative's signature on the form.
 - c. Retaining the form for their records.
 - d. Sending a copy of the NOMNC to NHP/NHIC.
- G. When a member is incapable of receiving or incompetent to receive the NOMNC, the member's representative is issued the NOMNC.
1. Attempt is made to obtain the representative's signature through direct contact.
 2. If unable to obtain through direct contact, telephonic notice is provided.
 - a. The information provided telephonically includes the information outlined under number four in the above and the number to an advocacy organization that can provide assistance to the representative in explaining the appeal process (i.e. 1-800-MEDICARE).
 3. If unable to reach telephonically, the notice is sent to the representative via certified mail.
 4. The date that NHP/NHIC conveys the NOMNC information, in writing or telephonically, to the representative is the date of receipt of NOMNC notice. If sent via certified mail, the date of NOMNC receipt is the date that someone at the representative's address signs or refuses to sign the certified mail receipt. If notified via certified mail, the member's liability starts on the second working day after NHP/NHIC's mailing date.

II. **Procedure:**

- A. The NHP/NHIC Care Management Coordinator (CMC) receives concurrent review information from the provider of service.

1. Upon initial notification from the provider that member has been admitted for SNF, HHA or CORF services, the CMC faxes a copy of the appropriate standard NOMNC to the provider and notifies him/her of the notification requirements (i.e. correct form, form completion requirements and timeframe for delivery).
- B. Upon collaboration with the SNF, HHA or CORF provider the CMC determines that services will be terminated in no less than two days, and notifies the provider to issue the NOMNC to the member or the member's representative.
 - C. The provider inserts the member's full name, the member's unique identifier (e.g. HIC number or member Platinum identification number) and the date that coverage ends onto the NOMNC.
 - D. The provider issues the NOMNC to the member or member's representative no later than two days before the coverage end date and obtains the member's or the member's representative's signature. The member or member's authorized representative must also fill in the date that he/she signs the NOMNC.
 1. If the member's representative is signing the form, The Appointment of Representative Statement form, must be signed and on file at NHP/NHIC as well (Addendum D).
 2. If the representative is not available to sign the NOMNC, NHP/NHIC CMC notifies the representative telephonically of when the member's services will no longer be covered and the right to file an appeal.
 3. If the representative is not available telephonically, NHP/NHIC CMC sends the NOMNC by certified mail.
 - E. The provider retains the signed form for their records and faxes a copy to NHP/NHIC Care Management Department.
 - F. If the member refuses to sign the NOMNC the provider documents that the notice was given and that member refused to sign and faxes documentation to NHP/NHIC.
 - G. NHP/NHIC CMC documents receipt of the NOMNC and if applicable the member's refusal to sign in the IS authorization module and files the form and applicable provider documentation in the member's case file.
 - H. If the member representative is notified telephonically, the NHP/NHIC CMC documents the telephonic notification attempt(s) and, if successful, documents whether the representative understood the information provided.

- I. If telephonic attempt is unsuccessful, NHP/NHIC CMC documents notification via certified mail and documents when the certified mail return receipt is received noting if it was signed or not. NHP/NHIC CMC files the certified mail receipt in case file.