



**To:** Skilled Nursing Facilities  
**From:** Jennifer Clements, Director of Provider Operations  
**Date:** March 27, 2015  
**Subject:** **Notice of Medicare Non-Coverage Requirements, Process, and Timeline**

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Dear Provider:

Please review the requirements, process, and timeline for issuing the Notice of Medicare Non-Coverage (NOMNC) to Santa Clara Family Health Plan (SCFHP) members and appealing a non-coverage decision. For your reference, attached are samples of the **Notice of Medicare Non-Coverage** and **Detailed Explanation of Non-Coverage** letters.

**Process for Issuing Notice of Medicare Non-Coverage (NOMNC)**

<b>Task/Action</b>	<b>Responsible</b>	<b>Required Turn Around Time</b>
SCFHP Medical Management (MM) issues letters to member when their services are scheduled to be terminated. MM sends the documents to the SNF by fax.	SCFHP	N/A
SNF provides the <b>NOMNC</b> to member.	<b>SNF Discharge Planner</b>	NOMNC must be completed and signed <b>2 days before member discharge</b>
Patient (or their representative) signs the form. <b>SNF Discharge Planner must fax the signed copy of the NOMNC to SCFHP.</b>	<b>SNF Discharge Planner</b>	N/A
SCFHP receives fax and notification from the SNF Discharge Planner.	SCFHP	N/A

### **Process for Appeals to Medicare Non-Coverage Decision**

SCFHP members have the right to appeal the decision to end services in a SNF.

<b>Task/Action</b>	<b>Responsible</b>	<b>Required Turn Around Time</b>
Member contacts Livanta (Quality Improvement Organization) if he or she thinks services are ending too soon.	Member	No later than noon the day after receiving NOMNC
Livanta contacts SCFHP for member-signed NOMNC and contacts SNF for medical records.	Livanta	No later than close of business the day after the date of the appeal
SCFHP provides member-signed NOMNC and <b>SNF provides medical records.</b>	SCFHP/ <b>SNF</b>	Within 24 hours of request*
If NOMNC was issued to member timely (at least 2 business days before planned discharge), Livanta issues decision to SNF and SCFHP.**	Livanta	No later than close of business the day after Livanta receives necessary information
If decision is upheld, member is discharged on date outlined in decision notice. If decision is overturned, member continues stay at SNF.	N/A	N/A

\*If Livanta does not receive NOMNC and medical records within 24 hours, Livanta either overturns the discharge decision or returns appeal to SCFHP.

\*\*If NOMNC was not issued timely, the case is returned to SCFHP to process.

Please call Provider Services at 1-408-874-1788 if you have any questions.

Thank you.



## Notice of Medicare Non-Coverage

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Patient Name:

Patient ID #:

The effective date coverage of your current **{UserContent1{{insert type}}}** services will end:  
**{UserContent2{{insert effective date}}}**.

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- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current **{UserContent1{{insert type}}}** services after the effective date indicated above.
  - You may have to pay for any services you receive after the above date.
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### Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
  - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
  - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
  - If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
  - If you stop services no later than the effective date indicated above, you will avoid financial liability.
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### How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO, **Livanta, LLC. at 1-877-588-1123, available 24 hours a day, 7 days a week** to appeal, or if you have questions. **TTY/TDD users call 1-800-881-5980.**

**See page 2 of this notice for more information.**

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.  
Plan contact information \_\_\_\_\_

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Additional Information (Optional):

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Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

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Signature of Patient or Representative

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Date

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Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-877-723-4795, 7 days a week, 8 a.m. to 8 p.m., including holidays. TTY/TDD users call 1-800-735-2929. The call is free.

Puede obtener esta información gratuita en otros idiomas. Llame al 1-877-723-4795, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., incluyendo días festivos. Los usuarios de TTY/TDD deben llamar al 1-800-735-2929. La llamada es gratuita.

Quý vị có thể nhận thông tin này miễn phí ở các ngôn ngữ khác. Gọi số 1-877-723-4795, 7 ngày một tuần, 8 giờ sáng tới 8 giờ tối kể cả các ngày nghỉ lễ. Những người sử dụng TTY/TDD nên gọi số 1-800-735-2929. Cuộc gọi được miễn phí.

您可免费获得此信息的其他语言版本。一周 7 天，每天早上 8 点至晚上 8 点均可致电 1-877-723-4795 (包含节假日)。TTY/TDD 使用者應撥打 1-800-735-2929。這是免費電話。

Makukuha mo nang libre ang impormasyong ito sa iba pang mga wika. Tumawag sa 1-877-723-4795, 7 araw sa isang linggo, 8 a.m. hanggang 8 p.m., kabilang ang mga pista opisyal. Ang mga gumagamit ng TTY/TDD ay dapat tumawag sa 1-800-735-2929. Libre ang tawag.

You can also ask for this information in other formats, such as Braille or large print.



Santa Clara  
Family Health Plan  
*The Spirit of Care*

210 East Hacienda Avenue  
Campbell, CA 95008  
Phone: 1-877-723-4795  
TTY/TDD: 1-800-735-2929  
www.scfhp.com

## Detailed Explanation of Non-Coverage

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Date:

Patient Name:

Patient Number:

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This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined Medicare coverage for your current services should end. ***This notice is not the decision on your appeal.*** The decision on your appeal will come from your Quality Improvement Organization (QIO).

**We have reviewed your case and decided that Medicare coverage of your current {insert type} services should end.**

- **The facts used to make this decision:**
  
  
  
  
  
  
  
  
  
  
- **Detailed explanation of why your current services are no longer covered, and the specific Medicare coverage rules and policy used to make this decision:**
  
  
  
  
  
  
  
  
  
  
- **Plan policy, provision, or rationale used in making the decision (health plans only):**

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call **Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan)** at 1-877-723-4795, seven (7) days a week, 8 a.m. to 8 p.m. including holidays. TTY/TDD users call 1-800-735-2929. The call is free. For more information, visit [www.scfhp.com](http://www.scfhp.com).

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