



## Provider Newsflash

May 2016

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### Notice of Medicare Non Coverage (NOMNC) Fax Requirement

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#### Purpose of this communication

- To inform all participating home health providers that they are now required to fax to CareCentrix every Medicare Advantage patients' completed NOMNC form.

#### What do I need to know?

- Effective immediately, CareCentrix is requiring that each participating home health provider fax to CareCentrix each Medicare Advantage patient's completed, signed and dated NOMNC form.
- Providers are not required to fax NOMNC forms dated prior to receipt of this notice unless specifically requested by CareCentrix.
- CareCentrix is implementing this new requirement so that CareCentrix has access to provider NOMNC forms for both its and its health plan clients' NOMNC compliance audits.
- The CareCentrix dedicated **fax number for NOMNCs is: 866-778-0723.**
- Please fax each NOMNC separately to the dedicated fax number. Do not include discharge notes or other patient information.
- If a patient (or patient representative) refuses to sign the NOMNC form, please note the refusal, the date, and any other pertinent information directly on the NOMNC form and then fax the unsigned NOMNC to CareCentrix.
- Please retain the original NOMNC forms in the patient files.

**Thank you in advance for your cooperation and continued partnership.  
If you have any questions, please contact your CareCentrix  
Provider Management representative.**