

### Notice of Medicare Non-Coverage (NOMNC) Instructions and Forms

#### Purpose of this communication:

- To remind CareCentrix Network Home Health Agencies that provide services to Florida Blue, Wellcare, or Blue Cross Blue Shield of Michigan (BCBSM) Medicare Advantage (MA) members of the Notice of Medicare Non-Coverage (NOMNC) process.

#### What do I need to know?

- If CareCentrix denies a request for continued home health services because the services are not medically necessary, CareCentrix will produce and fax the NOMNC to the Provider.
- In all other cases, the Provider will continue to produce the NOMNC when required.
- The Provider will continue to be responsible for delivering and securing the signed and dated NOMNC in all cases.

#### What do I need to do?

- Provide the patient with the NOMNC at least two calendar days prior to discharge, or the second to the last day of service if home health care is not provided daily.
- Providers must use the CMS NOMNC form for all Florida Blue, Wellcare or BCBSM Medicare Advantage members.
  - *Please note, plan specific contact information should be added when completing the NOMNC form.*
- Providers can obtain a copy of the CMS NOMNC form and instructions on how to use the form on our HomeBridge® provider portal ([www.carecentrixportal.com](http://www.carecentrixportal.com)) under For Providers >>Resources and Forms >>Health Plan Forms.
- The patient or the patient's authorized representative must sign and date the NOMNC.
  - *If a patient (or patient representative) refuses to sign the NOMNC form, the provider should note the refusal, the date, and any other pertinent information directly on the NOMNC.*
- Fax the signed NOMNC to CareCentrix to one of the following:
  - Florida Blue – **(866) 778-0723**
  - BCBSM – **(866) 778-0723**
  - Wellcare – **(866) 229-1287**
  - *Fax each completed NOMNC to CareCentrix separately*
  - *Do not include discharge notes or other patient information*
- Retain the original NOMNC in the patient files.

**Thank you in advance for your cooperation and continued partnership.**