Purpose of this communication:

To remind network home health agencies that provide services to Florida Blue Medicare Advantage (BlueMedicare^{SM)} members about the Florida Blue Notice of Medicare Non-Coverage (NOMNC) form and how to use the Florida Blue form.

What do I need to know?

- Providers must use the Florida Blue NOMNC form for all Florida Blue Medicare Advantage members.
- Providers can obtain a copy of the Florida Blue NOMNC form and instructions on how to use the form on our Provider Portal: HomeBridge^{SM} (www.carecentrixportal.com) under **For Providers** >>**Resources and Forms** >>**Health Plan Forms**
- The Florida Blue Form provides prepopulated information to assist you in completing the form:
    - o The form contains bracketed reminders on how to complete each area;
    - o The regional Qualified Independent Organization (QIO) phone number is already populated; and
    - o The plan contact information for Florida Blue is listed on the form.

What else do I need to know?

- CareCentrix providers are required to fax every Medicare Advantage member's completed, signed and dated NOMNC form to CareCentrix's dedicated NOMNC fax line **866-778-0723**. This is required so that CareCentrix has access to provider NOMNC forms for both our own and health plan clients' NOMNC compliance audits. Access is also needed in connection with Medicare Advantage patient appeals of coverage denials.
- Remember to do the following:
    - Fax each NOMNC form separately;
    - Do not include discharge notes or other patient information;
    - If a patient (or patient representative) refuses to sign the NOMNC form, note the refusal, the date, and any other pertinent information directly on the NOMNC form and fax the unsigned NOMNC form to the fax number above; and
    - 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 Network Management representative.

EDRC #923