



Center for Beneficiary Choices/Health Plan Policy Group

Date: April 28, 2004

To: Medicare Advantage (MA) Organizations

From: Robert Donnelly, Director

Subject: Update: Standardized Notices and Updated Guidance Materials for the Fast-Track Appeals Process

This letter provides additional guidance for MA organizations in implementing the fast-track appeal procedures available to enrollees when coverage of their skilled nursing facility (SNF), home health agency (HHA), or comprehensive outpatient rehabilitation facility (CORF) services is about to end. The Office of Management and Budget (OMB) has formally approved the standardized notices associated with the fast-track appeals process (OMB Approval No. 0938-0910) through its Paperwork Reduction Act Process. Thus the attached Notice of Medicare Non-Coverage (NOMNC) and the Detailed Explanation of Non-Coverage (DENC) replace the model notices that were published on December 17, 2003 (the Important Medicare Message of Non-Coverage, and the Detailed Explanation of Non-Coverage). **Providers and MA organizations must begin using the OMB-approved notices beginning August 1, 2004.** Until that time, providers and MA organizations may use either the new notices or the previously approved model notices. This should enable providers and MA organizations enough time to transition to the newly standardized notices.

In response to public comment, and consistent with the Terms of Clearance of OMB's approval, CMS has made some minor revisions to the notices and corresponding form instructions. Users may not deviate from the standardized versions of the notices except to fill in (1) required factual information associated with the individual enrollee, such as the type of services and the effective date of the coverage termination; (2) the name and number of the applicable QIO; and (3) identifying information about the enrollee, provider, and MA organization, such as the phone number of the provider or MA organization, or the enrollee's name and member number. At their discretion, providers and MA organizations may use the open space at the top of the notice template to include this type of information. (This space is not limited to the insertion of a "logo.") Similarly, we have designated space on the second page of the NOMNC for users to convey, at their option, additional information related to the provider services ending.

The new notices and form instructions, as well as an updated set of frequently asked questions (FAQs), are attached for your convenience. All of these documents will appear on CMS' website at www.cms.hhs.gov/healthplans/appeals. Please note that, based on our experience with the process to date, we have revised our interpretation with respect to the applicability of the fast-track appeals process to situations involving the exhaustion of benefits. (See FAQ #3). Although enrollees retain the right to be informed about, and to appeal, terminations based on the exhaustion of Medicare benefits, MA organizations should use the Notice of Denial of Medical Coverage to convey this information, rather than the NOMNC. We believe that enrollees will be

better served through the MA organization's appeals process, given that quality improvement organizations do not normally conduct appeals related to exhaustion of benefits.

If MA organizations have any questions regarding this letter, please contact Michele Edmondson-Parrott, Director, Division of Appeals Policy, at (410) 786-6478, or Chris Gayhead of her staff, at (410) 786-6429. Please contact your Regional Office Plan Managers for general operational issues associated with implementing the fast-track appeals process.

Attachments:

NOMNC and Form Instructions

DENC and Form Instructions

FAQs