

ATRIO Health Plans

Notice of Medicare Non-Coverage (NOMNC) checklist for **Skilled Nursing Facilities (SNF)**

Use this checklist to ensure you thoroughly and accurately complete the NOMNC form. A NOMNC must be issued a minimum of 2 days prior to the last day the patient is anticipated to be at SNF level of care. NOMNCs can be issued earlier to accommodate a weekend or to provide a longer transition period. With respect to weekends, although Quality Improvement Organizations (QIO) are open, ATRIO is closed.

Providers should try to deliver the ATRIO NOMNC form early enough in the week to minimize the possibility of extended liability for weekend services.

Completing the NOMNC form
☐ The last day of covered SNF level care is identified and discussed with the patient and family or authorized representative.
□ SNF selects the ATRIO SNF NOMNC form.
Verify that the form includes the following elements:
□ The type of service to be terminated (Skilled Nursing Services, Home Health Services or Comprehensive Outpatient Rehabilitation Services) is listed in the two fields referring to termination of services, in the first and second sections of the form. (These fields are identified by the instruction "Insert Type.")
☐ Accurate ATRIO contact information
☐ Correct QIO information
\Box The delivering provider's name, address and telephone number is entered above the title of the form.
\Box The patient name and the ATRIO member number are entered in the top section of the form. If the ATRIO member number is not available, the facility medical record number can be used. Do not use the patient's Medicare number.
☐ The last covered day is entered on the form. The signature date must be two days prior to last covered day
☐ The patient or authorized representative signs the NOMNC form on page 2. If the patient is unable to sign, and the SNF is working with an authorized representative who is unable to be present at the facility that day, the SNF may issue the NOMNC by telephone. For a telephonic notice to be validated the documentation on the NOMNC must include all of the following:
\square The name of the staff person initiating the contact
\square The name of the representative contacted by phone
$\hfill\Box$ The date and time of the telephone contact

	☐ The telephone number called
	\square A notation that full appeal rights were given to the representative
	The date of the properly documented telephone conversation is the date of the receipt of the notice. The facility must confirm the telephone contact by sending written notice to the authorized representative on that same date.
□ Cc	opies of the completed NOMNC are:
1	Given to the nations or the authorized representative who signed the NOMNC

- Given to the patient or the authorized representative who signed the NOMNC
- 2. Placed in the patient's medical record at the SNF
- 3. Faxed to ATRIO Nurse reviewer as soon as possible after the form is signed

Contact your provider relations representative or ATRIO Provider Customer Service (1-855-204-2964) if you have additional questions.

Discharge and appeals

- The patient may choose to discharge sooner than the designated day. In this case, the NOMNC must still be signed, and a note should be added detailing the circumstances of the early discharge.
- If the patient chooses to appeal, he or she must contact the QIO to request a review no later than noon on the day before services are to end. The QIO appeal decision will generally be completed within 48 hours of the patient's request for a review.
- If the member waits until after 12 noon the day before services are to end, follow the ATRIO Health plan contact information (1-877-672-8620) for the appeal process.
- If the patient appeals, the SNF should be prepared to provide documentation to ATRIO quickly to assist the review process.

Skilled Nursing Facility sample scenario:

On October 25th, Jane Doe is admitted to a SNF after surgery. On November 2nd, ATRIO contacts the SNF to deliver an ATRIO NOMNC form to Ms. Doe indicating her last approved day will be November 4th, with discharge to a lower level of care on November 5th.

Date	Member agrees with discharge	Member disagrees with discharge	Steps
October 25th	Jane Doe is admitted to SNF	Jane Doe is admitted to SNF	
November 2 nd	NOMNC Distribution Date Jane Doe receives advance notice that November 4th will be the last SNF day paid by ATRIO.	NOMNC Distribution Date Jane Doe receives advance notice that November 4th will be the last SNF day paid by ATRIO.	 SNF delivers ATRIO NOMNC form Member or authorized representative signs Copies to member, medical record and ATRIO (by fax)
November 3rd	Jane continues to receive SNF-level services	Jane files an appeal with the QIO by noon and continues to	QIO notifies ATRIO to provide medical information and detailed notice to the QIO by end of day.

		receive SNF-level services	SNF may be asked to provide copy of the signed NOMNC and medical records.
November 4th	Last Authorized Day Jane continues to receive SNF-level services	Last Authorized Day Jane continues to receive SNF-level services and should receive QIO decision by end of day	QIO can overturn, uphold or determine a new discharge date and will notify the member of its decision by end of day.
November 5th	Jane discharges to lower level of care as planned	If QIO upholds NOMNC, member is liable for cost of care starting today. If QIO overturns NOMNC or determines a new discharge date, ATRIO is liable for cost of care today.	QIO informs ATRIO of its decision. ATRIO contacts SNF to extend the authorization if NOMNC is overturned or new discharge date was determined.