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Medicare Skilled Nursing Facility Appeals: **NOMNC Completion and Delivery Checklist**

This checklist is designed to help staff complete, deliver, explain, and document the Notice of Medicare Non-Coverage (NOMNC). It provides a quick reference for required timelines, delivery steps, documentation requirements, and common issues that may affect the validity of the form.

1. When the NOMNC Must be Issued ☐

- Issue the NOMNC at least 2 calendar days before Medicare-covered skilled services end (based on calendar days, not 48 hours). For example, if services end on Friday, the NOMNC generally must be issued by Wednesday.
- If care is not daily, give notice on the second-to-last day of service.
- Do not issue the NOMNC too early in the stay, as the individual may not remember or understand the information later.

2. Who Should Receive the NOMNC ☐

- Deliver the NOMNC to the beneficiary (patient) if they can understand the notice.

  If the beneficiary has cognitive impairment or cannot understand the notice, deliver it to the representative. A representative is anyone who can act on behalf of the beneficiary, including a family member or friend.

This handout is part of Acentra Health's **Skilled Nursing Facility Appeals Education Toolkit**. Find related training videos and printable handouts at www.acentraqio.com/providers/snf-appeals-toolkit.

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3. NOMNC Completion and Delivery Steps ☐

- Complete all required fields accurately.
- Verify the effective date all Medicare-covered skilled services are ending.
- Deliver the NOMNC within the required time frame.
- Explain the notice and appeal rights clearly to the beneficiary or representative.
- Use simple language and avoid Medicare or clinical jargon.
- Encourage questions and confirm understanding throughout the conversation.
- Ensure the beneficiary or representative understands:
  - When coverage is ending
  - Appeal rights
  - What happens next (after discharge)

4. Required Documentation ☐

- Date and time the NOMNC was delivered.
- Name of beneficiary or representative receiving the notice.
- Signature of beneficiary or representative.
- Name/title of staff member delivering the notice.
- Method of delivery (in person or telephone).
- Documentation that the notice and appeal rights were explained.

5. Telephonic Delivery Requirements ☐

If the NOMNC is delivered by telephone, document all required information:

- Beneficiary name
- Representative name and phone number, if applicable
- Date and time of notice
- Name/title of person providing the notice

5. Telephonic Delivery Requirements ☐

- Effective date coverage is ending
- Financial liability date
- BFCC-QIO contact information
- Appeal deadline

6. If the Beneficiary Refuses to Sign ☐

- Document that the beneficiary refused to sign.
- Document the date and time of refusal.
- Document that the notice was still explained and delivered.
- Document who was present during the discussion, if applicable.

7. Common Mistakes to Avoid

- Incorrect timing: Not issued at least 2 days before coverage ends or issued too early/at the wrong time.
- Issuing the NOMNC while any Medicare-covered skilled services are continuing.
- Incomplete, incorrect, or missing information on the form.
- Delivering the notice to the wrong person.
- Failing to explain the notice and appeal rights.
- Missing or incomplete documentation of delivery.

An invalid NOMNC may prevent the appeal from moving forward for clinical review. When this occurs, the facility may need to issue a new NOMNC with a new effective date, potentially delaying discharge and creating additional administrative work.

Provider Resources

- **Check appeal status online** on Acentra Health's website, 24/7: www.acentraqio.com/casestatus
- **News and updates regarding appeals** on Acentra Health's website: www.acentraqio.com/providers/appeals
- **Contact Acentra Health:** www.acentraqio.com/contact
- **Keep your facility's contact information updated with Acentra Health.** Providing the most current information means that you will receive *timely* communications from Acentra Health without unnecessary delays: https://acentraqio.com/providers/updatecontactinfo/
- **Access training and educational materials:** www.acentraqio.com/providers
- **Sign up for our newsletter:** https://www.acentraqio.com/newsletters
  You will receive newsletters and special bulletins with the latest information and updates from Acentra Health and organizations, such as the Centers for Medicare & Medicaid Services (CMS).
- Visit www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-ma-nomnc-denc.

  You'll find:

  - Current versions of the NOMNC form.
  - Full instructions for the Original Medicare, also known as Fee for Service (FFS), expedited determination process are available in Section 260, Chapter 30 of the CMS Claims Processing Manual.
  - Full instructions for the Medicare health plan expedited determination process, also known as the Medicare Advantage (MA) fast track appeals process, are available in the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, in Section 100.