

**Crosswalk Document for Changes to CMS-10095
Notice of Medicare Non-Coverage and Detailed Explanation of Non-Coverage
Submitted for Collection March 2010**

Summary of Changes to CMS-10095

Skilled nursing facilities (SNF), home health agencies (HHA), and comprehensive outpatient rehabilitation facilities (CORF) providers must deliver written notice to Medicare enrollees no later than two days in advance of the proposed termination of Medicare-covered services. Advance notice is provided to an enrollee through the Notice of Medicare Non-Coverage (NOMNC). If the enrollee submits a timely appeal of the termination decision to a Quality Improvement Organization (QIO), the plan must send a detailed notice to the QIO and the enrollee describing the reasons Medicare services should end. This detailed explanation is provided to the enrollee using the Detailed Explanation of Non-Coverage (DENC). These notice requirements meet the regulatory requirements set forth at 42 CFR 422.624(b) and 422.626(e)(1)-(5). The purpose of the NOMNC and DENC is to help Medicare enrollees decide the rationale for terminating Medicare-covered services and whether and how to pursue an appeal.

We made both non-substantive and material changes to the packages for consistency with other related Medicare appeals notices and/or to clarify existing requirements. These changes to the notices are not expected to affect the amount of time required to prepare an individual notice.

Non-substantive changes to the forms and instructions:

- This package incorporates minor formatting revisions to comply with section 508 accessibility requirements.
- The package also incorporates minor formatting revisions to improve clarity and readability and for consistency with other related Medicare notices.
- To minimize the length of this form, we moved the PRA disclosure language from the notices to the form instructions. Accordingly, we also removed language from the instructions requiring the PRA disclosure statement to be displayed on the form.

Substantive changes to the forms and instructions:

The following changes are intended to clarify existing regulatory requirements (42 CFR 422.624(b) and 422.626(e)(1)-(5)) and are based on our experience with the QIO appeals process and our discussions with QIO and CMS staff.

- In the header of the NOMNC and DENC, the reference to “logo” was removed. In the form instructions we clarify that providers/plans may, but are not required to, use their registered logos above the title of the form.
- Also, in the NOMNC header, we removed the option to include plan information above the title of the form. Instead, the provider contact information will appear

above the title of the form and plan information will be included on the form under a new “Plan Contact Information” section.

- To minimize the burden on staff completing the NOMNC, and because staff are already required to insert the type of service and effective date earlier on this form, we removed the “{insert type}” fill-in requirement from the second bullet of the form).
- In the DENC form instructions, we removed language referencing the inclusion of plan contact information on the DENC. This directive is included in the NOMNC form instructions, and was erroneously repeated in the DENC instructions.
- References to CMS FAQs in the form instructions were removed because the FAQs have been incorporated in guidance and are no longer maintained as a list of separate FAQs.