

**Crosswalk Document for Changes to CMS-10123-24
Notice of Medicare Non-Coverage and Detailed Explanation of Non-Coverage
Submitted for Collection March 2011**

Summary of Changes to CMS-10123-24

Skilled nursing facilities (SNF), home health agencies (HHA), comprehensive outpatient rehabilitation facilities (CORF) providers, and hospices 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 beneficiary/enrollee submits a timely appeal of the termination decision to a Quality Improvement Organization (QIO), the provider/plan must send a detailed notice to the QIO and the beneficiary/enrollee describing the reasons Medicare services should end. This detailed explanation is provided to the beneficiary/enrollee using the Detailed Explanation of Non-Coverage (DENC). These notice requirements meet the regulatory requirements set forth at 42 CFR 405.1200(b) and 405.1202(f) for Original Medicare (OM) and 42 CFR 422.624(b) and 422.626(e) for Medicare Advantage (MA). The purpose of the NOMNC and DENC is to help Medicare beneficiaries/enrollees decide the rationale for terminating Medicare-covered services and whether and how to pursue an appeal.

We made material changes so that the new package now encompasses both OM and MA. Previously, these programs used separate but similar notices and were approved through separate collection packages. These changes to the notices are not expected to affect the amount of time required to prepare an individual notice. In addition, we adjusted our calculations for MA burden to be consistent with our longstanding approach to OM calculations. Lastly, we included SNFs in our estimates for OM (exempt from PRA) in order to be consistent with our MA calculations.

Non-substantive changes to the forms and instructions:

- The form instructions and supporting statement contain formatting and wording changes to support document clarity.

Substantive changes to the forms and instructions:

- The forms now include references to QIO decisions and late request contact information for both programs to allow the use of the forms for both OM and MA service terminations.
- The forms and instructions now include references to both 'beneficiaries' and 'enrollees' to account for their use with both OM and MA.
- The inclusion of SNFs in our calculations for OM increases the burden estimate by 338,494 hours. SNFs in OM have been required to deliver the NOMNC since the inception of the notice requirement but this was not included in previous OMB collections.
- We applied our OM burden calculations for the NOMNC to the MA program and this raised our estimates for MA NOMNCs by 195,587 hours.