

2011 (old version)	2014 (new version)	Type of Change	Reason for Change
<p>A Medicare provider/health plan (“plan”) must provide a completed copy of this notice to beneficiaries/enrollees receiving skilled nursing, home health, comprehensive outpatient rehabilitation facility , and hospice services upon notice from the Quality Improvement Organization (QIO) <u>that the beneficiary/enrollee has appealed the termination of</u></p> <p>Do not use the DENC if coverage is being terminated for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• Because the Medicare benefit is exhausted;</li> <li>• For denial of Medicare admission to a skilled nursing facility or comprehensive outpatient rehabilitation facility or <u>denial of Medicare home health services:</u></li> </ul>	<p>A Medicare provider or health plan (Medicare Advantage plans and cost plans, collectively referred to as “plans”) must deliver a completed copy of this notice to beneficiaries/enrollees receiving covered skilled nursing, home health, comprehensive outpatient rehabilitation facility, and hospice services</p> <p>Removed</p>	Rev	Improve precision and clarity of instructions.
<p>New Language for 2014</p>	<p>Alterations to the DENC</p> <p>Providers may include their business logo and contact information on the top of the DENC. Text may not be moved to a second page to accommodate large logos, address headers, etc.</p>	Rev	Improve precision and clarity of instructions.
<p>The name, address and telephone number of the provider or plan that actually delivers the notice must appear above the title of the form.</p>	<p>The name, address and telephone number of the provider or plan that delivers the notice must appear above the title of the form.</p>	Rev	Improve precision and clarity of instructions.
<p>Date: Fill in the date the notice is generated by the plan.</p>	<p>Date: Fill in the date the notice is generated by the provider or plan.</p>	Rev	Improve precision and clarity of instructions.
<p>Patient Name: Fill in the beneficiary/enrollee first and last name.</p>	<p>Patient Name: Fill in the beneficiary’s/enrollee’s first and last name.</p>	Rev	Improve precision and clarity of instructions.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Member number: Fill in the beneficiary/enrollee medical record or identification number. Note that the HIC number must not be used.

Member number: Fill in the beneficiary's/enrollee's medical record or identification number. The beneficiary's/enrollee's HIC number must not be used.

The detailed explanation of why your services are no longer covered under your plan:

The detailed explanation of why the services are no longer covered.

The plan policy, provision, or rationale used in the decision if the notice is delivered to a health plan enrollee: Fill in the reasons services are either no longer reasonable or necessary for the enrollee or are no longer covered according to the plan's policy guidelines. Describe how the enrollee does not meet these guidelines. If the plan relied on the provider/plan should provide a telephone number for beneficiaries/enrollees to get a copy of the relevant documents sent to the QIO.

(Plans only) The plan policy, provision, or rationale used in the decision if the notice is delivered to a health plan enrollee: Fill in the reasons services are no longer covered according to the plan's policy guidelines, if applicable. Describe how the enrollee does not meet these guidelines. If the plan relied on the provider/plan should provide a telephone number for beneficiaries/enrollees to get a copy of the relevant documents sent to the QIO.

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<b>Burden Change</b>
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