

The NOMNC letter is a Centers for Medicare and Medicaid Services (CMS) approved form that a provider must deliver to a Medicare Advantage patient receiving covered skilled services, such as home health, in certain situations when services are terminating.

- The NOMNC notifies a Medicare member, in writing, that the member's Medicare health plan and/or provider have decided to terminate the member's covered Home Health Agency (HHA), Skilled Nursing Facility (SNF), or Comprehensive Outpatient Rehabilitation Facility (CORF) care and, as a result of the termination of services, the member has appeal rights.
- When a Medicare Advantage patient receiving Medicare-covered services is discharged from one of these services a provider must issue a NOMNC. The NOMNC must be delivered to a patient at least two (2) calendar days before Medicare covered services end OR the second to last day of service if care is not being provided daily.
- A provider must timely deliver a NOMNC letter unless a NOMNC exception applies.
- A provider must follow the NOMNC instructions and fully complete the form.
- A provider should, at no cost, fulfill a patient's special accommodation request including providing a NOMNC in large print and an alternate language when the patient resides in a Medicare service area that meets CMS' criteria which is a 5% foreign language threshold.

Providers are NOT required to deliver a NOMNC letter in these instances:

- When a patient never received Medicare covered care in one of the covered settings.
- When services are being reduced (i.e. a HHA providing physical therapy and occupational therapy discontinues the occupational therapy).
- When a patient is moving to a higher level of care (i.e. home health care ends because a patient is admitted to a Skilled Nursing Facility (SNF)).
- When a patient has exhausted his/her benefit.
- When a patient ends care on his/her own initiative (i.e. patient decides to revoke the home health benefit and return to standard Medicare coverage).
- When a patient transfers to another provider at the same level of care.
- When a provider discontinues care for business reasons (i.e. HHA refuses to continue care at a home with a dangerous animal or because the patient was receiving physical therapy and the provider's physical therapist leaves the HHA for another job).