

[ Insert Logo Here ]

## NOTICE OF MEDICARE NON-COVERAGE

THE EFFECTIVE DATE YOUR *{INSERT TYPE}* SERVICES WILL END:  
*{insert effective date}*

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- Your Medicare+Choice (M+C) plan believes that you will no longer have Medicare coverage of these services after the effective date of this notice. You may have to pay for any *{insert type}* services you receive after that date.
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### YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal) of the decision to end coverage of these services while your services continue.
  - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer will also look at your medical records or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
  - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this form only after you request an appeal.
  - If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date, neither Medicare nor your M+C plan will pay for these services after that date.
  - If you stop services no later than the effective date indicated on this form, you will avoid financial liability.
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### HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date of this notice.
- The QIO will notify you of its decision as soon as possible, generally by no later than the effective date of this notice.
- **Call your QIO at: \_\_\_\_\_ at (insert telephone No.) to appeal, or if you have questions.**

See the back of this form for more information.

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**OTHER APPEAL RIGHTS:**

- If you miss the deadline for requesting an immediate appeal with the QIO, you still may request an expedited appeal from your M+C plan.
- Contact your M+C plan or 1-800-MEDICARE (1-800-633-4227), or TTY/TDD: 1-877-486-2048 for more information about the M+C appeals process.

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Please sign below to indicate that you have received this notice.

I have been notified that Medicare coverage of my services will end on the effective date of this notice and that I may appeal this decision by contacting my QIO.

\_\_\_\_\_  
**Signature of Patient or Authorized Representative**

\_\_\_\_\_  
**Date**

**FORM INSTRUCTIONS**  
**Notice of Medicare Non-Coverage**  
**“The Advance Notice”**  
**CMS-10095-A**

A Medicare+Choice (M+C) provider must give an advance, completed copy of this notice to enrollees receiving skilled nursing, home health or comprehensive outpatient rehabilitation facility services not later than two days before the termination of services. This notice fulfills the requirement at 42 CFR 422.624(b)(2).

This is a standard notice. M+C providers should not deviate from the content of the form except where indicated. (You may **modify the form** for mass printing to indicate the kind of service being terminated if only one type of service is provided, i.e., skilled nursing, home health, or comprehensive outpatient rehabilitation facility.) In situations where the termination decision is not delegated to the provider, the M+C organization must provide the termination of services date to the provider not later than two days prior to the termination of services for timely delivery to occur.

M+C organizations and providers will note that the notice must be validly delivered. Valid delivery means that the enrollee must be able to understand the purpose and contents of the notice in order to sign for receipt of it. The enrollee must be able to understand that he or she may appeal the termination decision. If the enrollee is not able to comprehend the contents of the notice, it must be delivered to and signed by an authorized representative. Valid delivery does not preclude the use of assistive devices, witnesses, or interpreters for notice delivery. Thus, if an enrollee is not able to physically sign the notice to indicate receipt, then delivery may be proven valid by other means.

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**Notice Delivery to Incompetent Enrollees in an Institutionalized Setting**

CMS requires that notification of changes in coverage for an institutionalized enrollee who is not competent be made to an authorized representative acting on behalf of the enrollee. Notification to the authorized representative may be problematic because that person may not be available in person to acknowledge receipt of the required notification. M+C organizations are required to develop procedures to use when the enrollee is incapable or incompetent, and the M+C organization cannot obtain the signature of the enrollee’s representative through direct personal contact. If the M+C organization is unable to personally deliver a notice of noncoverage to a person acting on behalf of an enrollee, then the M+C organization should telephone the representative to advise him or her when the enrollee’s services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date. When direct phone contact cannot be made, send the notice to the representative by certified mail, return receipt requested. The date that someone at the representative’s address signs (or refuses to sign) the receipt is the date of receipt. Place a dated copy of the notice in the enrollee’s medical file. When notices are returned by the post office, with no indication of a refusal date, then the enrollee’s liability starts on the second working day after the M+C organization’s mailing date.

## INSTRUCTIONS FOR CMS-10095-A PAGE 1:

### Heading

**Logo: Not required.** M+C organizations and/or providers may elect to place their logo or letterhead in this space.

Name and Address of the M+C organization and/or provider must be immediately under the logo, if not incorporated into the logo. If no logo is used, the name and address and telephone number of the M+C organization and/or provider must appear above the title of the form.

**THE EFFECTIVE DATE YOUR {INSERT TYPE} SERVICES WILL END: {Insert Effective Date}:** Fill in the type of services ending, {home health, skilled nursing, or comprehensive outpatient rehabilitation services} and the actual date the service will end. Note that the date should be in no less than 12-point type.

### YOUR RIGHT TO APPEAL THIS DECISION

- Bullet # 1** N/A
- Bullet # 2** N/A
- Bullet # 3** N/A
- Bullet # 4** N/A
- Bullet # 5** N/A

Deleted: ¶

### HOW TO ASK FOR AN IMMEDIATE APPEAL

- Bullet # 1** N/A
- Bullet # 2** N/A
- Bullet # 3** N/A
- Bullet # 4** Insert the name and telephone numbers (including TTY/TDD) of the applicable QIO in no less than 12-point type.

## INSTRUCTIONS FOR CMS-10095-A PAGE 2 - Signature page:

**Signature line:** The enrollee or the authorized representative must sign this line.

**Date:** The enrollee or the authorized representative must fill in the date that he or she signs the document. If the document is delivered, but the enrollee or the authorized representative refuses to sign on the delivery date, then annotate the case file to indicate the date that the form was delivered.

### Optional:

**Member ID number:** Plans and providers may fill in the enrollee's HIC number or add a unique medical record number.

### DISCLOSURE:

According to the Paperwork Reduction Act of 1995, no one is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to distribute this information

collection once it has been completed is 5 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard N2-14-26, Baltimore, MD 21244-1850.