



NETWORK *Notification*

Notice Date: January 1, 2025
To: Michigan Medicaid-Medicare Plan Providers
From: HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)
Subject: CMS Notice of Medicare Non-Coverage (NOMNC) Model Documents
Updates for Medicare Advantage Enrollees
Effective Date: January 1, 2025

Summary

The Centers for Medicare and Medicaid Services (CMS) has made changes to the Notice of Medicare Non-Coverage (NOMNC) letter for Medicare Advantage enrollees. Effective January 1, 2025, the updated NOMNC letter must be used to notify HAP CareSource MI Health Link (Medicare-Medicaid Plan) members of the decision to end Medicare-covered skilled nursing facility (SNF), home health care (HHC), or comprehensive outpatient rehabilitation facility (CORF) services and provide information about fast-track appeal rights.

Impact and Importance

As a provider, you are responsible to deliver the NOMNC to a HAP CareSource MI Health Link member two days prior to the termination of Medicare-covered SNF, HHC or CORF services.

The NOMNC has been modified to reflect updated regulations that allows Medicare Advantage enrollees additional fast-track appeal rights through the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) when:

- An untimely appeal is requested, or
- A member wishes to appeal after they end services on or before the planned termination date.

Beginning January 1, 2025, when the provider initiates the termination of Medicare-covered services, the updated NOMNC letter must be used to provide notice to the member. For determinations to terminate Medicare-covered services that are initiated by HAP CareSource MI Health Link, we will provide the NOMNC letter to the provider for delivery to the member.

Questions?

Contact Provider Services at **1-833-230-2159**, available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET) or refer to the [CMS Notice Instructions for the Notice of Medicare Non-Coverage](#) document for additional information.

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