



Notice of Medicare Non-Coverage (NOMNC)

Molina is providing you with this NOMNC as a courtesy. Your organization has been delegated responsibility per the Centers of Medicare & Medicaid Services (CMS) to issue the NOMNC to the beneficiary.

Note: This cover page is for provider informational use only and is NOT intended to be presented to the member or QIO along with the completed two-page NOMNC form below.

When to Deliver the NOMNC

A Medicare provider or health plan (Medicare Advantage plans and cost plans, collectively referred to as “plans”) must deliver a completed copy of the Notice of Medicare Non-Coverage (NOMNC) to beneficiaries/enrollees receiving covered skilled nursing, home health (including psychiatric home health), comprehensive outpatient rehabilitation facility, and hospice services.

The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily.

Note: the two day advance requirement is not a 48 hour requirement.

Actions to take:

1. Deliver the NOMNC to the beneficiary (member) and receive a valid signature that is dated at least two calendar days before the the date “Services Will End”, as noted on the NOMNC form.
2. Fax the valid signed NOMNC to Molina of Ohio at (877) 708-2116 as soon as possible (within 48 hours).
3. 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 indicated on the NOMNC. Immediate appeals will be processed by the QIO Livanta at (888) 524-9900, TTY:(888) 985-8775
 - a. If requesting an immediate appeal through the QIO: *All medical records requested by the QIO (a list will be sent from the QIO requesting specific records) must be faxed in with a copy of the signed, valid NOMNC. A copy of the signed, valid NOMNC must also be faxed to Molina of Ohio at (877) 708-2116.*
4. If you miss the deadline to request an immediate appeal, please refer to the NOMNC for instructions on how to file an appeal through Molina Healthcare. You may contact Molina Appeals by phone at (877) 902-1203 (TTY 711).
 - a. If requesting an appeal through Molina Healthcare, fax the signed, valid NOMNC to Molina Appeals at (562) 499-0610 AND to Molina of Ohio at (877) 708-2116

Thank you,
Molina Healthcare of Ohio

Notice of Medicare Non-Coverage

Patient name: _____ **Patient number:** _____

The Effective Date Coverage of Your Current Services Will End:

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current _____ services after the effective date indicated above.
 - You may have to pay for any services you receive after the above 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 Medicare coverage of these services. Your services will continue during the appeal.
 - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/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 detailed notice only after you request an appeal.
 - If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
 - Neither Medicare nor your plan will pay for these services after that date.
 - If you stop services no later than the effective date indicated above, 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 indicated above.

See page 2 of this notice for more information.



- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: [OH], Livanta BFCC-QIO Program, 10820 Guilford Road, Suite 202, Annapolis Junction, MD 20701; (888) 524-9900, TTY: (888) 985-8775 to appeal, or if you have questions.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 2.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Molina Healthcare
 Attention: Grievance and Appeals
 P.O. Box 22816
 Long Beach, CA 90801-9977
 Phone: (877) 902-1203 (TTY: 711), 7 days a week, 8 am to 8 pm, local time.
 Fax: (562) 499-0610

Please sign below to indicate you received and understood this notice.

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

 Signature of Patient or Representative

 Date

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.



Your Extended Family.



Non-Discrimination Notification Molina MyCare Ohio Medicaid

Molina Healthcare of Ohio (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - o Skilled sign language interpreters
 - o Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - o Skilled interpreters
 - o Written material translated in your language

If you need these services, contact Molina Member Services at (855) 687-7862; TTY 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (888) 295-4761.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

Your Extended Family

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7862 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7862 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-687-7862 (TTY: 711)。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7862 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7862 (رقم هاتف الصم والبكم: YTT: 117).
Pennsylvanian Dutch	Wann du Deitsch Pennsylvania German schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-687-7862 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7862 (телетайп: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7862 (TTY : 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-687-7862 (TTY: 711).
Cushite	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-687-7862 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7862 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7862 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-687-7862 (TTY: 711) まで、お電話にてご連絡ください。
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-687-7862 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-687-7862 (телетайп: 711).
Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-687-7862 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको ननमत्तत भाषा सहायता सेवाहरु ननिःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-687-7862 (दिदिवाई: 711) ।
Somali	FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-687-7862 (TTY: 711).