

Your Right to a Review When Issued a Notice of Medicare Non-Coverage



If a beneficiary is in a skilled nursing facility (SNF), receiving home health care, services from a comprehensive outpatient rehabilitation facility (CORF), or hospice, he/she or his/her legal representative will receive a notice from the provider informing the beneficiary of the decision to terminate services. If the beneficiary or representative disagrees with this decision, the beneficiary or representative may call the New Mexico Medical Review Association (NMMRA) and request a review.

What does this notice mean?

This notice informs you of the intended discharge from skilled nursing care, home health services, CORF services or hospice care. This notice does not mean you will no longer receive Medicare benefits or will not receive these services again at another time.

Who can request an appeal?

You or your legal representative are the only persons who can request an expedited appeal.

When should an appeal be requested?

The Centers for Medicare & Medicaid Services (CMS) has determined that you or your legal representative have until 12 Noon the day before the intended day of discharge to request an expedited appeal.

What happens if a call is made after the 12 Noon deadline?

If you are part of a Medicare Advantage (MA) organization, you or your representative will be referred to your MA organization's membership services where a request for reconsideration can be made. If you are part of original Medicare, NMMRA will accept the request, however, the appeal will no longer be processed as an expedited appeal.

If NMMRA agrees with the notice and determines you are medically stable for discharge and the appeal process takes longer than the day of discharge, you can be financially responsible for services that are received after the intended discharge date. If NMMRA disagrees with the notice, Medicare will pay for continued services.

An appeal may be made from 8:30 a.m. to 4:30 p.m., seven days a week, including holidays.

For more information regarding expedited appeals, please call **1-800-MEDICARE (1-800-633-4227)**.



The Medicare Quality Improvement Organization for New Mexico.