Ideal Home Health
187A High Street, Holyoke, MA 01040
Tel: 413-322-8614 | Fax: 413-875-6009
Office Hours: Mon–Fri, 9AM–4PM | 24-Hour On-Call: 413-322-8614

Notice of Medicare Non-Coverage (NOMNC) — Guide

What to do if you receive a notice that your Medicare home health services are ending

What Is the NOMNC?

The Notice of Medicare Non-Coverage (CMS Form CMS-10123) is a standard federal form that Ideal Home Health is required to give you when your Medicare-covered home health services are scheduled to end. It tells you the date your covered services will stop and explains your right to ask for a fast, independent review of that decision before it takes effect.

This is not a bill and it does not mean something went wrong. Most patients receive a NOMNC simply because their plan of care has reached its planned goals or their physician has determined skilled home health is no longer medically necessary.

When You'll Receive It

- You will be given the NOMNC at least 2 calendar days before your covered services end — or, if you received fewer than 2 days of services, before your last covered visit.
- A member of your care team will review the notice with you and ask you to sign to confirm you received and understood it. Signing only confirms delivery — it is not an agreement that you accept the decision.
- If you are unable to understand or sign the notice yourself, it will be delivered to your representative.

Your Right to an Immediate Appeal

If you disagree with the decision to end services, you have the right to a fast, independent review by Massachusetts' Medicare quality review organization, at no cost to you, before your services end.

1. Call your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) by no later than noon of the day before your services are scheduled to end. For Massachusetts, this is Acentra Health.
2. Acentra Health will ask Ideal Home Health for a Detailed Explanation of Non-Coverage (DENC), which explains the specific reasons your services are ending and the Medicare rules that apply.
3. An independent reviewer — not anyone from Ideal Home Health or Medicare — will examine your case, generally within 72 hours, and notify you of the decision.
4. Your covered services continue during the review. If the reviewer agrees with you, coverage continues; if not, you may still be responsible for services received after the original end date.

If you miss the deadline for an expedited appeal, you may still have other Medicare appeal rights — ask your care team or call 1-800-MEDICARE for guidance on next steps.

Who to Contact

Ideal Home Health — Questions about your plan of care	413-322-8614	24/7 for clinical concerns
Acentra Health — Massachusetts BFCC-QIO (fast appeals)	1-888-319-8452	TTY 711	acentraqio.com
Medicare (CMS)	1-800-MEDICARE (1-800-633-4227)	TTY 1-877-486-2048

SHINE Program — free MA Medicare counseling	1-800-243-4636 | SHINE@mass.gov

Where to Find the Official Notice

The NOMNC itself is a standardized notice set by CMS — the exact wording cannot be modified by Ideal Home Health or any provider. You can view the official form and instructions directly from CMS at cms.gov/medicare/appeals-grievances/managed-care/notices-forms, or ask your care coordinator for a copy specific to your case.

This guide explains the NOMNC process; it is not the notice itself. Per 42 CFR §405.1200-1204 and CMS Form CMS-10123.