Important Reminder: Florida Blue, as a Medicare Advantage plan with four contracts with the Centers for Medicare & Medicaid Services (CMS), would like to remind you that the Notice of Medicare Non-Coverage (NOMNC) form must be delivered to Medicare Advantage BlueMedicare members receiving covered skilled nursing, home health (including psychiatric home health), comprehensive rehabilitation facility and hospice services. As a contracted provider with Florida Blue and/or Florida Blue HMO (Health Options, Inc.), you are responsible for ensuring an NOMNC form is delivered to impacted members at least two (2) calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily.

It is important to make sure that a Medicare Advantage member or their appointed representative signs and dates an NOMNC form, when applicable, to demonstrate the member received the notice and understands an end to care for covered services in one of the settings listed above can be disputed through the appeals process.

Providers should not deliver an NOMNC form when:
- Medicare-covered care in one of the covered settings listed above was never received
- Service is reduced
- A higher level of care applies
- Benefits are exhausted
- An end to care is initiated by the member
- A member transfers to another provider at the same level of care
- Care is discontinued for business reasons by the provider

Please ensure that you use a current version of the NOMNC form (currently CMS-10123). Florida Blue may elect to conduct random audits of providers to make sure NOMNC forms are delivered in accordance with CMS requirements as part of the company’s delegation oversight process.

To stay up-to date with the latest rules, regulations and form versions for the NOMNC form, please visit the CMS website at www.cms.gov.