

In this document

The NOMNC form	1
Prepare to issue the NOMNC	2
Complete the NOMNC	2
What to do with the completed NOMNC form	5
What else to do before discharging the member	5
What's required if the member chooses to discharge before the designated day	6
What happens if a member appeals the decision to end care	6
The DENC form	6
Complete the DENC	7
How a member can request a copy of the criteria used to make the decision to end services	7
Additional information	8

This document contains information about completing the following forms for skilled nursing facilities, or SNFs, when the prior authorization for the stay is managed by WellSky[®]:

- *Notice of Medicare Non-Coverage*, or *NOMNC*
- *Detailed Explanation of Non-Coverage*, or *DENC*

Note: For SNF stays that started before Jan. 5, 2026, see the document titled [Post-acute care: NOMNC and DENC forms -- Guidance and instructions when the prior authorization is managed by Blue Cross or BCN](#).

The NOMNC form

Centers for Medicare & Medicaid Services requires that the *NOMNC* be delivered to members at least two days before the last covered service date. The *NOMNC* can be issued earlier to accommodate a weekend or to provide a longer transition period. Deliver the *NOMNC* as early in the week as possible to minimize the possibility of extended liability for weekend services.

The process to deliver the *NOMNC* varies depending on who makes the decision to end care:

Decision made by	Process
WellSky	WellSky will complete the <i>NOMNC</i> and provide it to the skilled nursing facility to deliver to the member.
The health care provider	The healthcare provider must complete the <i>NOMNC</i> and deliver it to the member.



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
is managed by WellSky

For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

Per [CMS 100-04 Chapter 30](#) section 260.3.6:*

- If the facility or health care provider fails to deliver the *NOMNC* to the member, the provider may be held financially liable for continued services until two days after the member receives a valid notice or until the effective date of the valid notice, whichever is later.
- Providers may not balance bill members for these services.

Prepare to issue the NOMNC

When preparing to end services:

1. Identify the last day of covered service and discuss it with the patient, family or authorized representative.
2. Do one of the following:
 - a. **If WellSky is completing the *NOMNC*:** After receiving the *NOMNC* and the *Skilled Nursing Facility NOMNC Checklist* from WellSky, review the checklist to confirm that the form was completed correctly.
Note: You can also access the *Skilled Nursing Facility NOMNC Checklist* from the [Provider Resources: Skilled nursing facility](#) page of WellSky's Blue Cross and BCN Provider Resource Center.*
 - b. **If the provider will issue the *NOMNC* before WellSky requests that it be issued:** Download the *NOMNC* from the [FFS & MA NOMNC/DENC](#) page on [cms.gov](#)* and complete it as shown in the following section.

Complete the NOMNC

This section includes detailed information about how to complete the Microsoft Word document for the *NOMNC*.

Fill out the top of page 1 as shown below.

1	{Insert provider contact information here}		
Notice of Medicare Non-Coverage			
2	Patient name:	3	Patient number:
The Effective Date Coverage of Your Current {insert type} Services Will End: {insert effective date}			
<hr/>			
<ul style="list-style-type: none">• Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.			
6			



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
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For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

1. Enter the delivering provider's name, address, and telephone number above the title of the form.
2. Enter member's name.
3. Enter the member's Blue Cross or BCN enrollee ID.

Note: If the enrollee ID isn't available, enter the facility medical record number. Don't enter the patient's Medicare number.

4. Enter the type of service to be terminated (skilled nursing service days or home health visits).
5. Enter the last day the service is covered.
6. Enter the type of service.

Fill out page 2 as shown below.

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 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

7

Plan contact information _____

Additional Information (Optional):

8

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.

9

Signature of Patient or Representative

Date

7. Enter the contact information for Blue Cross or BCN.



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
is managed by WellSky

For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

8. Document the following information in this section, based on the situation:

Situation	What to document
Form is completed in person by the member	<ol style="list-style-type: none">a. The name of the staff person who initiated contact with the memberb. The date on which services will endc. Include a note that the following were given to the member:<ul style="list-style-type: none">o The full appeal rightso The contact information (including phone numbers) for the Quality Improvement Organization, or QIO, and for Blue Cross or BCNd. The date and time by which the member must contact the QIO to request an immediate (fast) appeal.
Form is completed in person by the member's representative	<p>If the member is unable to comprehend or sign the form, the member's authorized representative can sign it. Include:</p> <ol style="list-style-type: none">a. The name of the staff person who initiated contact with the member's representativeb. The name of the member's authorized representativec. The date on which services will endd. Include a note that the following were given to the member:<ul style="list-style-type: none">o The full appeal rightso The contact information (including phone numbers) for the QIO and for Blue Cross or BCNe. The date and time by which the member's representative must contact the QIO to request an immediate (fast) appeal.
Form is completed over the phone by the member's representative	<p>If the member is unable to comprehend or sign the form, an authorized representative can sign it. If the authorized representative can't sign the <i>NOMNC</i> in person, you can work with them to complete it over the phone.</p> <p>The form must include the following items to be considered valid:</p> <ol style="list-style-type: none">a. The name of the staff person initiating contact with the member's representativeb. The name of the member's authorized representativec. The date on which services will endd. The following details about the phone call:<ul style="list-style-type: none">o The date and time of the phone call — This is the same date on which the member's authorized representative is given noticeo The phone number you callede. Include a note that the following were given to the member's representative:<ul style="list-style-type: none">o The full appeal rights



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
is managed by WellSky

For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

Situation	What to document
	<ul style="list-style-type: none"><li data-bbox="474 403 1437 466">o The contact information (including phone numbers) for the QIO and for Blue Cross or BCN<li data-bbox="425 481 1437 557">f. The date and time by which the member or member's representative must contact the QIO to request an immediate (fast) appeal.

Note: The QIO is the independent reviewer authorized by Medicare to review WellSky's decision to end SNF services.

9. The member or the member's representative must sign and date the form. The date must be two days before the last covered day.

Important: If the member or their representative refuses to sign the form, include a note that the form was delivered; be sure to include the date.

What to do with the completed NOMNC form

On the day on which the *NOMNC* is completed, do the following:

1. Provide the completed form to the member or the member's representative as follows:
 - o If it was completed in person, give a copy of the form to the member or to the authorized representative who signed it.
 - o If it was completed by phone, mail the completed form to the member's authorized representative on the day it's completed.
2. Place a copy of the form in the patient's medical record.
3. Send the form to WellSky using one of the following methods:
 - o **Preferred method:** Through the WellSky provider portal
 - o **Alternate method:** Fax to WellSky at 1-877-673-8784

What else to do before discharging the member

Before discharging the patient, include the following in the member's medical record:

- A description of the discharge plan
- A physician note that reflects the member's readiness for discharge
- Therapy notes that reflect discharge status and rationale — Include brief notes indicating that member will be coming off of or reducing skilled services and that the plan of care has been completed. You don't need to include a full discharge summary.

In addition, discuss the discharge plan with the member or the member's caregivers.



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
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For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

What's required if the member chooses to discharge before the designated day

The member may choose to discharge sooner than the designated day. When this happens:

- The *NOMNC* must still be signed
- A note should be added to the Additional information (Optional) section detailing the circumstances of the early discharge.

What happens if a member appeals the decision to end care

If the member chooses to appeal, they must request a review by the Quality Improvement Organization, or QIO, listed on the *NOMNC* no later than noon the day before services are scheduled to end. The QIO appeal decision is typically issued within 48 hours of the member's request for review.

When the *NOMNC* is issued two days before the last covered day, the servicing provider must provide the member's medical record to the QIO listed on the *NOMNC* as follows, based on when the member files the appeal:

The member files the appeal...		You must submit the medical record to the QIO by...
The day the <i>NOMNC</i> is issued	Before noon	5 p.m. the same day
	After noon	Noon the next day
The day after the <i>NOMNC</i> is issued	Before noon	5 p.m. the same day

The DENC form

When a member initiates an expedited review after receiving the *NOMNC*, the *Detailed Explanation of Non-Coverage*, or *DENC*, form is delivered to the member by the close of business on the same day that the QIO is notified of the member's request for appeal.

The process to deliver the *DENC* varies depending on who makes the decision to end care:

Decision made by	Process
WellSky	WellSky will complete the <i>DENC</i> and send it to the skilled nursing facility. The SNF must then deliver the <i>DENC</i> to the member.



Post-acute care: NOMNC and DENC forms

Guidance and instructions when the prior authorization
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January 2025

Decision made by	Process
The health care provider	<p>If WellSky receives a QIO request, WellSky will notify the provider. The provider must provide the following to WellSky:</p> <ul style="list-style-type: none">• The completed <i>DENC</i>• Supporting clinical documentation for the discharge <p>The provider should send the above information to WellSky using one of the following methods:</p> <ul style="list-style-type: none">• Preferred method: Through the WellSky provider portal• Alternate method: Fax to WellSky at 1-877-673-8784

Per [CMS 100-04 Chapter 30](#) section 260.3.6:*

- If the facility or health care provider fails to deliver the *DENC* to the member, the provider may be held financially liable for continued services until two days after the member receives a valid notice or until the effective date of the valid notice, whichever is later.
- Providers may not balance bill members for these services.

Complete the DENC

The *DENC* must be completed and submitted by the entity that determines that covered services are ending (WellSky or the SNF provider). WellSky may request medical records or other pertinent clinical information from the provider to assist with the completion of this step within the short time frames mandated by CMS regulations.

The *DENC* must include specific and detailed information about why the member's SNF services are ending, including:

- The information used to make the decision that services should end
- A detailed explanation of why the services will no longer be covered along with the specific Medicare coverage rules and policy used to make the decision
- When issued by the health plan, it includes the plan policy, provision or rationale used in making the decision.

For detailed instructions on how to complete the *DENC*, go to the [FFS & MA NOMNC/DENC](#) page on [cms.gov](#).*

How a member can request a copy of the criteria used to make the decision to end services

If a member would like a copy of the policy or coverage guidelines used to make the decision or if they want WellSky to send a copy of the documents the QIO, call WellSky at 1-855-739-0742. TTY users should call 711.



Post-acute care: NOMNC and DENC forms

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For Medicare Plus BlueSM and BCN AdvantageSM

January 2025

Additional information

For additional information, see our provider manuals:

- [Medicare Plus Blue PPO Provider Manual](#)
- [BCN Advantage chapter of the BCN Provider Manual](#)

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Tango and WellSky are independent companies that review member health care services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.