

Skilled Nursing Facilities (SNFs): Notices of Medicare Non-Coverage Required for Select Health Medicare

Select Health adheres to Centers for Medicare and Medicaid Services (CMS) requirements for issuing a Notice of Medicare Non-Coverage (NOMNC) for Select Health Medicare members. The CMS Medicare Managed Care Manual, Chapter 13, Sections 100.2 and 100.2.1 state, in part:

- “When a Medicare health plan has approved coverage ... of an enrollee’s admission to a SNF, or coverage of HHA (Home Health Aid) or CORF (Comprehensive Outpatient Rehabilitation Facility) services, the enrollee must receive a Notice of Medicare Non-Coverage (NOMNC) at least two days in advance of the proposed service termination date.”
- “The provider is responsible for delivering the NOMNC no later than two days before an enrollee’s covered services end.”
- “The provider remains ultimately responsible for the valid delivery of the NOMNC.”

Submitting Completed NOMNCs

Because Select Health is committed to compliance with these CMS requirements, we require SNFs to submit **completed and signed** NOMNCs to the health plan within **five days** of member discharge from a SNF.

Access the Updated 2025 NOMNC form. Please ensure this version of the NOMNC document is being used effective immediately.

The only exceptions to these NOMNC issuance requirements are when the member:

- Is discharged for exhaustion of benefits
- Leaves against medical advice
- Is admitted to a different facility at a higher level of care for medically necessary reasons
- Dies during the coverage time frame

Providing Clinical Updates

The Select Health Medicare Utilization Review team requests ongoing timely updates on members’ continuing stays to facilitate quicker authorization decisions.

Providers should submit the **Discharge Plan and Weekly Update Template** to communicate focused updates on member status/progress. The template also supports specific requested clinical updates, which must be received before any lapses in authorization of care.

[Download the Discharge Plan and Weekly Update Template.](#)

The form is titled "Select Health Medicare: Discharge Plan and Weekly Update". It includes fields for Member Name, Date Submitted, and a checkbox for "NOMNC Issued". The "Detailed Discharge Plan" section contains checkboxes for "Home Health Agency Services", "Home Safety Evaluation Completed?", "MD Follow-up Appointment Date", "Anticipated Discharge Destination", and "Anticipated Outpatient Services Needed". The "Barriers to Discharge" section includes checkboxes for "Not Covered/Caregiver Unable to Support", "Medicaid Eligibility (Date Applied)", "Psychiatric or Social Needs", "Medications (e.g., IV Antibiotics)", "Other - Describe", "Wound Care Schedule", "Plan Control", and "High Risk for Return to ED or Hospital". The "Weekly Therapy Updates" section includes a table for tracking therapy progress over time, with columns for "Measurement Type", "Previous Level of Function (PLOF)", "At Admission", "Previous Week", and "Current Week".

Coordinating Member Needs

If, at any time, the SNF feels it would be helpful to also coordinate directly, Select Health can schedule an interdisciplinary care team conference call to coordinate member needs with the SNF, the member, and family/caregivers.

Questions about coordinating member needs?

Contact **Healthy Connections**. (For general questions, contact your Provider Relations representative at **provider.development@selecthealth.org**.)

