

NOTICE OF MEDICARE NON-COVERAGE

IMPORTANT MEDICARE MESSAGE OF NON-COVERAGE

YOUR {insert type} SERVICES WILL END: {insert date}

- This notice is to inform you that your health plan's doctor believes that you will no longer need {insert type} services after this discharge date. You may have to pay for any {insert type} services you receive after the above date.

YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal) of the decision to end your {insert type} services.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer will also look at your medical records. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will receive a copy of the detailed explanation about why your services should not continue. You will not receive this form until after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees with your health plan, neither Medicare nor your health plan will pay for your {insert type} services after the date indicated on this form, even if you are waiting for your appeal decision.
- If you stop services no later than the date indicated on this form, you will avoid financial liability.

HOW DO YOU GET AN IMMEDIATE APPEAL?

- Your request for an immediate appeal must be made no later than noon of the day after you receive this notice.
- You should make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end your {insert type} services.
- The QIO will obtain the needed information from your doctor or providers within one day of receiving your appeal request.
- You should get a decision by the QIO no later than one day after you request your appeal.
- Call your QIO at:

West Virginia Medical Institute
3001 Chesterfield Place
Charleston, WV 25304
Phone: 1-800-642-8686 Extension (2266)
Fax: (304) 342-5527

OTHER APPEAL RIGHTS:

- If you miss the deadline for filing an immediate appeal, you may still request an expedited appeal from your health plan.
- Contact your health plan at XXXXXXXX or 1-800-MEDICARE (1-800-633-4227), or TTY/TDD: 1-877-486-2048 for more information about filing appeals.

SIGNATURE

I have been notified that my {insert type} will end in two days. I understand that I may appeal this decision by contacting the QIO no later than noon tomorrow.

Signature

Date

Print Name