NOMNC VALID DELIVERY DOCUMENTATION FORM
(Wisconsin SNF, HHA or CORF)

(This form is to be used when delivery of the NOMNC notice is by phone to the member's representative.) **THIS FORM IS FOR PROVIDER USE ONLY—DO NOT SEND TO MEMBER'S REPRESENTATIVE**

NOMNC notice regarding: _____
(Member's Full Name)

I_____contacted_____on
(Facility Representative) (Name of Member's Representative)

_____at_____at_____.
(Date) (Time) (Phone Number)

I explained the following:

_____Member's last covered day would be_____.
_____If member's representative disagreed with this notice, the member's representative could appeal this decision.
_____LIVANTA is the review organization that would handle the Appeal and their toll free number is 1-(888)-524-9900 or TTY 1-(888)-985-8775.
_____In order to request an expedited review, LIVANTA must be called before noon on_____.

I mailed the NOMNC notice to the member's representative on_____.
(Mailing date should be the same date as the telephone notification.)

Signed:_____
(SNF, HHA or CORF Representative)

Instructions: Aspirus Health Plan's Utilization Management Program created this form to help skilled nursing facilities (SNF), home health agencies (HHA) or comprehensive outpatient rehabilitation facilities (CORF) achieve compliance when delivery of the NOMNC notice is by telephone to the member's representative. Usage of this form is optional. However, all CMS valid delivery requirements must then be documented in the member's chart notes. This form is for internal staff use only. It should not be mailed to the member's representative.
Aspirus Health Plan recommends that this form be filed with the copy of the NOMNC notice that is mailed to the member's representative. (If the member's representative returns a signed copy of the NOMNC notice, then file this form with signed NOMNC.) (Aspirus Health Plan revised 3/2022.)