

Form Instructions
“DETAILED EXPLANATION OF NON-COVERAGE”
CMS-10095-B

A Medicare Advantage (MA) plan must provide a completed copy of this notice to enrollees receiving skilled nursing, home health or comprehensive outpatient rehabilitation facility services upon notice from the Quality Improvement Organization (QIO) that the enrollee has appealed the termination of services in these settings. This notice fulfills the requirement at 42 CFR § 422.626(e)(1), and must be provided no later than close of business of the day of the QIO’s notification, or close of business the day before discharge, whichever is later.

This is a standard notice. MA plans may not deviate from the content of the form except where indicated. This notice should not be used when MA plans determine that enrollees’ services should end based on the exhaustion of Medicare benefits (such as the 100-day SNF limit). Instead, MA plans must issue the Notice of Denial of Medical Coverage.

Heading: MA plans and/or providers must be identified in this space. Logos may be used if they include the name of the plan, address and telephone number of the entity responsible for the termination decision above the title of the notice.

Date: Fill in the date the notice is generated by the MA plan or delegated provider.

Patient Name: Fill in the enrollee’s full name.

Patient ID number: Fill in the enrollee’s Medical Record or ID number.

{Insert type} – Insert the kind of service being terminated, i.e., skilled nursing, home health, or comprehensive outpatient rehabilitation services.

Bullet # 1 The facts used to make this decision: Fill in the patient-specific information that describes the current functioning and progress of the enrollee with respect to the services being provided. Use full sentences in plain English.

Bullet # 2 The detailed explanation of why services are no longer covered under your MA plan: Describe how the enrollee does not meet these guidelines.

{Insert MA plan} – Insert the name of the MA plan.

Bullet # 3 The MA plan policy, provision or rationale used in making the decision: Fill in the reasons why services are either no longer reasonable or necessary for the enrollee or are no longer covered according to the MA plan’s policy guidelines. Describe how the enrollee does not meet these guidelines. If the MA plan relied exclusively on the Medicare coverage guidelines, indicate here.

If you would like a copy of the policy: If the MA plan has not provided the Medicare guidelines or policy used to decide the termination date, inform the enrollee of how and where to obtain the policy. The MA plan should provide a telephone number for enrollees to get a copy of the relevant documents sent to the QIO. If a provider has been delegated the responsibility to supply this information, the provider’s contact number should be included instead.