



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.  
393 E. Walnut Street, Pasadena, CA 91188  
1-800-464-4000 (TTY 711)

### Notice of Medicare Non-Coverage

7/24/23	Service Start/Admission Date : 7/14/23
Legal Name: Ho Cao V	Attending Physician: PELLEGRINO, MARK DREW (M.D.)
Preferred Name: Ho Cao V	
Patient Number: 000016614366	Provider/Facility: Pavilion at Sunny Hills.
16272 Chipper Ln	Provider/Facility Address/Tel #: Pavilion at Sunny Hills. 2222 N
Huntington Beach CA 92649-2752	Harbor Bld Fullerton, CA 92835. 714-992-5701

The Effective Date Coverage of Your Current Skilled Nursing Services Will End: 7/26/23.

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current Skilled Nursing services after the effective date indicated above.
  - You may have to pay for any 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 Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. 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 each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above:
  - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

### How to Ask For an Immediate Appeal

- You must 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 these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: Livanta at 1-877-588-1123 (TTY: 1-855-887-6668) to appeal, or if you have questions

**See next page of the notice for more information**

**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 health plan at the number given below.

**Plan Contact Information**

Kaiser Foundation Health Plan, Inc.  
Attention: Expedited Appeals  
Toll Free: 1-888-987-7247 (TTY 711)  
Toll Free FAX: 1-888-987-2252

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**Additional Information (Optional):**

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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.

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Date

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Signature of Patient or Representative

Patient ID Number:  
000016614366

**KP SCAL "Attestation Form" for Medicare IM and NOMNC**  
**Required for use when (1) Medicare Member or Representative Refuse to Sign IM or NOMNC, (2)**  
**Representative not available by phone and Notice mailed Certified Mail, (3) Notice given to**  
**Representative by Telephone**  
**Use with all other member types is OPTIONAL**

**Legal Name and MR#: Ho Cao V 000016614366**  
**Preferred Name: Ho Cao V**

**(1)**

**CONFIRMATION OF REFUSAL TO SIGN**

*I confirm that the Notice of Medicare Non-Coverage was hand delivered to the member or member's authorized representative; however, the member or the member's authorized representative refused to sign the acknowledgement of receipt.*

Name of person receiving notice: \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Signature of Person Delivering Notice \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness to Delivery of Notice \_\_\_\_\_

Date: \_\_\_\_\_

**Or (2)**

**NOTICE BY CERTIFIED MAIL (UNABLE TO REACH REPRESENTATIVE BY TELEPHONE)**

Notification by Certified mail must be done if direct telephone notification cannot be made.

Mailing address with city, state, and zip code: \_\_\_\_\_

Date sent: \_\_\_\_\_

Via: ☐ Certified Mail    FedEx ☐ Priority Mail    Tracking #: \_\_\_\_\_

**Or (3) must complete A and B**

**A. CONFIRMATION OF NOTICE BY TELEPHONE (use checklist below to assure you are providing sufficient info during call)**

Briefly explain why you are unable to provide this letter to the member: Patient requested to issue the letter to his daughter, Hanh.

Name of person contacted: \_\_\_\_\_ Hanh, daughter \_\_\_\_\_

Date 7/24/23 Time: 12:06 ☐ PM

Telephone Number Called: 510.331.7454

\_\_\_\_\_  
Sein Jeong, RN, ECC

Signature of Health Plan/ANF/HHA/CORF/medical Group Representative

**B. CONFIRMATION OF FOLLOW-UP NOTICE BY MAIL**

Notification by mail must also be done on the same day the telephone notification was made.

Mailing address with city, state, and zip code 16272 Chipper Lane, Huntington Beach 92649

Date Sent: 7/24/23 Via: **US MAIL**

Guidance/ Checklist when contacting family representative by phone: NOMNC and IM (Important Message)	Completed by initials	Date	Time
Place call to patient's representative the day letter is issued. (Date of conversation is the date of the receipt of the Notice)	SJ	7/24/2023	12:06 PM
Inform representative that current acute/skilled care will end on date: <u>7/26/23</u> and financial responsibility starts on (date) <u>7/27/23</u>	SJ	7/24/2023	12:06 PM
Advise representative of appeal rights. (You must read directly from the letter)	SJ	7/24/2023	12:06 PM

Guidance/ Checklist when contacting family representative by phone: NOMNC and IM (Important Message)	Completed by initials	Date	Time
<b>Advise representative regarding timeframes in which they must appeal to Medicare QIO Livanta</b> <ul style="list-style-type: none"> <li>In patient- prior to leaving the facility – they have until midnight on the day of discharge</li> <li>SNF- by noon of the day following receipt of the NOMNC or phone call</li> <li>H/H cases - the day before services are to end</li> </ul>	SJ	7/24/2023	12:06 PM
<b>Provide the representative with the Livanta Phone: 1-877-588-1123</b>	SJ	7/24/2023	12:06 PM
Inform representative how to get a detailed notice describing why the enrollee's services are not being covered	SJ	7/24/2023	12:06 PM
Provide at least one phone number of an advocacy organization or 1-800-MEDICARE	SJ	7/24/2023	12:06 PM
<b>Confirm the telephone contact by written notice mailed same day.</b>	SJ	7/24/2023	12:06 PM
<b>If direct phone contact cannot be made, including leaving voice mail, mail the notice to the representative, certified mail, return receipt requested.</b>			
Representative seemed to listen and understands the information provided. (check one) <input type="checkbox"/> Yes <input type="checkbox"/>	SJ	7/24/2023	12:06 PM

**\*\* If you are issuing a Medicare 2 day letter (NOMNC) or an inpatient Important Message from Medicare (IM) complete the grid above- If member is late filing with the QIO, give KP Expedited Appeal phone number: 1-888-987-7247.**