



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: November 18, 2024

TO: All Medicare Advantage Organizations, Cost-Based Contractors, and Health Care Prepayment Plans and Prescription Drug Plan Sponsors

FROM: Jerry Mulcahy
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SUBJECT: Updated Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance and Part C and D Standardized and Model Notices

The purpose of this memorandum is to announce the availability of the updated Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance and the following Part C and D standardized and model notices:

- Notice of Denial of Medical Coverage (or Payment) (NDMCP) (CMS-10003)
- Notice of Denial of Medicare Part D Drug Coverage (CMS-10146)
- Model Notice of Dismissal of Coverage Request
- Part C – Model Notice of Dismissal of Appeal Request
- Part D – Model Notice of Dismissal of Appeal Request
- Model Redetermination Notice of Denial of Medicare Prescription Drug Coverage
- Notice of Medicare Non-Coverage (NOMNC) (CMS-10123)
- Detailed Explanation of Non-Coverage (DENC) (CMS-10124)

MA organizations and Part D plan sponsors must implement these notices no later than **January 1, 2025** to comply with the new regulatory requirement.

The Part C and D standardized denial notices and model notices have been modified to reflect the regulatory change in the timeframe to submit an appeal from 60 calendar days to 65 days calendar days from the date of the notice. In addition, the notices have been updated to utilize more research-based ‘plain language’ and formatting consistent with current CMS guidelines. (See: CMS-4205-F, p. 30593.)

The NOMNC has been modified to reflect regulations providing enrollees additional fast-track appeal rights when they untimely request an appeal to the Beneficiary and Family Centered Care

Quality Improvement Organization (BFCC-QIO), or still wish to appeal after they end services on or before the planned termination date. (See: CMS-4205-F, p. 30827.)

Additionally, DENC instructions have been updated to include a new element for health plans to complete for the DENC:

Special instructions for repeat appeals within the same episode of care:

If the enrollee has previously received a favorable QIO appeal decision during the current episode of care, detail the specific change(s) in the enrollee's condition since the previous appeal that provide the basis for this decision to terminate services.

Resources and Questions:

The Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance has been updated to reflect these changes. Available at <https://www.cms.gov/medicare/appeals-grievances/managed-care> or <https://www.cms.gov/medicare/appeals-grievances/prescription-drug>.

The updated Part D denial and model notices can be found under “Downloads” at <https://www.cms.gov/medicare/appeals-grievances/managed-care/notices-forms> for Part C and <https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/PlanNoticesAndDocuments> for Part D.

The updated NOMNC, DENC, and IDN can be found under CMS' Beneficiary Notices Initiative (BNI) webpage at <https://www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative>.

Submit questions regarding the notices or manual guidance to the Part C and Part D Appeals and Grievances resource portal at: <https://appeals.lmi.org>.