

“NOTICE OF DENIAL OF MEDICAL COVERAGE: Hospital Observation Level of Care”

What is it?

A standardized notice developed by CMS that the provider of service must deliver to the **Senior Preferred** member, or their authorized representative, when denying coverage for all or part of a hospital observation stay.

This is a CMS notice and must be used in the format provided. Only information in the requested areas can be added. An electronic copy of the notice can be found on the provider page at <http://www.gundersenhealthplan.org/providerforms>.

Why is it needed?

- To inform **Senior Preferred** members or their authorized representative of their financial liability.
- To inform **Senior Preferred** members of their appeal rights.

When is it given?

- Notice is given if the member disagrees with the provider’s determination that stay in an observation level of care is medically unnecessary. (Includes unnecessary admission to an observation level of care or unnecessary continued stay in an observation bed)

How is it delivered?

Provider of services should follow the four steps below:

Step 1: Identify when notice needs to be delivered.

Step 2: Fill in the designated spots on the notice in at least 12 point font (i.e. Arial)

Step 3: Deliver notice to member or their authorized representative, along with the “Important Information about Your Appeal Rights” document. The member or their authorized representative must **SIGN** and **DATE** the notice.

Step 4: **Fax** the signed and dated notice to Senior Preferred- Medical Management Department at (608) 775-8003. The provider should give a copy of the signed and dated notice to the member and retain the original notice in the patient’s case file.