1 Wellness Way Canton, MA 02021 1-888-341-1507 TTY 711



## **Detailed Explanation of Non-coverage**

| Date:  |  |
|--|--|
| Patient name:  | Patient number:  |
| for your current services should end. Th   | and/or health plan decided Medicare coverage<br>nis notice is not the decision on your<br>ill come from your Quality Improvement |
| Why your services are no longer  | covered  |
| We reviewed your case and decided that should end.   | t Medicare coverage of your skilled services   |
| • The facts used to make this decision:  |  |
| • Detailed explanation of why your services are no longer covered, and the Medicare coverage rules used to make this decision: |  |
| • Specific plan policy used to make the decision (health plans only):  |  |
| To get a copy of the rules or guidelines   | used to make this decision, or a copy of the   |
| Form CMS-10124-DENC  | OMB Approval No. 0938–0953 / Exp. 11/30/2027   |

You have the right to get your information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

documents sent to the QIO, call us at 1-888-341-1507, Monday - Friday, 8:00 A.M. - 8:00 P.M. Representatives are available 7 days a week, 8:00 A.M - 8:00 PM from October 1 – March 31. For our hearing impaired members with TDD machines, please call our Telephonic Device for the Deaf (TDD) at 711.

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