



HOSPICE

2110 16th St., Ste. 7, Bay City, MI 48708 | (989) 667-2322 | mclaren.org/hospice

Detailed Explanation of Non-coverage

Date: _____

Patient name: _____

Patient number: _____

This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined Medicare coverage for your current services should end. **This notice is not the decision on your appeal.** The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your current hospice services should end.

• The facts used to make this decision:

• Detailed explanation of why your current services are no longer covered, and the specific coverage rules and policy used to make this decision:

• Plan policy, provision, or rationale used in making the decision (health plans only):

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at (989) 667-2322.