



## HEMOCARE

2815 S. Pennsylvania Ave., Ste. 4, Lansing, MI 48910 | (517) 975-9900 | mclaren.org/homecare

### Detailed Explanation of Non-Coverage

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

Patient name: \_\_\_\_\_

Patient number: \_\_\_\_\_

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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 home health care services should end.**



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- **The facts used to make this decision:**

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

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

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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 (517) 975-9900.

Form CMS-10124-DENC (Approved 12/31/2011)

OMB Approval No. 0938-0953