



HEMOCARE

501 S. Mission St., Ste. A, Mt. Pleasant, MI 48858 | (800) 356-7321 | mclaren.org/homecare

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 home health care services should end.



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

- **Detailed explanation of why your current services are no longer covered, and the specific Medicare 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 (800) 356-7321.

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

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