

Special Bulletin

For facility providers

Updated June 13, 2024

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Additional Documentation Required for Quality Improvement Organization Audits

The Centers for Medicare and Medicaid Services (CMS) is requiring that insurers, including Highmark, collect additional documentation from facilities for Quality Improvement Organization (QIO) Program audits, **effective January 1, 2024**.

For these audits, facilities will now be required to submit the following forms:

- Notice of Medicare Non-Coverage (NOMNC)
- Detailed Explanation of Non-Coverage (DENC)

UPDATE: Completed forms should be faxed to Highmark at this number: **888-740-4318**.

Background

The QIO Program — one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries — is an integral part of the U.S. Department of Health and Human Services' National Quality Strategy for providing better care and better health at lower cost.

For more information about the QIO Program, go [here](#).

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