

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid  
Services 7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**MEDICARE ENROLLMENT & APPEALS GROUP**

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**DATE:** December 8, 2016

**TO:** All Medicare Advantage Organizations, Cost-Based Contractors, Health Care Prepayment Plans, and Medicare-Medicaid Fully Integrated Dual Eligible Plans

**FROM:** Gerard J. Mulcahy  
Director, Medicare Enrollment & Appeals Group

**SUBJECT:** Medicare Outpatient Observation Notice (MOON) (CMS-10611)

On August 6, 2015, Congress enacted the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act, which requires all hospitals and critical access hospitals (CAHs) to provide written notification and an oral explanation of such notification to individuals receiving observation services as outpatients for more than 24 hours.

The purpose of this memorandum is to announce the availability of the OMB-approved standardized Medicare Outpatient Observation Notice (MOON), form CMS-10611. All hospitals and CAHs are required to provide this statutorily required notification no later than March 8, 2017. The notice and accompanying instructions are available at:

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>

The MOON was developed to inform all Medicare beneficiaries when they are an outpatient receiving observation services, and are not an inpatient of the hospital or CAH. In accordance with the statute, the notice must include the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required Medicare cost-sharing and post-hospitalization eligibility for Medicare coverage of skilled nursing facility services. Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged, or admitted.