



## CLINICAL POLICY

### Hospital Issue Notice of Non-Coverage, HINN -12

**A. EFFECTIVE DATE :**

January 19, 2021

**B. BACKGROUND:** Centers of Medicare and Medicaid (CMS) regulations found at 42 CFR Part 476.71- require Quality Improvement Organization (QIOs) to review medical necessity of hospital discharges and admission for all Medicare beneficiaries. This regulations protects hospitals' financial interest. In addition, this allows notification to the beneficiary that they may request an expedited review by the Quality Improvement Organization (QIO) when a hospital (acting directly or through its utilization review committee) has determined at the time of preadmission or admission, that the beneficiary is facing a non-covered hospital stay because the services are **not** considered to be reasonable and necessary, and that the services could be safely provided in another setting, or the care is considered custodial in nature.

**C. PURPOSE :**

1. Provide assurance of beneficiary's notification of noncoverage and the right to an expedited review by the QIO.
2. Protect hospital financial interest.
3. Ensure compliance with regulations/requirements pertaining to Hospital Issued Notice of Noncoverage as mandated by CMS.
4. Is integral to our comprehensive efforts to prevent improper payments related to medically unnecessary services or the setting in which services are provided.

**D. POLICY :**

1. All patients will be evaluated by Case Management utilizing Milliman or InterQual<sup>®</sup> (IQ) criteria to determine the appropriate status in conjunction with the attending physician input and supporting documentation to regarding admission and/or continued stay. The physician advisor (PA) may be utilized to perform secondary review to determine medical necessity on cases that do not meet IQ or Milliman. Patients must meet severity of illness criteria and/or require medically necessary care in an acute care setting for hospitalization.
2. Cases that qualify for HINN-12 are:
  - i. **Not medically necessary;**
  - ii. **Not delivered in the most appropriate setting; or**
  - iii. **Custodial in nature.**

- E. Procedure:** Case Manager will utilize Milliman or InterQual to help determine if care is appropriate in a hospital setting. If the patient does not or no longer qualifies to be in the hospital, the Case Manager will review the case with the Director of Case Management or supervisor/manager in the absence of the Director and the attending and/or the Physician Advisor (PA) or two members of the Utilization Management (UM) committee, one being a provider. If hospital determines that the items or services the beneficiary is receiving, or is about to receive, are not covered because they are:
- b. Not medically necessary;
  - c. Not delivered in the most appropriate setting; or
  - d. Custodial in nature.

Case Manager will provide the patient or representative with HINN 12 after the above steps have been met. Each step must be documented in the EMR or on the HIIN- 12 notice when applicable.

- Determine daily rate and apply to HINN-12 form
- Complete the HINN 12 Notice with detail explaining (in plain language) why Medicare is **not** expected to pay for service or Medicare is no longer covering services.
- Medicare Important Message **must** accompany the HINN-12 Notice
- Delivery to patient or representative should be in person when feasible
- Telephonic issues must be read in entirety
  - Must document full name, date, time, education provided and confirm understanding of HINN 12.
  - Must include staff signature, date and time telephonic review completed
- Ensure and document that beneficiary or representative had an opportunity to review the HINN and ask questions.
- Document beneficiary/representative ( by full name) signature, date and time
- Must document refusal to sign- and note that education was provided
- Place original copy in chart and provide a copy for beneficiary or representative.
- Case manager must document delivery of HINN 12 in chart, payer communication in EPIC or current EHR
- Case Manager will document that case was reviewed with provider and Physician Advisor who agree with delivery of HINN-12 notice
- Notify the financial department that HINN -12 was issued and that financial responsibility is to begin on “X” date or as directed by Medicare QIO.
- Expected date that patient assumes financial responsibility is noted on the HINN form or as directed by the QIO.

**F. SCOPE:**

This policy applies to all providers, Physician Advisors (PA), Case Managers (CM) and Social Workers. This applies to patients in the Hospital setting as inpatient or observation level of care prior to admission or during their stay when they meet the criteria for HINN-12 notice.

**G. DEFINITIONS :**

None

**H. MATERIAL(S) NEEDED:**

*InterQual or Milliman, HINN 12 Non Covered Continued Stay- Letter of Notification, Medicare Important Message Form*

**I. ATTACHMENTS:**

None

**J. REFERENCES:**

In pursuant of Centers of Medicare and Medicaid (CMS) regulations found at 42 CFR Part 476.71.  
<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HINNs>

**K. SEARCH WORDS :**

*HINN 12, Hospital non coverage, not medically necessary, custodial in nature, lower level of care*

**L. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**M. STAKEHOLDER APPROVALS :**

On File

**N. COMMITTEE APPROVALS :**

None

**O. FINAL APPROVAL :**

- |   |                                   |
|---|-----------------------------------|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u> _____<br/>Andrew Agwunobi, MD, MBA<br/><b>UConn Health Chief Executive Officer</b></p>        | <p><u>01/29/2021</u><br/>Date</p> |
| <p>2. <u>Anne D. Horbatuck (Signed)</u> _____<br/>Anne D. Horbatuck, RN, BSN, MBA<br/><b>Clinical Policy Committee Co-Chair</b></p>     | <p><u>01/28/2021</u><br/>Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u> _____<br/>Scott Allen, MD<br/><b>Clinical Policy Committee Co-Chair</b></p>                       | <p><u>01/28/2021</u><br/>Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u> _____<br/>Caryl Ryan, MS, RN<br/><b>VP Quality and Patient Service &amp; Chief Nursing Officer</b></p> | <p><u>01/28/2021</u><br/>Date</p> |

**P. REVISION HISTORY :**

Date Issued: January 19, 2021