

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE

NUMBER: 08-068

SUBJECT: MEDICARE BENEFICIARY NOTIFICATION
OF DISCHARGE APPEAL RIGHTS

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Overview:

Medicare beneficiaries who are hospital inpatients have a statutory right to appeal to a Quality Improvement Organization (QIO) for an expedited review when a hospital, with physician concurrence, determines that inpatient care is no longer necessary. The instructions that follow stem directly from regulations at 42 CFR 405.1205 and 405.1206 and are effective July 1, 2007. These regulations are also referenced at 42 CFR 489.27 and 412.42 (c)(3). The authority for these instructions stems from Sections 1866(a)(1)(M), 1869(c)(3)(C)(iii)(III), and 1154(e) of the Social Security Act.

Hospitals must notify Medicare beneficiaries who are hospital inpatients about their hospital discharge appeal rights and must use the **Important Message from Medicare (IM)**, a statutorily required notice, to explain the beneficiary's rights as a hospital patient, including discharge appeal rights. Hospitals must issue the IM within 2 calendar days of admission, must obtain the signature of the beneficiary or his or her representative and provide a copy to the patient. Hospitals must also deliver a copy of the signed notice as far in advance of discharge as possible, but not more than 2 calendar days before discharge.

For those beneficiaries who request a QIO review, hospitals must deliver a **Detailed Notice of Discharge** as soon as possible, but no later than noon of the day after the QIO's notification. Both the IM and the Detailed Notice must be the standardized notices provided by the Center for Medicare/Medicaid Services (CMS).

Scope:

This policy impacts all Medicare (primary and secondary) and Medicare Advantage patients admitted to an inpatient status. Departments responsible for implementing this new policy are Registration, Nursing, Case Management, and Social Work.

Providing Education.

Education is provided to the beneficiary to regarding the purpose and content of the Medicare Important Message and their rights to appeal the discharge. Before obtaining the beneficiary's/responsible others signature. This will include explaining the notice to the beneficiary if necessary and providing an opportunity for the beneficiary to ask questions.

Notice Delivery and Retention.

- The white copy of the signed notice will be placed in the patients' medical record.
- The patient will receive the yellow copy of the signed or annotated notice

If the patient refuses to sign the notice it will be documented on the IM that the patient refused to sign. The original (white) copy of the notice will be placed in the patients' medical record in chart and the remaining copy will still be given to the patient

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Second Notice:

A second notice of the same IM (CMS-R-193) will be issued to all Medicare patients in an inpatient status within two calendar days of their expected discharge date. Patients or their legal representative will sign and date that they have received this second notice.

The second notice will be delivered either:

- **In person,**
- **Telephonically,**
- If there is no representative present, a phone call to the responsible person will be made. The staff member will document on the IM that the information was reviewed on the phone with (representative name, relationship, date and time). As well as document that education was provided with verbal acknowledgement of understanding.
 - A copy of the letter will be sent to the representative/responsible person as follow up
 - Left in the patients room
- **Via certified mail,** A certified letter will also be sent if the patient/responsible person is not available to receive the letter in accordance with CMS regulations, depending upon the patient situation.

Patients transferring to other inpatient facilities (considered same level of care), such as other acute care hospitals, LTAC's, or inpatient rehabilitation facilities as well as patients with a length of stay of two calendar days or less **do not have to receive a second notice.**

The second notice will be given within two calendar days of discharge whenever possible. In the event of an **unanticipated discharge**, the notice will be given as soon as staff are aware the patient is being discharged. The patient will be given at least 4 hours to consider their discharge appeal options but may leave earlier if they choose to do so.

If the patient refuses to initial the second notice, then the person issuing the notice will document the white copy and still provide a copy to the patient.

Detailed Notice of Discharge: When the QIO notifies the hospital that a beneficiary has requested an expedited review, Case Management will prepare and deliver a Detailed Notice of Discharge to the beneficiary as soon as possible but not later than noon of the day after the notification. If a beneficiary requests more detailed information prior to requesting a review, Case Manager will deliver the detailed notice in advance of the beneficiary requesting a review. Detailed information will be gathered by the Case Manager with the help of the physician and nursing staff. The Detailed Notice will be the standardized notice provided by CMS (CMS-10066) and will be completed in accordance with CMS regulations. The Case Manager staff will work with the QIO to expedite the review process. A copy of this notice and the patient's medical record will be either faxed via Electronic Medical Record – through EPIC or manually

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faxed the QIO no later than noon of the day following QIO notifications to the hospital of the patients' appeal. A listing of all information provided to QIO will be maintained in the patient's medical record if less than the entire medical record is sent to the QIO.

Case Managers (CM) or Licensed Clinical Social Workers (LCSW)

- Before discharging a Medicare patient CM or LCSW or designee will check the "Important Message from Medicare" form in the chart and ensure that the patient has signed the white copy of the form and that the date on the notice is within two calendar days of the day of discharge.
- If patient is discharged after 4:30 PM, the nurse should check if the IM was given in the last 48 hours. If not the nurse should present the patient/representative with the IM.
- If the patient refuses to initial the second notice, then the person issuing the notice will document this on the white copy for the medical record and still provide a yellow copy to the patient.
- If nursing staff are notified by a patient that they have called the QIO to appeal their discharge:
 1. Notify the attending physician and have the discharge put on hold
 2. During normal business hours M-F 8-4:30, contact the unit Case Manager
 3. After hours and on weekends and holidays, please contact the Nursing Supervisor 679-1031 who can contact the Director of Care Coordination.
- **Provide the Beneficiary with Documentation if Requested.** At the request of the beneficiary, obtain a release of information and furnish the beneficiary with a copy of, or access to, any documentation that was sent to QIO, including written records of any information provided by telephone. The hospital may charge the beneficiary a reasonable amount to cover the costs of duplicating the documentation and/or delivering it to the beneficiary. This request will be accommodated by no later than the first day after the material is requested.

Note: A release is not necessary if information is only being provided to the QIO.

- **Retention of the Notices:** Health Information Management (HIM) will ensure that copies of the signed notices are retained as a part of the patient's permanent medical record and may do so either as a hardcopy or electronically.

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Patient Appeals

Should any staff member be made aware that the patient or their legal representative has contacted the QIO to appeal their discharge the following must occur:

- 1. The attending physician must be notified**
- 2. The discharge must be put on hold**
- 3. Case Manager/Nursing Supervisor must be notified.**

Case Management staff will then begin preparation of the detailed discharge notice and await contact from QIO to initiate the appeal process.

In the event an appeal is upheld, the patient will continue in an inpatient status until they are ready for discharge. The second notice will be re-issued at least two days prior to the patients anticipated discharge.

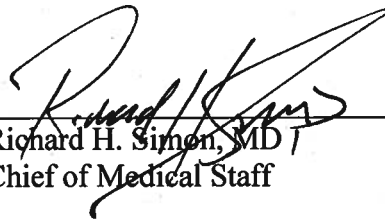
In the event the appeal is denied, the patient will be prepared for discharge/transfer as soon as arrangements can be made. The QIO will determine when patient financial responsibility will begin.

Related:

Important Message from Medicare
Detailed Notice of Discharge



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