

Hospital Discharge Appeal Notices

In spring 2007, Medicare revised the Important Message from Medicare (IM) that all Medicare beneficiaries receive when they enter a hospital. The IM informs them of their right to request a review of a discharge decision. At the same time, Medicare also clarified and changed some of the procedures and timeframes related to the IM and discharge appeal rights. It is important to note that Medicare's new process ends the use of two beneficiary notices that are familiar to many SHIP counselors. Hospitals will no longer issue Notices of Discharge and Medicare Appeal Rights (NODMAR) or Hospital Initiated Notices of Non-Coverage (HINN) to patients who challenge a discharge decision.

Beginning on July 2, 2007, all Medicare beneficiaries must receive the revised Important Message from Medicare [http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp first bullet IM 5/2007] within two days of their hospital admission to notify them of their discharge appeal rights. If beneficiaries remain in the hospital two additional days after receiving the initial notice, the hospital must give them a second copy of the notice as far in advance of the discharge as possible, but no earlier than two days before discharge.

When Medicare beneficiaries disagree with a hospital's discharge decision, they have a right to request that a Quality Improvement Organization (QIO) perform an expedited review of the discharge.

When a beneficiary appeals a hospital's discharge decision, the new regulations require the QIO to solicit his or her views on the proposed discharge and consider any written evidence the beneficiary submits. When the QIO notifies a hospital that a Medicare patient has requested an expedited review, the hospital must promptly provide the beneficiary with a Detailed Notice of Discharge [http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp 3rd bullet 5/2007]. The Detailed Notice of Discharge is a new notice, similar to those that beneficiaries receive when they ask a QIO to review home health or skilled nursing facility termination decisions. A Hospital also must promptly provide beneficiaries with access to all records that it makes available to the QIO, upon the beneficiary's request.

Medicare beneficiaries who make a timely request for an expedited review are not liable for hospital costs, other than co-insurance and deductibles, until noon of the day following the day in which they learn of the QIO's determination. If the QIO subsequently determines that a beneficiary requires continued hospital care, the beneficiary will not be responsible for additional hospital costs up until the time the hospital again decides that discharge is appropriate.

Requesting an Expedited Determination

Method of Request	A beneficiary may request an expedited determination either by telephone or in writing, to the QIO.
Timely Requests for Expedited	A "timely" request for expedited determination is one that a beneficiary makes while an inpatient of the hospital and no later than midnight on the date of discharge. The date of discharge is the date that the hospital and the

<p>Determination</p>	<p>treating physician (or the QIO) formally release the beneficiary from inpatient hospital care.</p> <p>If a request for review is timely, the beneficiary will not be responsible for hospitalization costs (aside from coinsurances and deductibles) incurred through noon of the day following the date in which the QIO notifies him or her of its determination and, if the QIO finds that continued hospitalization is necessary, for the duration of the beneficiary’s extended hospitalization.</p>
<p>Requests for Expedited Determination that are Not Timely</p>	<p>If a request for review is not timely the QIO will still conduct an expedited review of the hospital discharge but the financial protections described above will not apply.</p> <p>Requests for determination may be made within 30 days of discharge or, where good cause is shown, at any time.</p>
<p>Beneficiary Rights and Responsibilities during the Appeal</p>	<p>During the course of a QIO review the hospital, not the beneficiary, must demonstrate why the decision to discharge the beneficiary is correct. Nonetheless, Medicare beneficiaries have the right to submit written evidence supporting their positions. Beneficiaries may also ask a hospital to provide access to copies of the records that it gives to the QIO in the course of its review. Finally, the QIO must solicit the views of the beneficiary, and the beneficiary or the beneficiary’s representative must be available to discuss the matter with the QIO upon request.</p>

The Contents and Delivery of the Notices

<p>Notice</p>	<p>An Important Message from Medicare</p>	<p>Detailed Notice of Discharge</p>
<p>Required Contents</p>	<ul style="list-style-type: none"> ▪ Statement of inpatient rights, including coverage of medically necessary services both during and after hospitalization. ▪ Detailed information on how to request an expedited determination of a proposed hospital discharge and the rights of the beneficiary to additional information upon initiation of the appeal. ▪ An explanation of how a discharge appeal may affect the patient’s financial responsibility for continued inpatient care. 	<ul style="list-style-type: none"> ▪ Detailed explanation of why services are no longer covered. ▪ A description of the pertinent Medicare coverage rule or policy and how the beneficiary may obtain a copy of the rule or policy. ▪ Description of how personal patient facts relate to the coverage rule or policy at issue.

<p>Delivery Requirements</p>	<ul style="list-style-type: none"> ▪ Initial notice must be delivered “at or near” admission, but no later than 2 days following admission. ▪ A copy of the initial notice must be delivered “as far in advance of discharge as possible,” but no more than 2 days prior. No follow-up notice is required if the initial notice was received within 2 days of discharge. ▪ Notice must be delivered to the beneficiary or, if the beneficiary is unable to understand the nature of the notice, the beneficiary’s representative. ▪ The beneficiary or the beneficiary’s representative must sign and date the initial notice. If they refuse, the hospital may note this refusal on the notice in place of the signature. No signature is required on the copy of the notice that is delivered prior to discharge. 	<ul style="list-style-type: none"> ▪ Hospital must deliver the Detailed Notice of Discharge to the beneficiary or the beneficiary’s representative as soon as possible after learning of the beneficiary’s request for an expedited determination from the QIO, but in no case later than noon of the following day.
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See 42 C.F.R. § 405, 412, 422, 489 [<http://www.gpoaccess.gov/cfr/index.html>]