



MEDICARE BASICS

APPENDICES

Appendix A: *An Important Message from Medicare about Your Rights*

http://www.cms.hhs.gov/BNI/Downloads/RevisedImportantMessageFromMedicare05_2007.pdf

Appendix B: *Notice of Medicare Provider Non-Coverage*

<http://www.cms.hhs.gov/BNI/Downloads/FFSEEDGENERICNOTICE.pdf>

Appendix C: *Advance Beneficiary Notice of Non-Coverage (ABN)*

<http://www.hapnetwork.org/assets/pdfs/om/abn.pdf>

Appendix D: *Medicare Questionnaire for Beneficiaries 65 and Over*

<http://www.cms.hhs.gov/MedicareInitialEnrolQuest/Downloads/e250af.pdf>

Appendix E: *Medicare Secondary Claim Development (SCA)*

<http://www.cms.hhs.gov/InsurerServices/Downloads/SCA1.pdf>

Appendix F: *Part A Medicare Summary Notice (MSN)*

<http://www.medicare.gov/publications/pubs/pdf/SummaryNoticeA.pdf>

Appendix G: *Part B Medicare Summary Notice (MSN)*

<http://www.medicare.gov/publications/pubs/pdf/SummaryNoticeB.pdf>

Appendix H: *Detailed Notice of Discharge*

<http://www.hapnetwork.org/assets/docs/original-medicare/revised-detailed-notice-of-discharge.doc>

Appendix I: *Medicare Redetermination Request Form*

<http://www.cms.hhs.gov/cmsforms/downloads/cms20027.pdf>

Appendix J: *Medicare Reconsideration Request Form*

<http://www.cms.hhs.gov/cmsforms/downloads/cms20033.pdf>

Patient Name: _____

Patient ID Number: _____

Physician: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO

Telephone Number of QIO

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call _____.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

Date

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).

- Here is the contact information for the QIO:

Name of QIO (*in bold*)

Telephone Number of QIO

- You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

Hospital Name

Provider ID Number

- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4:** The QIO will review your medical records and other important information about your case.
- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
 - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
 - If you have Original Medicare: Call the QIO listed above.
 - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

ADDITIONAL INFORMATION:

NOTICE INSTRUCTIONS: THE IMPORTANT MESSAGE FROM MEDICARE

COMPLETING THE NOTICE

Page 1 of the Important Message from Medicare

A. Header

Hospitals must display “DEPARTMENT OF HEALTH & HUMAN SERVICES, Centers for Medicare & Medicaid Services” and the OMB number.

The following blanks must be completed by the hospital. Information inserted by hospitals in the blank spaces on the IM may be typed or legibly hand-written in 12-point font or the equivalent. Hospitals may also use a patient label that includes the following information:

Patient Name: Fill in the patient’s full name.

Patient ID number: Fill in an ID number that identifies this patient. This number should not be, nor should it contain, the social security number.

Physician: Fill in the name of the patient’s physician.

B. Body of the Notice

Bullet # 3 – Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here _____.

Hospitals may preprint or otherwise insert the name and telephone number (including TTY) of the QIO.

To speak with someone at the hospital about this notice call: Fill in a telephone number at the hospital for the patient or representative to call with questions about the notice. Preferably, a contact name should also be included.

Patient or Representative Signature: Have the patient or representative sign the notice to indicate that he or she has received it and understands its contents.

Date: Have the patient or representative place the date he or she signed the notice.

Page 2 of the Important Message from Medicare

First sub-bullet – Insert name and telephone number of QIO in BOLD: Insert name and telephone number (including TTY), in bold, of the Quality Improvement Organization that performs reviews for the hospital.

Second sub-bullet – The name of this hospital is: Insert/preprint the name of the hospital, including the Medicare provider ID number (not the telephone number).

Additional Information: Hospitals may use this section for additional documentation, including, for example, obtaining beneficiary initials to document delivery of the follow-up copy of the IM, or documentation of refusals.

{Insert logo here}
NOTICE OF MEDICARE PROVIDER NON-COVERAGE

Patient Name:

Medicare Number:

THE EFFECTIVE DATE COVERAGE OF YOUR CURRENT {insert type} SERVICES WILL END: {insert effective date}

- Your provider has determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.
 - You may have to pay for any {insert type} services you receive after the above date.
-

YOUR RIGHT TO APPEAL THIS DECISION

- You have the right to an immediate, independent medical review (appeal), while your services continue, of the decision to end Medicare coverage of these services.
 - If you choose to appeal, the independent reviewer will ask for your opinion and you should be available to answer questions or supply information. The reviewer will also look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
 - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
 - If you choose to appeal, and the independent reviewer agrees that services should no longer be covered after the effective date indicated above, Medicare will not pay for these services after that date.
 - If you stop services no later than the effective date indicated above, you will avoid financial liability.
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HOW TO ASK FOR AN IMMEDIATE APPEAL

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally by no later than two days after the effective date of this notice.
- Call your QIO at: {insert name and number of QIO} to appeal, or if you have questions.

See page 2 of this form for more information.

OTHER APPEAL RIGHTS:

- If you miss the deadline for filing an immediate appeal, you may still be able to file an appeal with a QIO, but the QIO will take more time to make its decision.
- Contact 1-800-MEDICARE (1-800-633-4227), or TTY/TDD: 1-877-486-2048 for more information about the appeals process.

ADDITIONAL INFORMATION (OPTIONAL)

Please sign below to indicate that you have received this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Authorized Representative

Date

