



# **IMPORTANT MESSAGE FROM MEDICARE (IM) Notification of Hospital Discharge Appeal Rights**

## **Computer Based Training**

# Overview

- **Medicare beneficiaries who are hospital inpatients have a statutory right to appeal when a hospital, with physician concurrence, determines that inpatient care is no longer necessary**
- **Effective July 1, 2007, hospitals must notify Medicare Beneficiaries who are hospital inpatients about their hospital discharge appeal rights**

# Hospitals Affected

- **Short Term Acute Care Hospitals**
- **Long Term Acute Care Hospitals**
- **Inpatient Rehabilitation Facilities**
- **Inpatient Psychiatric Facilities**
- **Critical Access Hospital**

# How do I Notify the Patient?

- **Hospitals will use a revised version of the Important Message from Medicare (IM), which is a statutorily-required notice**
- **Notice explains the beneficiary's rights as a hospital inpatient, including discharge appeal rights**

**\*\*Note: Notice is issued even when Medicare is the secondary payer**

# **When do I Give the IM to the Patient?**

- Hospitals must issue the IM within 2 calendar days of admission**
- Signature of patient or representative must be obtained along with the date**
- Provide a copy at that time**
- Deliver a follow- up copy of the signed notice as far in advance of discharge as possible**
  - No more than 2 calendar days before discharge**

# **Delivery of IM**

- **The IM must be delivered to the patient in person**
- **If patient refuses to sign, annotate the notice to indicate refusal and date of refusal**
- **If patient is not able to comprehend the notice, it must be delivered to and signed and dated by the patient's representative**

# **Delivery of Follow-Up Copy**

- **Copy must be delivered as far in advance of discharge as possible**
  - **No more than 2 calendar days before planned date of discharge**
- **If discharge cannot be predicted in advance, follow-up copy may be delivered as late as the day of discharge**
  - **Provider must allow patient at least 4 hours to consider**

# **Requests for Expedited Review**

- **The patient must submit a request to the Quality Improvement Organization (QIO)**
  - **Request may be in writing or by telephone**
  - **Must be made no later than midnight of the day of discharge**
  - **Patient is not financially responsible for inpatient services, except applicable coinsurance and deductibles**

# **QIO Responsibilities**

- **QIO will notify hospital of request immediately, or in the morning if after business hours**
- **Examine medical records**
- **Determine whether the hospital delivered valid notice within the appropriate timeframes**

# Hospitals Responsibilities

- **Once notified by the QIO that a patient has requested an expedited review**
  - **Hospital must deliver a Detailed Notice of Discharge as soon as possible**
    - **No later than noon the day after notification**
    - **Using the standardized form**
  - **Provide all information needed to make the expedited determination**
  - **Provide the patient with documentation if requested**

# Unfavorable Determination

- If the QIO determines that they do not agree with the patient
  - Liability for continued services starts at noon the day after the QIO notifies the patient

# **Favorable Determination**

- **If the QIO determines that they agree with the patient**
  - **Patient is not financially responsible for continued care, except for applicable coinsurance and deductibles**

# **Untimely Requests and Patient Has Not Discharged**

- **When the patient fails to make a timely request**
  - **They may still request an expedited review at any time**
  - **Patient may be held liable for charges incurred after date of discharge, or as stated by QIO**
- **QIO has two calendar days to complete the review following receipt of all requested information**

# **Untimely Request and Patient Discharged**

- **When the patient fails to make a timely request**
  - **Patient may request QIO review within 30 calendar days of the date of discharge, or**
  - **At any time for good cause**
- **QIO has 30 calendar days to complete the review following the receipt of all requested information**

# **Expedited Reconsiderations**

- **A patient can request a reconsideration if dissatisfied with a QIO determination**
  - **Request is submitted to Independent Review Entity (IRE)**
  - **Request should be in writing or by phone**
  - **No later than noon of the calendar day following the initial notification**

# **IRE Responsibilities**

- IRE will notify QIO and Provider of the request**
- Examine records and further information submitted**
- Notify Patient, Provider and QIO of decision within 72 hours after receipt of reconsideration and any such records**

# References

- **Medicare Claims Processing Manual, Publication 100-4, Chapter 30, Sections 200-200.6.1, 240-240.6, 260 & 300-300.5**
- **Change Request 5622, Transmittal 1257 Effective July 1, 2007**
- **[www.cms.hhs.gov/bni](http://www.cms.hhs.gov/bni)**

- **This program is presented for informational purposes only. The current Medicare Regulations will prevail.**

**Thank you, you have completed  
the CBT.**

**Would you like to take a 10 question  
knowledge check?**

Yes, let's get started.

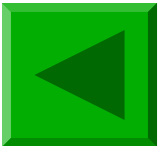
No, please take me back to  
WPS Medicare's Provider  
Homepage.

Beginning on July 1, 2007, hospitals must notify Medicare beneficiaries who are hospital inpatients about their hospital discharge appeal rights.

True

False

**That is not correct, please try  
again.**



**This is true. Effective July 1, 2007, hospitals must notify Medicare beneficiaries who are hospital inpatients about their hospital discharge appeal rights. Please refer back to slide 2.**

The Detailed Notice of Discharge is issued to inform beneficiaries of their right to appeal to a QIO when a hospital, with physician concurrence, determines that inpatient care is no longer necessary.

True

False

**This is false. The Important Message from Medicare (IM) is issued to inform beneficiaries of their right to appeal. Please refer back to slide 4.**

The Important Message from Medicare (IM) must be signed and dated by the patient or his or hers representative.

True

False

**This is true. The Important Message from Medicare (IM) must be signed and dated by the patient or his or hers representative. Please refer back to slide 5.**

Hospitals should deliver a follow-up copy of the signed IM as far in advance as possible.

True

False

**This is true. Hospitals should deliver a follow-up copy of the signed notice as far in advance as possible. Please refer back to slide 5**

Hospitals can deliver the IM by mail.

True

False

**This is false. The IM must be delivered to the patient in person. Please refer back to slide 6.**

The follow-up copy of the IM  
can be mailed to the patient  
after they discharge.

True

False

**This is false. A follow-up copy of the must be delivered as far in advance of discharge as possible. If discharge cannot be predicted in advance, the follow-up copy may only be delivered as late as the day of discharge. Please refer back to slide 7**

The patient must submit a request for an expedited review to the Quality Improvement Organization (QIO).

True

False

**This is true. The patient must submit a request to the Quality Improvement Organization (QIO) to exercise their right to an expedited review. Please refer back to slide 8.**

The hospital does not have to provide the QIO with any information needed to make an expedited determination.

True

False

**This is false. Hospitals are responsible for providing all information needed to make the expedited determination. Please refer back to slide 10.**

If the QIO determines that they do not agree with the patient, liability for continued services starts at noon the day after the QIO notifies the patient.

True

False

**This is true. If the QIO determines that they do not agree with the patient, the liability for continued services starts at noon the day after the QIO notifies the patient. Please refer back to slide 11.**

If a patient is dissatisfied with the QIO determination, they can request a reconsideration to the QIO.

True

False

**This is false. If a patient is dissatisfied with the QIO determination, the request for reconsideration should be submitted to the Independent Review Entity (IRE). Please refer back to slide 15.**

**Thank you, you have completed  
the Knowledge Check.**

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to  
WPS Medicare's Provider  
Homepage.