


Name of Policy:	<u>Notification of Hospital Discharge Appeal Rights</u>	 <p>Effective Date: 9/29/2010 Initial Effective Date: July 17, 2007</p>
Policy Number:	3364-100-01-18	
Department:	Hospital Administration	
Approving Officer:	Interim Executive Director, UTMC Sr. Vice President of Finance and Administration	
Responsible Agent:	Director, Patient Access Director, Outcome Management Nursing Administration	
Scope:	The University of Toledo Medical Center	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo Medical Center (UTMC) will comply with the Centers for Medicare and Medicaid Services final rule 4105-F (Medicare Program; Notification of Hospital Discharge Appeal Rights).

(B) Purpose of Policy

To notify Medicare beneficiaries who are hospital inpatients of their hospital discharge rights. This includes, but is not limited to, acute care, geriatric psychiatry and Coghlin Rehabilitation Center.

(C) Procedure

1. Issuing the Important Message from Medicare (IM)

- a. All Medicare beneficiaries including enrollees in Medicare Advantage plans will be provided a revised Office of Management & Budget (OMB) approved IM at or near admission, but not more than two calendar days after admission to the hospital by Registration personnel.
 - 1) The IM must have the patient's full name, ID number, attending physician and date of notice completed.
 - 2) The IM must also include the name and telephone number (including teletype (TTY) of KeyPro Quality Improvement Organization (QIO).
 - 3) If the patient is enrolled in any Medicare health plan, the plan name and telephone number (including TTY) must be included.
 - 4) When an observation patient is admitted, Registration personnel will go to the nursing unit to obtain the signature on the IM within 24 hours of admission.
- b. The IM must be signed and dated by the beneficiary (or legal representative, if applicable) to indicate that he or she understands it contents. The last copy of the signed and dated three part form will be given to the patient.
 - 1) If the patient is determined to be incapable of receiving or incompetent to receive the notice, the notice must be given to the patient's legal representative. If the representative is not available through direct personal contact the representative will be contacted by phone to advise them of the patient's discharge and appeal rights. A written notice will be mailed on the same date. A dated copy of the notice will be placed in the patient's medical record. Documentation will be made on the form and will include; the name of the staff member initiating the contact, the name and phone number of the representative, and the date and time of the call.
 - 2) The information given by phone should include :
 - ◆ The name and telephone number of a contact at the hospital;
 - ◆ The beneficiary's planned discharge date, and the date when the beneficiary's liability begins;
 - ◆ The beneficiary's rights as a hospital patient, including the right to appeal a discharge decision;
 - ◆ How to get a copy of a detailed notice describing why the hospital and physician believe the beneficiary is ready to be discharged;
 - ◆ A description of the steps for filing an appeal;
 - ◆ When (by what time/date) the appeal must be filed to take advantage of the liability protections;

- ◆ The entity required to receive the appeal, including any applicable name, address, telephone number, fax number or other method of communication the entity requires in order to receive the appeal in a timely fashion;
- ◆ Direction to the 1-800-MEDICARE number for additional assistance to the representative in further explaining and filing the appeal; and

3) When direct phone contact cannot be made, the notice will be sent to the representative by certified mail, return receipt requested. A copy of the notice will be placed in the patient's medical record. Documentation will be made in the medical record and will include; the name of the staff member attempting contact, the name of the representative and the phone number attempted, and the date of the attempted call.

- c. The back copy of the signed notice will be given to the beneficiary by Registration personnel and the original and other copy of the signed notice will be retained in the medical record under the consent section of the chart.
- d. The date that the notice is given whether in writing or by phone is the date of receipt of the notice. If notice was sent by certified mail the date that someone at the representative's address signs (or refuses to sign) the receipt is the date received.

2. Follow up Notice

- a. The Registered Nurse caring for the patient will present the signed IM to each Medicare beneficiary or their legal representative to be resigned and dated. The top white original copy will be retained in the chart under the consent section and the back copy will be provided to the patient.
- b. The notice should be given as far in advance of discharge as possible, although not more than two calendar days before the day of discharge.
- c. If the patient is determined to be incapable of receiving the notice and the patient's legal guardian is not available, the staff nurse will notify Outcomes Management personnel who will follow the appropriate notification process.

3. Refusal to Resign

- a. If the beneficiary or the legal representative refuses to resign the notice, staff will annotate the notice to indicate the refusal, and the date of refusal is considered the date of receipt of the notice.
- b. If the patient has refused to resign, the Registered Nurse will notify the Administrative Coordinator (A.C.) on duty and leave a message regarding the refusal on the Outcome Management consult line (ext. 3872), option 1.

4. Beneficiary Requesting QIO Review

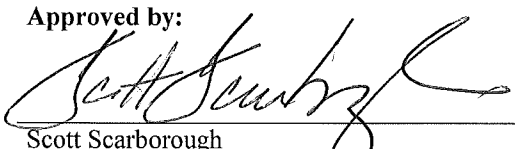
- a. The QIO (KeyPro) will inform the hospital via the A.C. if the beneficiary or their legal representative has made a timely request for an expedited QIO review. The A.C. should secure the name of the QIO representative, telephone number and fax number. The A.C. will contact Outcomes Management via the consult line to notify them of the QIO notification to the hospital of the referral.
- b. The OMB approved Detailed Notice of Discharge will be completed and delivered to the beneficiary or representative by Outcomes Management personnel. This will be done as soon as possible after the QIO's notification, but not later than noon the day after notification.
 - 1) The Detailed Notice of Discharge will include a detailed explanation of why services are no longer reasonable or necessary or are otherwise no longer covered and include facts specific to the beneficiary and relevant to the coverage.
- c. Outcomes Management personnel will supply any and all information that KeyPro needs to make the expedited determination, including both a copy of the IM and the Detailed Notices. This information will be supplied as soon as possible, but not later than noon the day after the notification by the QIO of the request.
- d. At the request of the beneficiary or representative, all information provided to the QIO will be furnished to the beneficiary or representative.

5. QIO Determination and Financial Liability

- a. The beneficiary is only responsible for coinsurance and deductibles for inpatient hospital services furnished before noon of the day after the QIO notifies the beneficiary of its decision.
- b. If the QIO notifies the beneficiary or representative that they concur with discharge determination, liability for continued services begins at noon the day after the QIO notification.
- c. If the QIO notifies the beneficiary or representative that they agree with the beneficiary or representative, the beneficiary is not financially responsible for continued care until the hospital once again determines that the beneficiary no longer requires inpatient care and another follow up IM is given.

6. QIO Notice to Hospital of Determination

- a. The QIO will notify the hospital via the A.C. of the determination.
- b. The A.C. will notify Outcomes Management via the consult line of the determination and will notify the patient's Registered Nurse.
 - 1) If the QIO concurs with the beneficiary or representative, the discharge will be held and inpatient care will continue until a new discharge date is determined.
 - 2) If the QIO does not agree with the beneficiary or representative and the beneficiary is in agreement to be discharged, the Registered Nurse will proceed with the discharge.

<p>Approved by:  _____ Scott Scarborough Interim Executive Director, UTMC Sr. Vice President of Finance and Administration <i>Review/Revision Completed By:</i> HAS Outcome Management Nursing</p>	<p>Review/Revision Date: 5/9/07 9/29/2010</p>
<p style="text-align: right;">Date _____</p>	<p>Next Review Date: 5/1/2010</p>
<p>Policies Superseded by This Policy: 7-01-18 - Notification of Hospital Discharge Appeal Rights</p>	