Name of Policy: Notification of Hospital Discharge Rights **Policy Number**: 3364-100-01-18 **Approving Officer**: Chief Executive Officer, Chief of Staff **Responsible Agent**: Director, Patient Access, Director of Outcome Management, Chief Nursing Officer **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: 7/17/2007
Key words: Final Rule, Medicare Program, Hospital Discharge, Appeal Rights, Beneficiary	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy Statement

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

(B) Purpose of Policy

To comply with CMS regulatory requirements to notify Medicare beneficiaries who are hospital inpatients of their hospital discharge rights.

(C) Definitions

- Discharge: Formal release of a beneficiary from an inpatient hospital. This includes physical discharge or when the beneficiary remains in the hospital under a lower level of care.
- Beneficiary: Patients that receive Medicare inpatient benefits.
- Representative: Individuals authorized to act on behalf of the beneficiary; someone acting responsibly on behalf of an incapacitated or incompetent beneficiary; or someone requested by the beneficiary to act as his or her agent.
- QIO: Quality Improvement Organization enacted by Federal statue "to improve the efficiency, effectiveness, economy and quality of services delivered to Medicare Beneficiaries."
- IM: Important Message from Medicare
- Patient Representative: if the patient lacks competence to make health care decisions

(D) Procedure

1. Issuing the Important Message from Medicare (IM)

   a. All Medicare beneficiaries, including enrollees in Medicare Managed Care and dual eligible (Medicare and Medicaid) plans, will be provided a revised Office of Management & Budget (OMB) approved IM within 2 calendar days of admission by Patient Access 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 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, Patient Access 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 the contents. A copy of the signed and dated IM will be given to the beneficiary or representative.

1) The copy of the signed IM will be delivered to the beneficiary at or near admission, but no later than 2 calendar days following the date of admission.

2) 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 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. 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.

3) Telephone contact will be confirmed with a written notice mailed on that same date. The information given by phone should include the following:
- 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

~~c.~~ A printed copy of the signed notice will be given to the beneficiary by Patient Access 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. Will be available via electronic documentation

~~d.~~c. The date that the notice is given, whether in writing or by phone, is the date of receipt of the notice.

~~e.~~d. When direct phone contact cannot be made, written notice must be used wherein verification of delivery can be made (i.e., certified mail).

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 prior to discharge. 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 the staff nurse will notify the patient's legal guardian.

3. Beneficiary Requesting QIO Review

a. The physician determines the patient is medical ready for discharge and completes the discharge order. If the patient and/or patient representative disagrees with discharge they are informed of their right to request an expedited QIO review (refusal of discharge)~~.~~, the staff nurse will notify Outcome Management personnel and The House Supervisor. The. House Supervisor will contact Outcomes Management or Outcome Management administrator on call (after hours)to notify them of the intent for QIO notification

b. The OMB approved Detailed Notice of Discharge will be reviewed, discussed and completed via the electronic medical record between the Outcome Management representative and the patient; and/or patient representative. This will be done as soon as possible after the notification of discharge refusal
   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 representative will notify Health Information Management (HIM) of the Discharge Appeal and HIM will supply any and all information to the designated QIO organization needed to make the expedited determination, including both a copy of the IM and the Detailed Notice. 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. Additional information will be provided to the patient and/or patient representative upon request.

4. 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.

5. QIO Notice to Hospital of Determination

a. The QIO will notify the hospital of the determination by calling the Outcome Management Representative or the House Supervisor (after hours) .

b. The House Supervisor will notify Outcomes Management or Outcome Management administrator on call (after hours) of the determination and will notify the patient's Registered Nurse.
   1) If the QIO agrees 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.
   3) If the QIO agrees with the hospital and determines that the patient is medically ready to proceed with discharge, the patient has until noon the following day to leave the hospital.

Approved by: _____ Daniel Barbee	**Policies Superseded by This Policy:** • *7/1/2018* Initial effective date: 7/17/2007

Chief Executive Officer _____ Date _____ Puneet Sindhwani, MD Chief of Staff _____ Date *Review/Revision Completed by:* *Director, Outcome Management*	Review/Revision Date: 5/9/07 9/29/2010 4/1/2014 8/1/2017 8/1/2020 Next review date: