


Name of Policy: <u>Notification of Hospital Discharge Appeal Rights</u> Policy Number: 3364-100-01-18 Department: Hospital Administration Approving Officer: Chief Executive Officer - UTMC Responsible Agent: Director, Patient Access Director, Outcome Management Nursing Administration Scope: The University of Toledo Medical Center	 Effective Date: 8/1/2020 Initial Effective Date: July 17, 2007
<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 (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 beneficiary remains in the hospital under a lower level of care.
- Beneficiary: Patients that receive Medicare inpatient benefits.
- Representative: Individuals authorized to act on the 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 statute “to improve the efficiency, effectiveness, economy and quality of services delivered to Medicare Beneficiaries”.

(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 KePro 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 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. The back 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.
- d. The date that the notice is given, whether in writing or by phone, is the date of receipt of the notice.
- e. 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. If the beneficiary or their legal representative has made a timely request for an expedited QIO review (refusal of discharge). The staff nurse will notify Outcome Management personnel and/or The House Supervisor/Administrative Coordinator. . The House Supervisor/Administrative Coordinator will contact Outcomes Management via the consult line to notify them of the QIO notification to the hospital of the referral (after hours).
- b. The OMB approved Detailed Notice of Discharge will be completed and delivered to the beneficiary or representative by the Attending. 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 KePro 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.

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 via the House Supervisor/Administrative Coordinator of the determination.
- b. The House Supervisor/Administrative Coordinator. 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:</p> <p>/s/ _____ 07/10/2020 Richard P. Swaine, CPA Chief Executive Officer – UTMTC</p> <p><i>Review/Revision Completed By:</i> HAS Outcome Management Nursing</p>	<p>Review/Revision Date: 5/9/07 9/29/2010 4/1/2014 8/1/2017 8/1/2020</p>
<p>Next Review Date: 8/1/2023</p>	
<p>Policies Superseded by This Policy: 7-01-18 - Notification of Hospital Discharge Appeal Rights</p>	