# Hospital Discharges and Your Clients' Rights

Here you can learn to teach Medicare beneficiaries about their rights and processes when the hospital decides it's time for discharge. Discharge can mean going home, switching to a lower level of care or moving to a nursing home.

### *Why are Medicare discharge notices important to benefits counselors?*

In 2011, there were 11.5 million beneficiary inpatient hospital discharges. You will likely help beneficiaries with questions about hospital stays this year. When Medicare beneficiaries understand the hospital discharge notification system, they are better equipped to:

- Participate in the discharge planning process, especially if they need rehabilitation services, nursing home placement or home health services upon discharge (CMS discharge checklist);
- Make sure they and their treating physicians are in agreement that they are well enough to leave the hospital;
- Ask for a fast appeal if they do not agree with the discharge; and
- Get needed prescriptions through their Part D plan.

## Hospital Notice Procedures

**Important Message (IM) from Medicare –** English and Spanish versions

The IM explains beneficiary rights when the hospital decides the beneficiary no longer needs to remain in the hospital because they can go home and/or obtain medically needed care in another setting, such as a nursing home. Patients must **sign the notice** to indicate that they received and understood it.

If a hospital has reason to believe that a beneficiary lacks the capacity to receive the IM and to understand its contents, then the hospital must deliver the notice and obtain a signature from an appropriate representative of the beneficiary. If a representative is not readily available in-person, the hospital may give oral notice by telephone and then mail the notice. Messages left on answering machines or voicemail are not acceptable because there is no opportunity for the hospital to assess whether the representative has actually received and understood the notification.

All acute care hospitals must **issue an IM twice** during an inpatient hospitalization:

1. The first IM must be delivered no later than **two days after admittance**.
2. The second Important Message (IM) must be given to the patient **two days prior to the planned discharge day.** However, these are two common exceptions since many Medicare beneficiaries stay in the hospital fewer than five days:

    a. The discharge date is within two days of signing the initial (first) IM.

**Example:** A patient who was admitted on Sunday received and signed the IM on Tuesday. He is scheduled for discharge on Thursday so he need not be given a second copy of the notice. If, however, his discharge was scheduled for Friday, the second notice would be required to be delivered on Wednesday.

b. The hospital discharge decision is made very quickly.
**Example:** A discharge may be based upon results of lab tests or the availability of a bed in a nursing home. When decisions are reached less than 48 hours prior to a scheduled discharge, the second notice must be delivered to the patient at least 4 hours prior to discharge. The same appeals rights remain applicable to a patient who receives notification on the day of the discharge.

### *What can a beneficiary who disagrees with the discharge decision do?*

Medicare patients who do not agree that they are ready for discharge can appeal by calling the *Quality Improvement Organization (QIO)* by the end of the date set for the discharge. The IM lists the QIO phone number, which is available 24 hours a day, including weekends. Calling to appeal, sometimes called fast appeal or immediate review, will result in an immediate review.

### *What happens when Medicare patients request an immediate review?*

When the QIO receives a fast appeal request (also called an Expedited Decision or immediate review), it informs the hospital that an appeal has been initiated and asks for records. The hospital must transmit the records for review so the QIO can reach a decision as to whether the medical facts and Medicare rules support discharging the beneficiary.

The hospital must give the beneficiary another model notice called the *Detailed Notice of Discharge (DND)* in writing by noon of the day after it receives notice of the fast appeal from the QIO.* The DND must describe the following:

1. Why the hospitalization is no longer necessary or no longer covered, and
2. Which Medicare coverage rules or policies apply to the patient's medical condition that led the hospital to conclude the patient was ready for discharge.

***Note:** Medicare beneficiaries enrolled in **Medicare Advantage (MA) Plans** receive an **Integrated Denial Notice** (IDN) from their MA plan. The IDN must explain why the hospitalization (or other services) is no longer covered, along with the beneficiary's appeal rights. CMS allows the MA plan to add its logo or letterhead, plan contact information, and include Medicaid rights information for beneficiaries with Medicaid.

### *How long does the fast appeal take?*

The QIO must reach its decision one day after it receives the requested records from the hospital. If the beneficiary made the request for the expedited decision (fast appeal) before midnight on the day of the scheduled discharge, the fast appeal should not take more than two days.

> **Example:** If a Medicare patient is told the discharge date is Thursday and she calls the QIO Thursday afternoon, the hospital should give her a DND and send her records to the QIO by Friday at noon. The QIO's expedited decision should be reached and communicated to the patient and the hospital on Saturday.

### *Who pays for the hospital stay during the immediate review process?*

Patients who ask the QIO promptly before midnight of the scheduled date of discharge for an immediate review are not held liable for the cost of the continued hospital stay, even if the QIO rules against them. This is unless they remain in the hospital after noon of the day they are told by the QIO of a decision that affirms the discharge date.

> **Example:** In the example above, the patient would not be held liable for the cost of the hospital stay unless she stayed in the hospital past noon on Sunday.

## References

See the Centers for Medicare & Medicaid Services (CMS) Your Discharge Planning Checklist for other helpful information for patients and caregivers about inpatient stays.

See the Centers for Medicare & Medicaid Services (CMS) Statistical Reference Booklet Utilization Table IV.1 on hospital discharges and length of stays.

See the Centers for Medicare & Medicaid Services (CMS) Beneficiary Notices Initiative webpage for copies of notices in Spanish and English http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html

See the Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 30 – *Financial Liability Protections*, Sections 200 through 300 (pages 198 through 231) for guidance on your clients' rights to hospital notices and appeals procedures under Original Medicare.

See the Centers for Medicare & Medicaid Services (CMS) Medicare Managed Care Manual, Chapter 13 – *Beneficiary Grievances, Organization Determinations, and Appeals Applicable to Medicare Advantage Plans, Cost Plans, and Health Care Prepayment Plans (HCPPs) (collectively referred to as Medicare Health Plans)*, for guidance on appealing a hospital discharge notice under Medicare Advantage.