

Important Message and Hospital Discharge Appeal Process

Important Message and Hospital Discharge Appeal Process

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Objectives

At the end of this session, you should be able to:

- Describe the requirements for issuing the ***Important Message*** in the hospital setting as part of patient rights regulations.
- Understand appeal process and timeliness.
- Identify appropriate forms to be used.



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Important Message and Hospital Discharge Appeal Process

Session Overview

- Terminology
- Background
- Regulatory References
- General Information
- Important Message (including preparing and delivering)
- Detailed Notice of Discharge
- Appeal Review, Timeliness and Other Issues / Considerations
- Hospital Issued Notice of Non-coverage (HINNs)
- Resources
- Other Topics Relating to Beneficiary Stays



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Terminology

- Original Medicare/Fee-for-service (FFS)
- Medicare Health Plans
 - ◆ Medicare Advantage (MA)
 - ◆ Private Fee-For-Service (PFFS)
 - ◆ Senior Care Organizations
- Important Message from Medicare (IM)
- Appeal
- Detailed Notice of Discharge
- Hospital: any facility providing care at the inpatient hospital level of care



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Important Message and Hospital Discharge Appeal Process

Terminology (continued)

- Discharge: the formal release of a patient from inpatient *hospital level of care*
- Masspro Reviewers
 - ◆ Review case manager (RCM)
 - ◆ Physician Reviewer (PR)
- Masspro's review determinations
 - ◆ Upheld
 - ◆ Overturned



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Background / History

- First started for SNFs, HHAs, and hospice settings
 - ◆ Medicare Advantage (MA) Fast Track established by Grijalva v Shalala (class action lawsuit)
 - ◆ Fee for Service (FFS) established by Medicare Benefits Improvement and Protection Act of 2000 (BIPA) Public Law 106-554
- General guideline: All Medicare beneficiaries/enrollees receive written notice when their covered services are about to end, even if they agree that services should end
- Expanded to inpatient 2007 (*Weichardt Review*)



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Regulatory Reference: FFS

- Code of Federal Regulations
 - ◆ 42 CFR 405.1205 and 405.1206
 - ◆ 42 CFR 489.27 and 412.42 (c)(3)

- Social Security Act
 - ◆ Section 1866(a)(1)(M)
 - ◆ Section 1869(c)(3)(C)(iii)(III)
 - ◆ Section 1154(e)

- Require that hospitals inform Medicare beneficiaries who are hospital inpatients of their right to a QIO review



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Regulatory Reference: MA

- Code of Federal Regulations
 - ◆ 42 CFR §422.620 and §422.622

- Social Security Act
 - ◆ Section 1866(a)(1)(M)
 - ◆ Section 1154(a)

- Require that hospitals and Medicare health plans inform Medicare enrollees who are hospital inpatients of their right to a QIO review



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Important Message and Hospital Discharge Appeal Process

General Information

- Purpose of Important Message
 - ◆ To ensure hospitals notify Medicare beneficiaries/enrollees of their discharge appeals rights
 - ◆ Within 48 hours of admission (initial)
 - ◆ Within 48 hours of discharge (follow-up)



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General Information

- Hospitals must
 - ◆ issue the Important Message within 2 calendar days of admission,
 - ◆ obtain the signature of the beneficiary/enrollee or representative
 - ◆ provide a copy at that time, and
 - ◆ deliver a follow up Important Message in advance of discharge – but ***not more than 2 calendar days before discharge***



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General Information (continued)

- The Important Message provides information to beneficiaries/enrollees about
 - ◆ the QIO appeal process
 - ◆ the right to an expedited determination
 - ◆ the right to receive detailed information about the discharge decision



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Making Sure You Do It Right

- Make sure the Important Message you issue is the standardized notice published by CMS.
- Make sure the Important Message meets delivery timeframes.
- Make sure the Important Message is signed and dated by the beneficiary/enrollee or a representative.



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Preparing the Initial Important Message

- Use the correct form:
 - ◆ ***Important Message From Medicare***
 - ◆ OMB #0938-0692 (must be displayed)
 - ◆ CMS-R-193 lower portion of page 1
 - ◆ Available at www.cms.gov/bni at the link for Hospital Discharge Appeal Notices

- ***This is a standardized form. Do not deviate from the content of the form except where indicated!***



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Preparing the Initial Important Message (cont'd)

- Insert beneficiary's name, ID number, attending physician

- Insert QIO name (Masspro) and telephone number **(800-252-5533)** and TTY number (800-429-2370)

- Give to beneficiary/enrollee or representative to be signed and dated



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Delivering the Initial Important Message

- Important Message must be delivered in person (exceptions apply).
- Timely delivery = within two days of admission.
- Hospitals may deliver the initial Important Message if the beneficiary/enrollee is seen during a preadmission visit, but not more than 7 calendar days in advance of admission.



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Components of the Follow-up Important Message

- Hospitals may use their own method to document issuance of follow-up Important Message, such as:
 - ◆ Add section to discharge check off form that includes beneficiary/enrollee signature and date
 - ◆ Use the “Additional Information” section of the Important Message to document delivery
 - ◆ Create some other method(s) that will provide evidence of issuance



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Delivering the Follow-up Important Message

- A **follow-up** Important Message must be delivered as far in advance as possible, but no more than 2 calendar days before the planned date of discharge.
- **Exception!** A **follow-up** Important Message is not required if the **initial** Important Message was delivered within two calendar days of discharge.
 - ◆ Example: A beneficiary/enrollee is admitted on Monday, the initial Important Message is delivered on Wednesday, and the beneficiary is discharged on Friday. No follow-up Important Message is required.



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Delivering the Follow-up Important Message (continued)

- Issue the Important Message as soon as you know the patient will be discharged.
- Your policy should **not** be that the delivery of the follow-up Important Message is part of the routine process on the day of discharge.
- If you deliver the Important Message on the day of discharge, you must give the beneficiary/enrollee at least **four** hours to consider his/her right to request an appeal.



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Refusal to Sign Important Message

- If the beneficiary/enrollee or representative refuses to sign Important Message
 - ◆ Document right on the Important Message that the beneficiary/enrollee refused to sign.
 - ◆ Include date and beneficiary's/enrollee's or representative's name.

- Date of refusal is considered the date of receipt



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Telephonic Delivery of the Important Message

- Notification of the Important Message can be made by telephone when hospital is unable to deliver it in person.
 - ◆ Regulations do not allow for voice mail delivery
- The date of proper telephonic delivery is the date of receipt of the Important Message.
- Confirm the telephone contact by written notice mailed on that same date.
- Place a dated copy of the Important Message in the patient's medical file.
- Document the telephonic delivery. (More on next slide.)



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Telephonic Delivery of the Important Message (cont'd)

- Be sure to include these items in the telephonic delivery:
 - ◆ Name and telephone of contact at the hospital
 - ◆ Planned date of discharge
 - ◆ The beneficiary's/enrollee's right to appeal a discharge decision
 - ◆ When (by what time/date) the appeal must be filed to take advantage of the liability protections
 - ◆ Masspro's name, address, and telephone number
 - ◆ Direction to the 1-800-MEDICARE number for additional assistance in further explaining and filing the appeal



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Telephonic Delivery of the Important Message (cont'd)

- Documentation of telephonic delivery must include, at a minimum, the following:
 - ◆ Date and time of call
 - ◆ Name of the person you spoke to
 - ◆ That person's relationship to the patient
 - ◆ That you gave all the required information (what's listed on the previous slide)



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Delivering Important Message by Mail

- If you cannot make direct phone contact, send the Important Message to the representative by mail.
- Recommendation: Use a delivery method that requires signed verification of delivery.
- The ***date received*** is the date that someone at the representative's address signs (or refuses to sign).



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Delivering Important Message by Mail (continued)

- Place a copy of the notice in the patient's medical file, and document the attempted telephone contact. The documentation should include:
 - ◆ the name of the staff person initiating the contact,
 - ◆ the name of the representative you attempted to contact,
 - ◆ the date and time of the attempted call, and
 - ◆ the telephone number called.



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Delivering Important Message by Fax or E-mail

- Important Message delivery by fax or e-mail
 - ◆ The hospital and the representative agree.
 - ◆ Hospitals must meet the HIPAA privacy and security requirements.



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Appeal Request

- Beneficiary/Enrollee must call Masspro no later than the day of the planned discharge (midnight) to request an expedited appeal.
- Masspro immediately notifies the hospital and the plan (if applicable) when a request is received.
 - ◆ At this point, the hospital or the plan prepares the Detailed Notice of Discharge.
- Masspro requests the medical record, Important Message(s) and the Detailed Notice of Discharge.



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Detailed Notice of Discharge

No later than noon of the day after the QIO notifies the hospital or health plan of the appeal, the hospital/health plan

- prepares and delivers valid Detailed Notice of Discharge to the beneficiary/enrollee, and
- submits **complete*** medical record, the Important Message, and the Detailed Notice of Discharge to the QIO.

* If Masspro defers decision until receipt of complete medical record, hospital/plan may be financially liable.



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Preparing the Detailed Notice of Discharge

- Use the correct **Detailed Notice of Discharge** form:
 - ◆ OMB # 0938-1019
 - ◆ CMS 10066
 - ◆ Available at www.cms.gov/bni at the link for Hospital Discharge Appeal Notices
- ***This is a standardized notice. Do not deviate from the content of the form except where indicated!***



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Preparing the Detailed Notice of Discharge (cont'd)

- Describe, in simple terms, the facts surrounding the decision to discharge the patient.
 - ◆ Explain why services are no longer necessary.
 - ◆ Describe relevant Medicare coverage rules, instructions, or other policies.
 - ◆ Use facts specific to the beneficiary and relevant to coverage determination.



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Preparing the Detailed Notice of Discharge (cont'd)

- FFS
 - ◆ Hospital must deliver Detailed Notice of Discharge to the beneficiary no later than noon of the day after the QIO's notification of the appeal.
- MA
 - ◆ Plan, or by delegation hospital, must deliver Detailed Notice of Discharge to the enrollee no later than noon the day after the QIO's notification of the appeal.



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Appeal Review

- Masspro follows regulatory requirements and ensures the following:
 - ◆ Valid Important Message
 - ◆ Evidence of valid delivery
 - ◆ Valid Detailed Notice of Discharge
- Review Case Managers review
 - ◆ Based on regulations and criteria
- Physician Review required on all appeals
 - ◆ Based on medical judgment and regulatory criteria



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Appeal Decision Notification

- Masspro notifies the beneficiary/enrollee or authorized representative, the hospital, and the plan (if applicable) of the decision by telephone.

- Masspro follows up with written notification.



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Timeliness

- Timely request for appeal
 - ◆ Decision made within one calendar day after receiving all requested information.
 - ◆ Liability protection for beneficiary/enrollee until noon the day following Masspro's decision.



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Timeliness (continued)

- Untimely FFS request for appeal (after midnight of planned date of discharge)
 - ◆ Decision made within two calendar days after receiving all requested information.
 - ◆ Liability protection does not apply.
- Untimely MA request for appeal
 - ◆ Must be submitted to the plan.
 - ◆ Liability protection does not apply.



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Exceptions to IM Requirements

- Important Message should not be given in these situations, specifically for:
 - ◆ Exhaustion of benefits
 - ◆ Services that Medicare never covers
 - ◆ Observation stays
 - ◆ Preadmission/admission services that are not reasonable and necessary (unless the stay becomes a covered stay)



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Special Considerations

- Inpatient-to-inpatient transfers
- Preadmission/Admission services that are not reasonable and necessary
- Preadmission/Admission for services Medicare never covers
- Change of status from inpatient to outpatient
- Hospital requested review



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Masspro's Experiences: Fiscal Year 2010

- Total 397 appeals (average 33 per month)
 - ◆ Upheld 231 (58.2%)
 - › Discharge decision supported in medical record (MR)
 - ◆ Overturned 17 (4.2%)
 - › Discharge decision not supported in MR
 - ◆ Withdrawn 149 (37.6%)
 - › Discharge cancelled, patient condition changed, patient changed their mind, patient not inpatient, patient observation status, patient was being transferred to another acute setting



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Hospital Issued Notice of Non-coverage (HINN)

- http://www.cms.gov/BNI/05_HINNs.asp#TopOfPage
- Preadmission/Admission HINN
 - ◆ Issued when patient does not meet inpatient hospital level of care
 - ◆ No physician concurrence is needed
 - ◆ Liability
 - › Begins day of admission if HINN issued prior to 3:00 pm on first day of admission
 - › Begins day after receipt of HINN when HINN delivered after 3:00 pm on day of admission or any time during stay
 - › If QIO agrees with HINN, liability remains as specified in HINN.



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Hospital Issued Notice of Non-coverage (cont'd)

- HINN 12
 - ◆ Notice to inform beneficiary of liability
 - ◆ May be issued
 - ◆ after QIO processes appeal as a result of the issuance of the Important Message, or
 - ◆ if beneficiary does not appeal Important Message or refuses a skilled nursing bed or search
 - ◆ Beneficiary may appeal the HINN 12 to the Fiscal Intermediary after he/she receives Medicare Summary Notice



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Hospital Requested Review

- Hospital Requested Review (HRR)
 - ◆ HINN 10
 - ◆ Hospitals may request QIO review when
 - › beneficiary no longer requires hospital level of care,
 - and**
 - › physician does not agree with discharge.
 - ◆ Hospitals must notify the beneficiary of the HRR.



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Appeals Contact Information

- Helpline 1-800-252-5533
- Expedited appeals staff members
 - ◆ Nancy Steber, Review Case Manager
 - ◆ Nancy Keene, Review Case Manager
 - ◆ Janet Modesto, Appeals Administrative Coordinator
 - ◆ Ken Jones, Helpline Coordinator
- Fax number: 781-419-2511
 - ◆ Fax for weekend and holiday use *only*



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Resources

- Masspro Website: www.masspro.org
- CMS Website: <http://www.cms.gov/BNI>
- Final Rule:
<http://www.cms.gov/BNI/Downloads/CMS-4105-F.pdf>



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Resources (continued)

- Medicare Claims Processing Manual
<http://www.cms.gov/manuals/downloads/clm104c30.pdf>

- Medicare Managed Care Manual – Pub# 100-16, Chap. 13
<http://www.cms.gov/Manuals/IOM/list.asp?listpage=2>



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Other Topics

- “3-day qualifying inpatient stay”
 - ◆ <http://www.cms.gov/manuals/Downloads/bp102c08.pdf>
 - ◆ Must be medically necessary
 - ◆ At least three consecutive days
 - ◆ Day of admission counts, but not discharge day
 - ◆ Observation/emergency room stay does not count toward the 3-day qualifying inpatient hospital stay



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Other Topics (continued)

- Inpatient only list – procedures that cannot be billed to outpatient claim
 - ◆ http://www.cms.gov/apps/ama/license.asp?file=/HospitalOutpatientPPS/Downloads/CMS1392FC_Addendum_E.zip
- Recovery Audit Contractors (RAC)
 - ◆ Diversified Collection Services, Inc. for Region A
 - ◆ <http://www.cms.gov/RAC/>
- Medicare Administrative Contractor (MAC)
 - ◆ NHIC, Corp. for J14 (includes Massachusetts)
 - ◆ <http://www.medicarenhic.com/>



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Questions?

Please ask your questions



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Thank You!

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