

**OLIVE VIEW-UCLA MEDICAL CENTER
INPATIENT FINANCIAL SERVICES
POLICY & PROCEDURE**

**NUMBER: 2342
VERSION: 2**

SUBJECT/TITLE: REVISED IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR APPEAL RIGHTS AND DETAILED NOTICE OF DISCHARGE

POLICY:

PURPOSE: To establish procedures in documenting the delivery and demonstrating compliance in providing Medicare recipients the “*An Important Message From Medicare About Your Rights*” (CMS-R-193 and CMS-R-193-SP), “*Your Rights While You Are a Medicare Hospital Patient*”, processing of the “*Detailed Notice of Discharge*” (CMS 10066) to the Quality Improvement Organization (QIO,) and “*Notice of Medicare Provider Non-Coverage*”.

GENERAL: Hospitals must notify Medicare beneficiaries and/or Medicare Advantage enrollees about their hospital discharge appeal rights.

SCOPE: These procedures include the actions required by the hospitals’ Admitting Staff, Patient Access, Utilization Management (UM), and Case Management (CM) staff or any other designated area.

DEPARTMENTS: Inpatient Financial Services, Patient Access, Utilization Management (UM), and Administrative Nursing Office (ANO)

**DEFINITIONS:
PROCEDURE:**

RESPONSIBILITY NECESSARY ACTION

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|-----------------------------------|--|
| ADMISSIONS | (A) Deliver “ <i>An Important Message From Medicare</i> ” (IM) form (Attachment I) to patient and/or representative on day of admission and again as needed. |
| | <ol style="list-style-type: none"> 1. Enter Patient Name, Medical Record Number (MRN) and Admitting Physician Name in the upper left corner of IM. 2. Admitting staff will explain IM to Medicare patient and/or Representative. |
| ADMISSIONS
(Continued) | <ol style="list-style-type: none"> 3. Obtain signature of patient and/or representative, and date on IM. |

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4. Follow established protocol if patient is unable to sign, documenting the reason, and date at the end of the IM form, below patient signature/date.
- (B) Distribution of “*Medicare Important Message*” (IM) and “*Your Rights While You Are a Medicare Hospital Patient*”:
1. Original IM and “*Your Rights While You Are a Medicare Hospital Patient*” to patient and/or representative.
 2. Scan completed form after signature obtained into ORCHID under “Medicare Important Messages”
 3. Copy of IM and “*Your Rights While You Are a Medicare Hospital Patient*” to Utilization Review, (put in tray) appropriate wall pocket.

INPATIENT FINANCIAL SERVICES (IPFS)

- (A) If patient is unable to sign the IM form, and “*Your Rights While You Are a Medicare Hospital Patient*”, at time of admission, Inpatient Financial Services (IPFS) will be responsible for obtaining signature on IM and “*Your Rights While You Are a Medicare Hospital Patient*”.
- (B) If successful in obtaining patient and/or representative signature on the IM letter within two days of admission, IPFS will:
1. Enter Patient Name, MRN, and Admitting Physician Name in upper left hand corner of the IM form
 2. Explain IM to Medicare patient and/or representative
 3. Obtain signature of patient and/or representative, and date at the end of the IM form, which reads “*Signature of beneficiary or person acting on behalf of beneficiary*”.
 4. Obtain signature and date on “*Your Rights While You Are a Medicare Hospital Patient*”. Scan “*Medicare Documents*” into images.

INPATIENT FINANCIAL SERVICES (IPFS)

Note: Do not initial and date where the form reads “*Follow-up IM delivered to patient/representative*”. This section is for the patient to initial/date, acknowledging that they were given a second copy of the

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IM, which is called the follow-up IM, within two days of discharge. This will be Utilization Managements responsibility.

(C) Distribution of Important Message (IM) and “*Your Rights While You Are a Medicare Hospital Patient*”:

1. Original(s) to patient and/or representative
2. Scan/upload copy in Health Information System

(D) If unable to obtain signature/date on the IM form, within two days of admission:

1. Document the reason on IM why patient and/or representative was unable to sign and date the IM form
2. Original IM is filed in the Inpatient Hospital folder
3. Scan/Upload IM into Health Information System (HIS)
4. Copy of IM is given to Utilization Management.
5. PRW shall document in HIS Patient Information notes the date IM was given to the patient. Document the reason Patient/Representative was unable and/or refused to sign.

(E) If Medicare coverage is identified after admission, IPFS will initiate the IM form and “*Your Rights While You Are a Medicare Hospital Patient*” and ensure that the above processes are followed under (Section B 1-4, and Section C 1-4).

UTILIZATION MANAGEMENT (UM)

(A) Provide “*Important Message*” (IM) second follow-up copy within two days before discharge and only on the day of discharge when unavoidable.

(B) If given on the day of discharge allow at least 4 hours for patient to consider their discharge appeal rights.

Note: When a discharge seems likely (*e.g. after hours, weekends, holidays*) arrangements should be made to deliver the follow-up IM notice. Should the discharge go beyond the 2-day time frame, another follow-up IM notice must be delivered to the patient.

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1. Receive copy of IM notice from PFS/Admitting.
2. Deliver IM follow-up copy to the patient upon notification of impending discharge.

Note: If patient is discharged within two days of the delivery date of the original IM notice, no follow-up letter needs to be presented, and no further documentation is required.

3. Obtain patients initials/date on IM follow-up copy demonstrating compliance.
 4. Place in tray to be scanned into “ORCHID”
- (B) Detailed Notice of Discharge / Health Services Advisory Group (HSAG) – Quality Improvement Organization (QIO)
1. Receive “*Detailed Notice of Discharge*” (Attachment III) from QIO subsequent to patient filing a review request/appeal.
 2. QIO notifies UM that they have received a review request.
 3. UM shall deliver a completed “*Detailed Notice of Discharge*” to the QIO no later than noon of the day after the QIO notifies the hospital of the request.
 4. UM shall provide all information that the QIO needs by telephone, or in writing at the QIO’s discretion.
 5. If requested, provide a copy of the information to the beneficiary.

HEALTH SERVICES ADVISORY GROUP (HSAG) – QUALITY IMPROVEMENT ORGANIZATION (QIO)

- (A) QIO requests for “*Detailed Notice of Discharge*” after hours, weekends and holidays.
1. QIO will contact the ANO after hours, weekends and holidays when a review request has been received. The ANO can be reached at (747) 210-3170.
 2. UM is available Monday through Friday 8:00 A.M. – 4:00 P.M., and can be reached at (747) 210-3414.

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ADMINISTRATIVE NURSING OFFICE (ANO)

- (A) The ANO will contact the Utilization Management (UM) Physician Advisor and inform them of the QIO request for a “*Detailed Notice of Discharge*”.

UTILIZATION MANAGEMENT (UM) PHYSICIAN ADVISOR

- (A) The UM Physician Advisor shall deliver a completed “*Detailed Notice of Discharge*” to the QIO, no later than noon of the day after the QIO notifies the hospital of the request.
 - 1. The UM Physician Advisor shall provide UM a copy of the completed “*Detailed Notice of Discharge*” provided to the QIO on the first available business day.
 - 2. The UM Physician Advisor shall provide all information the QIO needs by telephone or in writing at the QIO’s discretion.
 - 3. If requested, provide a copy of the information to the beneficiary.
- (B) Notice of Medicare Provider Non-Coverage (Attachment IV).
 - 1. Complete Notice of Medicare Provider Non-Coverage when physician determines further medical services are unnecessary and could be furnished in another setting.
 - 2. Inform patient that this notice is not an official Medicare determination. Health Services Advisory Group is the quality improvement organization (QIO) authorized by the Medicare program to review Inpatient hospital services provided, to Medicare patients in the State of California, of their rights if they disagree with this decision.

References:	
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