

Notification of Hospital Discharge Appeal Rights (CMS-4105-F)



Overview

- Sections 1154 and 1866(a)(1)(M)
- Beneficiary right to QIO review of discharge decisions
- Hospitals continue to be responsible for notifying beneficiaries of this right
- Notification requirements revised by CMS-4105-F

Hospitals Affected by this Rule

- Any facility providing care at the inpatient hospital level
 - short term or long term
 - acute or non acute
 - paid through a prospective payment system or other reimbursement basis
 - limited to specialty care or providing a broader spectrum of services.
- Includes critical access hospitals

Hospital Exclusions

- Swing beds in hospitals when used as skilled nursing beds
- Outpatient departments (ED, Observation Beds)
- Religious non-medical health care institutions

Medicare Beneficiaries Covered by the Rule

- All hospital inpatients who are Medicare beneficiaries
 - Beneficiaries in Original Medicare
 - Enrollees in Medicare Advantage and other Medicare health plans under MA regulations
 - Dual eligibles
 - Beneficiaries with Medicare as a secondary payer

IM: Delivery Requirements for the Initial Copy

- Delivered within 2 calendar days of admission or at preadmission, but not more than 7 calendar days before admission
- Using Standardized Notice (CMS-R-193)
- Ensure beneficiary comprehension
- Signed and dated by beneficiary
- Beneficiary gets copy
- Hospital retains a copy

IM: Delivery Requirements for the Follow-up Copy

- Deliver as far in advance as possible before discharge, but no more than 2 calendar days before the day of discharge
- Deliver on the day of discharge only when unavoidable
 - Allow at least 4 hours for pt. to consider rights.
- Cannot routinely deliver on discharge date
- May give new IM and obtain signature again
- Hospitals must document delivery and demonstrate compliance

Notice Delivery to Representatives

- Hospitals should have processes for identifying who may act for the beneficiary in accordance with state or other applicable law.
- Delivery should be in person
- Delivery may be by phone (not by voicemail) with a notice mailed or faxed that same day

Notice Delivery to Representatives (CONTINUED)

- If a representative agrees, notice may be e-mailed following telephone call
- Electronic transmissions must meet HIPAA requirements
- If unable to reach by phone, the notice may be sent by certified mail
 - the date of signature or refusal is the date of notification

Requesting QIO Review

- Beneficiary must submit a request to the QIO **no later than the day of discharge**
- Beneficiary should not be discharged if he/she requests QIO review
- Request may be in writing or by telephone
- Beneficiary should be available to discuss the case with the QIO
- Beneficiary may submit written evidence to the QIO

Timely Requests: Liability During the QIO Review

Beneficiary is responsible only for coinsurance and deductibles for inpatient hospital services furnished before noon of the day after the QIO notifies the beneficiary of its decision.

Timely Request: Liability after QIO Review

- QIO agrees with hospital: Liability for continued services begins at noon of the day after the QIO notifies the beneficiary, or as determined by the QIO
- QIO agrees with beneficiary: No beneficiary liability for continued care (other than coinsurance and deductibles)

Untimely Requests: Liability During QIO Review

Beneficiaries who do not request a review and remain in the hospital past the d/c date:

- May request QIO review at any time
- May be charged for any services provided after the discharge date
- Will be refunded any funds collected, if the QIO finds for the patient

Beneficiaries who miss the deadline and leave the hospital continue to have the right to request a QIO review within 30 calendar days of the date of discharge.

Hospital Responsibilities During Review

As soon possible, but not later than noon of the day after the QIO notifies a hospital of the review request, the hospital must:

- Deliver the Detailed Notice of Discharge using the standardized notice
- Provide all information the QIO needs by telephone or in writing at the QIO's discretion

Hospital Responsibilities During Review (CONTINUED)

- If requested, provide copy of information to beneficiary
- Burden of proof is on the hospital
- Failure to give needed information may result in a decision based on evidence at hand or a delay in making the decision.

QIO Responsibilities

- Notify the hospital of the beneficiary's request for a review
- Receive and examine records
- Determine if notice delivery was valid
- Solicit the views of the beneficiary
- Solicit the views of the hospital
- Issue a decision within the applicable time frame

QIO Decision-making Timeframes:

- Timely requests – one calendar day after all information is received
- Untimely request (in hospital) – 2 calendar days after all information is received
- Untimely request (not in hospital) – 30 calendar days after all information is received

Special Considerations

- Inpatient to inpatient transfers
- Preadmission/Admission for services that are not reasonable and necessary
- Preadmission/Admission for services Medicare never covers
- Change of status from inpatient to outpatient
- End of Part A days
- Hospital requested review (42 CFR Part 405.1208)

Differences for Medicare Health Plans

- Plan may delegate delivery of the Detailed Notice
- Reviews of untimely requests are done by the plan
- Hospitals and plans both have responsibilities when providing information to the QIO
- Hospital requested QIO reviews should occur only in consultation with the plan

The NODMAR and HINN

- NODMAR will no longer be used
- HINNs for continued stay no longer used
- Continue using:
 - Preadmission/Admission HINN
 - New Inpatient Hospital Stay ABN
 - HINN 11
- HINN 10 replaced by Notice of Hospital Requested Review (HRR)

For More Information

- www.cms.hhs.gov/BNI, click on “Hospital Discharge Appeal Notices”
- Send questions to:
Weichardt_ODF@cms.hhs.gov.