

Important Message from Medicare Distribution – Example Policy

I. POLICY

All Medicare in-patients will receive the Important Message from Medicare (IM) at Admission and Discharge as required by the Center for Medicare & Medicaid Services (CMS) regulations. The IM notifies the patient of their hospital discharge appeal rights.

II. PURPOSE

To ensure that all hospital inpatients are notified about their discharge appeal rights.

III. DEFINITIONS

Inpatients are patients who have an inpatient admission order.

Observation patients are not inpatients and are considered outpatients.

IV. PROCEDURE

Admission Procedures

1. Registration will obtain the signature of all Medicare beneficiaries, both Medicare and managed Medicare (primary and secondary), on the IM at the time of registration. The initial notice may be delivered if the beneficiary is seen during a preadmission visit, but no more than 7 calendar days in advance of admission. The patient will be provided with the original copy of the form and the two additional copies will be sent to the unit with the admitting face sheet.
2. Registration must make every effort to ensure that the beneficiary comprehends the contents of the notice before obtaining the beneficiary's signature. This includes explaining the notice to the beneficiary if necessary and providing an opportunity for the beneficiary to ask questions. These instructions do not preclude the use of assistive devices, witnesses, or interpreters for notice delivery. Thus, if a beneficiary is able to comprehend the notice, but either is physically unable to sign it or needs the assistance of an interpreter to translate it or an assistive device to read or sign it, valid delivery may be achieved by documenting use of such assistance. If the beneficiary refuses to sign the notice, the hospital may annotate the notice to indicate the refusal, and the date of refusal is considered the date of receipt of the notice. The annotation may be placed in the unused patient signature line.
3. **If the notice cannot be given at the point of admission for any reason, the notice will be issued to the patient and/or the patient's representative within 2 business days of admission by the Case Manager (the hospital may choose to assign this function to Social work, Registration, or Nursing).** Case managers will determine whether the admission IM was previously provided within 24 hours of admission.
4. When the beneficiary is unable to comprehend the notice, the IM must be delivered by Registration to the beneficiary's representative to be signed by the representative within 2 business days. A representative is an individual who, under State or other applicable law, may make health care decisions on a beneficiary's behalf (e.g., the beneficiary's legal guardian, or someone appointed in accordance with a properly executed "durable

medical power of attorney”). Otherwise, a person (typically, a family member or close friend) whom the beneficiary has indicated may act for him or her, but who has not been named in any legal or binding document may be a representative for purpose of receiving this notice. Such representatives must have the patient’s best interest at heart and must act in a manner that is protective of the beneficiary’s right’s.

5. If the beneficiary is incapable of receiving or incompetent to receive the notice, and the hospital cannot obtain the signature of the beneficiary’s representative through direct personal contact then Registration should telephone the representative to advise him or her of the beneficiary’s rights as a hospital patient, including the right to appeal a discharge decision. The date the hospital conveys this information to the representative, whether in writing or by telephone, is the date of receipt of the notice. The mailing address of the beneficiary’s representative should be obtained. Confirm the telephone contact by mailing the original copy of the IM to the beneficiary’s representative on the same date. Place a dated copy of the notice in the beneficiary’s medical record, and document the telephone contact with the beneficiary’s representative on the notice. The documentation should also include the name of the staff person initiating the contact, the name of the representative contacted by phone, the date and the time of the telephone contact, and the telephone number called.
6. If for any reason Registration is unable to obtain the signature of the beneficiary or their representative within 2 business days, the attempts should be documented and the Case Management Department will be notified immediately.
7. When direct phone contact cannot be made, the Case Management Nurse (them may be also be Registration or Clerical staff) will send the original copy of the IM to the beneficiary’s representative by certified mail, return receipt requested, including documentation on the IM of attempted phone calls including date and times of the calls, the name of the staff person who attempted the calls, and the name and phone number of the representative they attempted to reach. Documentation that the IM was sent should include the name of the staff person who sent the IM, the name and address of the representative to whom the notice was sent and the date and time it was sent. The date that someone at the representative’s address signs (or refuses to sign) the receipt is the date received. Place a copy in the return receipt in the beneficiary’s medical record.
8. If the beneficiary refuses to sign the IM, hospitals may annotate the notice to indicate the refusal, and the date of refusal is considered the date of receipt of the notice. The annotation may be placed in the unused patient signature line. In the “Additional Information” section on page 2 of the notice or another sheet of paper may be attached to the notice.
9. **The hospital must give the original copy of the signed or annotated notice to the patient.**

Discharge Procedures (Follow-up Copy)

1. **The follow-up copy must be delivered to the beneficiary as far in advance of discharge as possible, but no more than 2 calendar days before the planned date of discharge so that the beneficiary has a meaningful opportunity to act on it.** If the beneficiary is incapable of receiving or incompetent to receive the follow-up notice, the nurse will contact the beneficiary’s representative by phone and inform them of the beneficiary’s Medicare rights. The **Case Manager/ Unit Staff Nurse** will document on the IM their signature, the date, time, and the name of the representative with whom they spoke. If a beneficiary is suddenly ready for discharge on the day after admission, and has not received the initial copy of the IM, the Case Manager will deliver the initial copy as

early as possible on the day of discharge to ensure that the beneficiary has adequate time to consider and act on his or her right to a QIO review of the discharge. The beneficiary should be given several hours to consider their rights, although a discharge need not be delayed if the patient clearly consents.

If delivery of the original IM is within 2 calendar days of discharge, no follow-up copy is needed.

Example, if the beneficiary is admitted on Monday and the initial copy of the IM is delivered on Monday, no copy needs to be given if the beneficiary is discharged on Tuesday or Wednesday. If the beneficiary is admitted on Monday and gets the IM on Wednesday, a follow-up copy is not needed on Thursday or Friday because delivery of the IM on Wednesday constitutes delivery within 2 calendar days of both admission and discharge.

2. **Case Management / Nursing** will be responsible for obtaining the signature of the beneficiary or beneficiary's representative including the date and time on the follow-up copy of the IM.
3. A follow-up copy is **not required prior to transfers from one inpatient hospital setting to another inpatient hospital setting**, for example, a short term acute care hospital to a long term acute care hospital.
A follow-up copy of the signed notice is **required prior to discharge to a lower level of care**, such as a SNF.
4. When the discharge cannot be predicted in advance, the follow-up copy of the notice may be delivered as late as the day of discharge. If the follow-up copy of the notice must be delivered on the day of discharge, hospitals must give beneficiaries who need it at least 4 hours to consider their right to request a Quality Improvement Organization (QIO) review. Beneficiaries may choose to leave prior to that time, however, hospitals must not pressure a beneficiary to leave during this period.
5. If the hospital delivers the follow-up copy, and the beneficiary status subsequently changes, so that the discharge is beyond the 2 day timeframe, hospitals must deliver another copy of the signed notice again within 2 calendar days of the new planned discharge date.
6. **Hospitals may not develop procedures for delivery of the follow-up copy routinely on the day of discharge.**
7. A copy of the signed notice must be retained in the beneficiary's medical record.

Discharge Appeal Process

1. If a beneficiary disagrees with the discharge and requests an expedited appeal (the right to appeal a discharge decision) and contacts their Quality Improvement Organization (QIO), the nurse on the unit will contact the Case Manager.
2. QIO will contact the hospital. After QIO has contacted the hospital, the Case Manager will complete the Detailed Notice of Discharge, make a copy and provide the patient with the original copy of the Detailed Notice of Discharge. The Case Manager will provide QIO with the information they request.
3. From Friday after 4:30PM until Monday 8:00AM the nursing supervisor should be notified of any patients contacting QIO and will be responsible for communicating with the patient and QIO as described above.
4. Patients may not be involuntarily discharged or billed for additional days while an appeal is pending.

5. If the QIO upholds the appropriateness of the discharge, the beneficiary's liability for continued services begins at noon of the day after the QIO notifies the beneficiary and after they are given a Hospital Issued Notice of Non-coverage (HINN).

V. **RELATED FORMS**

Important Message from Medicare about patient rights

VI. **REGULATORY STANDARD(S)**

CMS - CoP §482.13(a)(1)

VII. **REFERENCES**

Medicare Claims Processing Manual – Chapter 30 – Financial Liability Protections

The latest versions of the "Important Message from Medicare", Form CMS-R-193, and the "Detailed Notice of Discharge", Form CMS-10066, - updated as of July 20, 2010 - are posted on the CMS website at

https://www.cms.gov/BNI/12_HospitalDischargeAppealNotices.asp#TopOfPage along with the instructions. The latest version of the "Important Message from Medicare" requires hospitals to note the time of delivery. After April 1, 2011, the forms with approval dates of 05/07 will not be valid