

POLICY NO: 201

Effective: 04/11

IMPORTANT MESSAGE FROM MEDICARE (IM OR IMM)

I. PURPOSE:

To comply with the Centers for Medicare and Medicaid Services (CMS) regulatory requirement that hospitals notify Medicare beneficiaries who are hospital inpatients about their hospital discharge rights.

II. DEFINITION:

IMPORTANT MESSAGE FROM MEDICARE (IM or IMM): A hospital inpatient admission notice given to all beneficiaries with Medicare, Medicare and Medicaid (dual-eligible), Medicare and another insurance program, Medicare as a secondary payer.

QIO: Quality Improvement Organization enacted by Federal statute “to improve the efficiency, effectiveness, economy and quality of services delivered to Medicare Beneficiaries”.

REPRESENTATIVE: A representative is defined broadly to include individuals authorized to act on behalf of the beneficiary; someone acting responsibly on behalf of an incapacitated or incompetent beneficiary; or someone requested by the beneficiary to act as his or her agent.

DETAILED NOTICE OF DISCHARGE: Hospitals must deliver the Important Message from Medicare to inform Medicare beneficiaries who are hospital inpatients about their hospital discharge appeal rights. Beneficiaries who choose to appeal a discharge decision will receive a more DETAILED NOTICE.

III. POLICY:

Hospitals must issue the Important Message for Medicare (IM) within two (2) days of admission and must obtain the signature of the beneficiary or his/her representative. Hospitals must also deliver a copy of the signed notice to each beneficiary not more than two (2) days before the day of discharge. Follow-up notice is not required if delivery of the initial IM falls within two (2) calendar days of discharge, if the beneficiary is being transferred from one inpatient hospital setting to another inpatient hospital setting, or when a beneficiary exhausts Part A hospital days. Hospitals must retain a copy of the signed notice.

IV. PROCEDURE:

A. Initial Notice

Hospital personnel must provide the IM at or near admission but no later than 2 calendar days from the day of admission or at preadmission, but not more than seven (7) calendar days before admission, and obtain the signature and signature date of the patient or representative to indicate receipt of notice. The original is given to the patient with a copy retained by the hospital.

B. Follow-up Notice

The follow-up IM must also be provided to the patient as soon as possible prior to discharge, but no more than 2 days before. When a discharge seems likely in 1-2 days, the follow-up notice should be given to the patient, so the patient has ample time to review and act on it. If the follow up notice is delivered on the day of discharge, the

patient must be given at least 4 hours prior to discharge to consider their rights. The facility must document delivery of the notice in order to demonstrate compliance with this requirement. If the hospital delivers the follow-up notice, and the beneficiary status subsequently changes, so that the discharge is beyond the two-day timeframe, hospitals must deliver another copy of the signed notice again within two (2) calendar days of the new planned discharge date.

C. Beneficiary Refusal to Sign

If the beneficiary refuses to sign the notice, the hospital should note the refusal and date of refusal on the form and this will be considered the date of notice.

D. Notice Delivery to Beneficiary Representatives

When a beneficiary is unable to understand the notice, the hospital may have the beneficiary's representative receive and sign the notice in accordance with state or other applicable law. If the hospital is unable to personally deliver a notice to a representative, then the hospital 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 delivery of the initial IM or follow up IM notice should be in person. If the representative is not available for in person delivery, the notice may be made by telephone, but not by voicemail, with a copy of the notice mailed or faxed that same day.

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

E. Medical Record Documentation

Hospitals should place a copy of the initial notice in the patient's medical record. Hospitals must document timely delivery of the follow-up copy of the IM in the patient records, when applicable. Hospitals will use the "Additional Information" section of the IM to document delivery of the follow-up copy. The hospital should also document any attempted contact with beneficiary representatives, including telephone calls, messages and subsequent certified mail.

F. Copies

- IMM form: 3 copies: 1) signed original for patient on admission; 2) follow-up signed notice to be given to patient prior to discharge; 3) hospital copy. Additional copies may be needed if the patient requests a review, as the QIO will require a copy.
- Detailed Notice: 2 copies: 1) original notice for patient; 2) hospital copy. Additional copies may be needed if the patient requests a review, as the QIO will require a copy.

Prior to the patient signing and dating the notice, the hospital must ensure the patient comprehends the contents of the notice.

Notices should not be delivered in an emergency medical situation.

G. Expedited Reviews

A patient has a right to request a review of the discharge decision, by asking for an expedited review by the QIO when the hospital (acting directly or through its utilization review committee), with physician concurrence, determines that inpatient care is no longer necessary. The process is as follows:

1. The patient submits a request for review to the QIO no later than midnight of the day of discharge that has been ordered by the physician. The request may be in writing or by telephone and must be before the patient leaves the hospital. If the request is not in this timeframe, and the patient remains in the hospital, he or she may request a review at any time, but will be held responsible for the charges incurred after the date of discharge ordered. If the QIO rules in favor of the patient, the hospital will refund the patient any funds collected.
2. When the patient requests a review prior to midnight the day of discharge, the patient is not financially responsible for inpatient hospital services (except coinsurance and deductibles) furnished before noon the day after the patient receives notification of the determination from the QIO.
 - a. If the QIO does not agree with the patient, the liability for continued services begins at noon of the day after the QIO notifies the patient.
 - b. If the QIO does agree with the patient, the patient is not financially responsible for continued care, until the hospital once again determines that the patient no longer requires inpatient care, secures the concurrence of the physician responsible for the patient or the QIO and notifies the patient with a follow-up copy of the IM.

Reference: CMS Transmittal 1257, July 2007, CR 5622