Institutional Handbook of Operating Procedures Policy 09.01.17	
Section: Clinical	Responsible Vice President: EVP and CEO Health Systems
Subject: Admission, Discharge, and Transfers	Responsible Entity: Care Management

I. Title

Medicare Discharge Appeal Process

II. Policy

Medicare beneficiaries who are hospital inpatients have a statutory right to appeal to a Quality Improvement Organization ((QIO) - Kepro is the QIO for UTMB) for an expedited review when a hospital, with physician concurrence, determines that inpatient care is no longer necessary. Successful implementation of this program will require a collaborative effort and open communication between Inpatient Registration, Care Management, Nursing Staff, and Physicians.

For the purpose of this policy "patient" refers to the patient or the patient's legal representation in case the patient lacks capacity to make decisions pertaining to hospital discharge or arranging post-acute care services.

III. Procedures

A. Initial Patient Notification:

Inpatient Registration will issue the initial Important Message from Medicare (IM) to all patients admitted to UTMB facilities. The original, signed copy will be given to the patient. A copy of the signed IM will be scanned in the Historical UTMB Records tab of Epic.

B. Second Discharge Notice:

If the patient remains in the hospital longer than 48 hours, it is necessary to provide the patient with a second copy of the Important Message from Medicare (IM). The follow-up copy must be delivered as far in advance of discharge as possible by the Case Manager/Social Worker (CM/SW), but no more than 2 calendar days before or less than 4 hours prior to the planned date of discharge to allow time for the patient to appeal, if desired.

1. The Important Message from Medicare is required for all inpatients that have Medicare or Managed Medicare as a primary or secondary payer.
2. The notice must be issued for all patients being discharged to:
   a. Home, with or without home care service
   b. Skilled nursing facilities
   c. Assisted living or Adult Foster Care facilities
   d. Any other facility that does not provide inpatient services
3. The notice is not required for:
   a. Patients who have exhausted Medicare Part A benefits

b. Patients being transferred to an inpatient facility since this is considered to be the same level of care. Examples of these transfers include:
   i. Other acute care hospitals, VA included
   ii. Long term acute care hospitals
   iii. Inpatient rehab facilities
   iv. Hospice

C. Process for Second Discharge Notice

To facilitate this process and to minimize the number of notices issued for unexpected discharges, the following must occur:

1. Collaborative discharge planning:
   a. A specific discharge plan is developed
   b. Physician is aware and agrees with the plan
   c. A discharge order is written by the physician, or there is documentation in the medical record that discharge is expected within 1-2 days
   d. This specific plan is communicated to and agreed to by the patient and/or family

2. Weekday Discharges: The CM/SW will deliver the second Important Message from Medicare to the patient or the patient's surrogate decision maker, if appropriate. CM/SW can have the patient or the patient's surrogate decision maker, initial, date and time the original second Important Message and place a copy in the chart to document delivery of the second notice. In the event the patient doesn't discharge within 48 hours of giving the second notice, a third Important Message will need to be delivered, using the same process.

3. Weekend Discharges: If a weekend discharge is anticipated, the CM/SW will deliver the IM letter to the patient on the Friday before, by following the procedure above.

D. Appeals

If the Patient Initiates a Timely Appeal of Discharge:

1. If the patient wishes to appeal his/her discharge, the patient must call the QIO, per the notification letter, no later than midnight on the day the discharge order is written.

2. Once the QIO contacts the Care Management site specific line regarding the appeal of the discharge, the office staff will notify the CM by email using the subject line "Medicare IM – notification of appeal – patient last name" with the contact information. A follow up text or page will be done by the office staff to confirm acknowledgement by the CM.

3. The following will occur after UTMB has received notification of this appeal by the QIO:
   a. The CM or SW will document the notification of the appeal in the auth/cert field of Epic in the patients' medical record, to include the case number for reference.
   b. The CM will notify the attending physician of the patient's appeal.
   c. The Utilization Review (UR) CM will do a discharge review in InterQual.

d. The CM will complete a "Detailed Notice of Discharge" as soon as possible but no later than noon of the day following UTMB's notification of the appeal by the QIO. This form is available in the communication management section in Epic, under "other". The CM will document on this form specific information about the patient's current medical condition and the reasons why inpatient services are no longer reasonable or necessary, or are no longer covered according to Medicare coverage guidelines. This form is given to the patient or the patient's representative, and a copy is provided to the main office to upload into Epic.
e. The CM will notify the business office of the "Discharge Appeal."
f. The QIO will send a fax requesting the required medical records, initial and current IM and the Detailed Notice of Discharge.
g. If the QIO contacts the Care Management line over the weekend, the weekend Case Manager will complete the "Detailed Discharge Notice" for the patient and issue the form to the patient or the patient's legal representative as soon as possible, but no later than noon of the day following UTMB's notification of the appeal by the QIO.
h. All information requested by the QIO will be copied and faxed to the fax number provided as soon as possible by the CM/SW, but no later than noon of the day following UTMB's notification of the appeal by the QIO.
i. At the request of the beneficiary, the CM will furnish the beneficiary with the contact information for medical records to receive a copy of any documentation sent to the QIO.

E. Appeal Determination

Once the QIO has reviewed the patient's medical record they will notify the patient and Care Management Department of the results of the appeal. The CM/SW can also check the status online at https://www.keproqio.com/casestatus/casestatus.aspx throughout the appeal.

1. If the QIO concurs with the patient that the discharge is premature, the attending physician will be notified.
    a. Case Management staff will continue to facilitate discharge planning.
    b. A new IM will need to be issued once the patient is stable for discharge but no more than 2 calendar days before or 4 hours prior to the planned date of discharge to allow time for the patient to appeal, if desired.
2. If the QIO agrees that the discharge is appropriate and the patient agrees to discharge, the patient will have no financial liability and no further action is necessary.
3. If the QIO agrees that discharge is appropriate, but the patient chooses to remain in the hospital, the CM will issue a HINN 12 for charges incurred after noon the day after the determination from the QIO is made/shared. (See HINN policy)
    a. Case Management staff will continue to facilitate discharge planning.

All appeal activity, including discussions with the QIO, the patient, and the results of the appeal will be documented in the Case Management auth/cert field in Epic.

F. If patient does not initiate a timely discharge appeal, but chooses not to leave the hospital:

1. If the patient has received the Important Message follow up notice and does not request an expedited determination review by midnight of the day of discharge, and remains in the hospital, the hospital will issue a HINN 12 for charges incurred as of midnight the day of discharge.

IV. Relevant Federal and State Statutes

Code of Federal Regulations (CFR) 42, Sections 405.1205 and 422.620
Claims Processing Manual, Chapter 30, Sections 200.3.1, 220 – 220.5, 240 – 240.6
CMS Beneficiary Notices Initiative (BNI)

V. Dates Approved or Amended

Originated: 03/23/2017	
Reviewed with Changes	*Reviewed without Changes*
	10/25/2021

VI. Contact Information

Department of Care Management
(409) 772-1541