# HACKETTSTOWN REGIONAL MEDICAL CENTER ADMINISTRATIVE POLICY MANUAL

#### NOTIFICATION OF HOSPITAL DISCHARGE APPEALS RIGHTS

Effective Date: July 2007 Policy No: AD073

Cross Referenced: (Formerly Case Mgmt. Policy)

Reviewed Date: October 2013

Origin: Care Management

Authority: Chief Financial Officer

Revised Date: October 2013 Page: 1 of 2

## **SCOPE**

All Medicare patients admitted to inpatient status at Hackettstown Regional Medical Center.

## **PURPOSE**

To assure compliance with the Centers for Medicare and Medicaid Services (CMS) requirement to supply Medicare patients with information regarding their appeal rights when a discharge decision has been made.

# **POLICY**

All Medicare patients will be issued the <u>Important Notice from Medicare</u> (IM) within two calendar days of admission, and a signature will be obtained to indicate that he or she received and understood the notice. The IM or a copy of the IM will also be provided to each Medicare patient not more than two days before discharge.

# **PROCEDURE**

#### 1. Initial Delivery of Notice:

- A) Elective/Surgical Admissions: The IM will be provided to the Medicare patient or his/her representative by the Registrar during the admission/registration process or within seven days before the admission. The Registrar will advise the PAT Nurse if assistance is needed in obtaining a signature.
- B) Emergency Admissions/Direct Admissions/Transfers: Initial attempt at obtaining a signature will be made by the Registrar. If the Registrar is unable to obtain signature of the Medicare patient or his/her representative within first calendar day, s/he will notify the Admission Nurse of need for follow-through.

## 2. Medicare Patients Requesting QIO (Quality Improvement Organization) Review:

- A) Case Manager should be contacted for further direction.
- B) Case Manager will fill out the <u>Detailed Notice of Discharge</u> and provide the Medicare patient with any applicable policies, guidelines or instructions used to determine Medicare coverage.
- C) Case Manager will provide the Medicare patient with the <u>Detailed Notice of Discharge</u> as soon as possible after an individual requests a QIO review, but no later than 12:00 noon of the day after the QIO notifies the hospital of the beneficiary's request for a QIO review.
  - 1. A Copy of the Detailed Notice of Discharge, with any attachments or references to applicable policies, guidelines or instructions will be sent to the QIO

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2. The Case Manager will facilitate providing the QIO with all the information it needs including copies of medical records, no later than 12:00 noon of the day after the QIO notifies the hospital of the Medicare patient's request for an expedited review.

3. If a Medicare patient leaves the hospital on his/her planned discharge date and later requests QIO review of the discharge, the Case Manager will facilitate providing the QIO with all the information it needs including copies of medical records, no later than 12:00 noon of the day after the QIO notifies the hospital of the Medicare patient's request for a review.

# **REFERENCES**

CMS Conditions of Participation