

New Mexico Medical Review Association



New Process Assures Beneficiaries Are Aware of Their Appeal Rights

By the Utilization Review Coordinators
New Mexico Medical Review Association

Medicare beneficiaries have always had the right to appeal a discharge from the hospital if they felt they were not ready to leave, but most beneficiaries were not aware of this right. Before July 1, 2007 these rights were not always explained to patients or their families. Beginning July 1, 2007 a new process was put in place to make sure that beneficiaries are informed of this right.

Hospitals must give the Important Message (IM) from Medicare to all Medicare beneficiaries or their representatives, within two days of admission. This notice informs Medicare beneficiaries of their rights, including discharge appeal rights. Beneficiaries or their representatives should sign and date the notice showing that they received it and they understand the content.

When the hospital or Medicare Advantage (MA) organization determines that patients are ready for discharge, a follow-up copy of the IM must be delivered to beneficiaries or their representatives no more than two days before the planned discharge date. Attending physicians must agree that patients are ready for discharge. The second notice may be a copy of the first notice or a new blank copy. This notice should also be signed and dated by beneficiaries or their representatives. The notice can be delivered on the day of discharge if the discharge is not set sooner, but beneficiaries must be given at least four hours to decide if they want to appeal. The second notice is not needed if the first notice was given within two days of discharge.

When beneficiaries are told they are ready for discharge from the hospital, they do not need to do anything if they agree and are ready to leave. But, if they feel they still need to be cared for in the hospital, they may ask for an expedited appeal. They should inform the hospital that they would like to appeal. Then they must call the New Mexico Medical Review Association (NMMRA) by midnight of the day of discharge. NMMRA is the designated Quality Improvement Organization (QIO) for the state of New Mexico by the Centers for Medicare & Medicaid Services (CMS) to do appeal reviews for original Medicare beneficiaries and MA enrollees who have been told of their upcoming discharge from a hospital.

NMMRA can accept appeals 24 hours a day/seven days a week. If beneficiaries or their representatives call after business hours, their call will be taken by voice mail. They should leave their name, the name of the facility, a telephone number where they can be reached and state that they would like to appeal their discharge. Someone from NMMRA will contact them the next morning to get more information to continue with the appeal. If the request for appeal is made by midnight of the day of discharge, this is considered a timely request. Beneficiaries will be protected from financial liability during the review process. This means that Medicare will continue to pay for inpatient hospital services (except applicable coinsurance and deductibles) and beneficiaries will not become responsible for payment until after 12 noon of the day after they are informed by NMMRA of the outcome of their appeal.

This material was prepared by the New Mexico Medical Review Association (NMMRA), the Medicare Quality Improvement Organization for New Mexico, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8SOW-NM-REV-07-17

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Once beneficiaries or their representatives have notified NMMRA that they are requesting an expedited appeal, NMMRA will contact the hospital or the MA organization to let them know an appeal has been received. The hospital or MA organization must then deliver a detailed notice to beneficiaries or their representatives explaining exactly why they feel beneficiaries are ready for discharge. This notice will also contain the date the coverage of Medicare services ends.

NMMRA will ask the hospital or MA organization to provide copies of the IM, the detailed notice, and the medical record to NMMRA. Beneficiaries may also submit additional information for consideration in the decision. This information will be reviewed by independent physician reviewers for a decision. Once the reviewers have made their determination, NMMRA will notify beneficiaries, the hospital and the Medicare Advantage organization (if appropriate) of the determination. If it is determined that beneficiaries are ready for discharge, they should prepare to leave before noon of the next day. If they stay beyond this time they will become financially liable. If it is determined that beneficiaries are not ready for discharge, the hospital will need to issue a new notice when the hospital or MA organization decides they are ready to leave.

This new process does seem complicated, but it will help to protect beneficiaries by making sure they are aware of their rights as well as what financial liability they may be responsible for if they choose to stay in the hospital.

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