

## FAQs—Hospital Discharge Appeals

**Question:**

Is the patient ID number on the "*Important Message from Medicare*" the beneficiary's Medicare number?

**Answer:**

No. The ID number can be a number that identifies the beneficiary, such as a medical record number. The number should not be or contain any part of the beneficiary's Social Security number.

**Question:**

Does the "*Important Message from Medicare*" need to be issued to beneficiaries who have Medicare as a secondary payer?

**Answer:**

Yes. It must be issued even if Medicare is the secondary payer.

**Question:**

Should beneficiaries receive the "*Important Message from Medicare*" while they are in the emergency department or in observation status?

**Answer:**

No. The "*Important Message from Medicare*" is only for beneficiaries who have an inpatient admission.

**Question:**

When should the Detailed Notice be delivered?

**Answer:**

The Detailed Notice should be delivered as soon as possible after a beneficiary requests a QIO review, but no later than noon of the day after the QIO notifies the hospital of the appeal.

**Question:**

Will HSAG review hospital discharge appeals seven days a week, including holidays?

**Answer:**

Yes. HSAG is open every day of the year from 8:00 a.m. to 4:30 p.m.

**Question:**

What if a beneficiary misses a deadline for filing a request for an appeal? Is there an "untimely" review?

**Answer:**

Yes. There is a "non-expedited" review process. For traditional Medicare beneficiaries, QIOs are still obligated to accept requests for review from beneficiaries after the midnight deadline. In this situation, the 72-hour deadline for the QIO's decision and the liability protection afforded under the normal process do not apply. Medicare Health Plan beneficiaries are referred back to the plan.

**Question:**

What should a provider do if the beneficiary refuses to sign the “*Important Message from Medicare?*”

**Answer:**

If a beneficiary refuses to sign the “*Important Message from Medicare,*” the provider must document the refusal on the form and date it. The provider may also choose to have the refusal witnessed, indicating the circumstances and persons involved.

**Question:**

Where are all the forms and instructions available?

**Answer:**

They are available at <http://www.cms.hhs.gov/BNI>.