

Medicare Hospital Appeals Frequently Asked Questions

(as of 07/26/2007)

1. Can we modify the “Important Message from Medicare” notice?

Per the Center for Beneficiary Choices (CBC), the only modifications that can be made are adjustments to the spacing at the top and bottom, and the items in the header can be moved around to accommodate a label. Items cannot be removed or reformatted in the body of the notice in any way, other than in the manner stated in the instructions. This would include moving the signature line and adding the hospital logo.

2. Do the Important Message from Medicare and the Detailed Notice need to be given to all patients, regardless of payment source? Do they need to be delivered to beneficiaries who have Medicare as a secondary payer?

This rule applies to all patients who are under Medicare, regardless of where Medicare falls in the sequence of payment.

3. When does the follow-up Important Message notice need to be given?

The follow-up Important Message must be delivered as far in advance of discharge as possible, but no more than 2 calendar days before the planned date of discharge. Thus, when discharge seems likely within 1–2 calendar days, hospitals should make arrangements to deliver the follow-up Important Message so that the beneficiary has a meaningful opportunity to act on it.

4. What does a hospital do if it is determined that a beneficiary no longer needs inpatient care but the hospital is unable to obtain the agreement of the physician?

The hospital may still request QIO review even if agreement cannot be obtained from the physician. A special form called Notice of a Hospital Requested Review would be given in this case.

5. If a patient calls in an appeal after hours on a Friday, will there be anyone at HSAG on the weekend to take the call? Once HSAG gets an appeal request, when will HSAG notify the hospital that an appeal has been requested?

HSAG has appeal review staff available on weekends and holidays from 8 a.m. to 4 p.m. Our appeal message line, 1-800-359-9909, is available 24 hours a day. If we get a call on our message line after hours on any day, someone from the appeal review team will contact the hospital first thing the next morning.

6. Once the QIO has asked the hospital for the medical record information for a patient that is filing an appeal, how soon must the hospital get that information to the QIO?

Upon notification by the QIO of the beneficiary's request for an expedited review, the hospital must supply any and all information that the QIO needs to make the expedited determination, including copies of both Important Messages and the Detailed Notice. The hospital must furnish this information as soon as possible, but no later than noon of the day after the QIO notifies the hospital of the request. The hospital should also have systems in place so that the QIO is able contact someone there on weekends and holidays.

7. When does a Detailed Notice need to be given?

When a QIO notifies the hospital that a beneficiary has requested an expedited review, the hospital must deliver a Detailed Notice of Discharge to the beneficiary as soon as possible but not later than noon of the day after the QIO's notification.

8. For patients in the ED or on observation status, do they need to be given the Important Message?

These instructions apply to beneficiaries in original Medicare and Medicare Advantage Plans who are hospital inpatients. Hospital outpatients who are receiving Part-B services, such as those in observation stays or in the emergency department, do not receive these notices unless they subsequently require inpatient care.

9. What if the discharge cannot be predicted in advance? When would the hospital give the follow-up Important Message?

The follow-up Important Message may be delivered as late as the day of discharge, if necessary. If the follow-up Important Message must be given on the day of discharge, hospitals must give beneficiaries at least four hours to consider their right to request an appeal.

10. How soon before discharge must a patient request an appeal?

The patient should request an appeal no later than midnight on the scheduled day of discharge. If, for example, a patient is to be discharged on Saturday, the patient must request an appeal no later than midnight on Saturday.

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