

## Hospital Discharge Appeals Process Steps

The steps below describe the hospital discharge appeals process for beneficiaries and explain the role of the Medicare Quality Improvement Organization (QIO). HSAG is the QIO for Arizona.

1. A hospital must issue the "*Important Message from Medicare*" to the beneficiary or representative: (1) at time of admission and (2) within 48 hours prior to discharge. Please note that if the beneficiary is being discharged to a long-term acute care (LTAC) hospital, the hospital does not have to issue the "*Important Message from Medicare*," and there is no appeal to the QIO because the beneficiary is not being discharged to a lower level of care. Hospitals may issue a Liability Notice (HINN 12) to those beneficiaries who have an order to transfer to an LTAC with an accepting facility when the beneficiary refuses to go.
2. The beneficiary or representative must call HSAG at 1-800-359-9909 by midnight of the discharge date: (1) in order for the appeal to be considered timely, and (2) so that the beneficiary will have no financial liability for any days after the appeal until noon of the day after the QIO's determination.
3. HSAG will contact the hospital designated point of contact by 4:30 p.m. on the day of the appeal to notify him or her that an appeal has been filed. HSAG will request medical records from the hospital. Please note that if the hospital does not specify an appeal point of contact, all communication will be directed to the hospital's QIO Liaison.
4. The hospital and/or Medicare Health Plan must issue the Detailed Notice to the beneficiary or the beneficiary's representative by noon on the day after QIO notification.
5. The hospital must provide (via fax or certified mail) the first 48 and last 72 hours of medical records by noon of the day after the QIO notifies the hospital that a beneficiary is appealing his or her discharge.
6. If the records are not received by noon of the day following notification, HSAG will contact the hospital to report that the records have not been received and provide an additional two hours to submit the records.
7. If the records are not received by HSAG within the permitted time period, the physician reviewer may delay making a decision or make a decision based upon the available information.

8. QIO nurses will prepare the record for review. If during record preparation, the nurse finds that there are missing components of the record, the nurse will contact the hospital for the missing components and request them as soon as possible.
  
9. An Arizona-licensed physician actively practicing in the state will conduct the medical record review. Each discharge appeal will have an admission and discharge review. The discharge review is completed within a 24-hour window of receiving all necessary data from the hospital. The admission review may take up to 30 days.
  
10. The hospital point of contact and the beneficiary are notified via phone of the QIO's determination with a print copy follow-up. The hospital receives a letter addressed to the designated point of contact, with a "cc" to the QIO Liaison.