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If you treat a Medicare Advantage enrolled beneficiary and you have questions about their Medicare Advantage Plan, you may wish to contact that plan. A plan directory and MA claims processing contact directory are available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/index.html> on the CMS website. CMS updates this site on a monthly basis.

MLN Matters Number: MM5622

Related Change Request (CR) #: 5622

Related CR Release Date: May 25, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1257CP

Implementation Date: July 2, 2007

Important Message from Medicare (IM) and Expedited Determination Procedures for Hospital Discharges

Note: This article was updated on June 15, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers submitting claims to Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for inpatient hospital services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 5622 which implements new discharge notice requirements for hospital inpatients with Medicare, including the procedures for delivery of the Important Message from Medicare (a statutorily required notice), which were revised with publication of CMS-4105-F. **Hospitals need to be aware of these revised notice requirements and begin using the new notices on July 2, 2007.**

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Background

Currently, at or about the time of admission, **hospitals must deliver the “Important Message from Medicare” (IM)**, to all hospital inpatients with Medicare to explain their rights as a hospital inpatient. These rights include the right to have a Quality Improvement Organization (QIO) conduct an expedited review of a discharge decision as required by the Social Security Act (Section 1866(a)(1)(M); http://www.ssa.gov/OP_Home/ssact/title18/1866.htm).

In addition, a hospital must provide a **Hospital-Issued Notice of Non-coverage (HINN)** to any beneficiary in original Medicare who expresses dissatisfaction with an impending hospital discharge as required by the Social Security Act ((Section 1154); http://www.ssa.gov/OP_Home/ssact/title11/1154.htm).

Similarly, **Medicare Advantage (MA) organizations are required to provide their enrollees with a notice of non-coverage, known as the Notice of Discharge and Medicare Appeal Rights (NODMAR)**, whenever an enrollee disagrees with a discharge decision (or when the enrollee is not being discharged, but the organization no longer intends to cover the inpatient stay).

The settlement reached in the Weichardt v. Leavitt lawsuit, which contested the legitimacy of the current hospital notice procedures, required the Centers for Medicare & Medicaid Services (CMS) to publish a new rule setting forth revised discharge notice requirements for hospital inpatients who have Medicare.

The final rule, CMS-4105-F: Notification of Hospital Discharge Appeal Rights, was published on November 27, 2006 (http://www.access.gpo.gov/su_docs/fedreg/a061127c.html). The new notice requirements contained in the final rule must be implemented beginning July 2, 2007.

More information about the final rule and the notices can be found on the CMS website at <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html>. on the CMS website.

In addition, CMS established a Questions and Answers (Q&As) document on its BNI webpage regarding the final rule (Notification of Hospital Discharge Appeal Rights (CMS- 4105-F)), and this webpage can be found at: <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/downloads/CMS4105FINALRULEQsandAs2007.pdf> on the CMS website.

Beginning July 2, 2007, hospitals must deliver the revised version of the Important Message from Medicare (IM) CMS-R-193 (an existing statutorily required notice) to explain discharge appeal rights.

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Within 2 calendar days of the day of admission, hospitals must issue the IM and obtain the signature of the Medicare beneficiary or his or her representative to indicate that he/she received and understood the notice.

As soon as possible prior to discharge, **but no more than 2 days before discharge**, the IM, or a follow-up copy of the signed IM, must also be provided to each Medicare beneficiary

Thus, in cases where the delivery of the initial IM occurs more than 2 days before discharge, hospitals will deliver a follow-up copy of the signed notice to the Medicare beneficiary as soon as possible prior to discharge, **but no more than 2 days before discharge**.

For Medicare beneficiaries who request an appeal, the hospital (or health plan if applicable) will deliver a Detailed Notice.

CR5622 also revises the *Medicare Claims Processing Manual*, Chapter 30 (Financial Liability Protections) by deleting Sections 80.0 - 80.3 from Chapter 2 (Admission and Registration Requirements) and by adding Sections 200.0 – 200.3 to Chapter 30 (Financial Liability Protection), and this is included as an attachment to CR5622. These additional sections of the manual include examples of the IM and the Detailed Notice, along with detailed specifications regarding the contents of these notices and when the notices should be given to Medicare inpatients.

Additional Information

The official instruction, CR5622, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1257CP.pdf> on the CMS website.

Providers should ensure that appropriate clinical and administrative staff members, including physicians, are aware of these new notice requirements.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found on the CMS web site at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS website.

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