

Frequently Asked Questions: Important Message from Medicare about Your Rights

What is the “Important Message from Medicare about Your Rights”?

The *Important Message from Medicare about Your Rights* is a notice that hospitals must give Medicare recipients, or Medicare Advantage plan members, before being discharged from the hospital. The notice is to inform you that you have the right to appeal your discharge if you feel you are not ready to leave and need more medical care. The *Important Message from Medicare about Your Rights* explains your Medicare rights and gives instructions on how to appeal your hospital discharge. The staff at the hospital must make every effort to make sure you understand the content of the notice before getting your signature.

When would I expect to receive the “Important Message from Medicare about Your Rights”?

As part of your hospital inpatient admission, a hospital staff member will explain your right to a discharge appeal and ask you to sign the form prior to inpatient admission or within two calendar days of admission. The case management team will give you a copy of your signed *Important Message from Medicare about Your Rights* form when your discharge date is two days away or less. If you receive the form on the day of discharge, you have four hours to decide if you would like to appeal your discharge.

How do I know if I can ask for a discharge appeal?

Discharge appeal is available to Medicare recipients or Medicare Advantage plan members when:

- You have been admitted to the hospital as an inpatient
- Your doctor has talked to you about discharge in the next two days to home, home with home health, or a skilled nursing facility
- Your doctor has ordered your discharge from the hospital
- You have Part A acute care days left

Who do I tell that I want to appeal my discharge?

A telephone or written request must be made to KEPRO, the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) that is contracted by Medicare to provide this service. KEPRO’s telephone number is printed on the *Important Message from Medicare about Your Rights* and can also be found at www.keproqio.com. When you talk with KEPRO, you may give your opinion about your discharge. KEPRO is open 365 days per year.

What happens after I call KEPRO and ask for a discharge appeal?

KEPRO will notify your hospital of your discharge appeal request. Your hospital will securely send your medical record to KEPRO for review. The hospital staff will give you the “Detailed Notice of Discharge” document that explains the reason the doctor decided you could be discharged.

KEPRO’s independent doctor will review the information and decide if the timing of your hospital discharge is appropriate. A decision of “agree with discharge” means KEPRO’s independent doctor agrees with the discharge decision and does not agree with you. A decision of “does not agree with discharge” means KEPRO’s independent doctor does not agree you are ready for the next level of care and agrees you should remain in the hospital. KEPRO will call you with a decision within one day after all necessary information is received.

Will I have financial responsibility for hospital care during the discharge appeal?

You are only responsible to pay applicable coinsurance and deductibles while KEPRO is reviewing your medical record.

When should I contact KEPRO to ask for a discharge appeal?

If you would like to request a discharge appeal, contact KEPRO as soon as you can.

1. **“TIMELY”**: When you make an appeal request to KEPRO no later than midnight of the day the physician ordered the discharge. The request may be in writing or by telephone and must be **before** you leave the hospital.
2. **“UNTIMELY”**: When you do not make a timely appeal request and remain in the hospital, you still may request a review at any time, but you may be responsible for charges after the day the physician ordered the discharge or as otherwise stated by KEPRO.

When would I be financially responsible to pay the hospital as part of the discharge appeal process?

• **Timely Appeal**

- If KEPRO notifies you of a favorable decision of “does not agree with discharge,” you are not financially responsible for continued care (other than applicable coinsurance and deductibles) until your doctor once again determines you no longer require inpatient care and you receive another copy of the *Important Message from Medicare about Your Rights*.
- If KEPRO notifies you of an unfavorable decision of “agree with discharge,” you are financially responsible for continued services beginning at noon of the day after KEPRO notifies you.
 - *Example: KEPRO notifies you on Sunday, the independent doctor’s decision is “agree with discharge”. Your financial liability would begin after 12 noon on Monday.*

• **Untimely Appeal**

- You may request a review at any time, but when you make an untimely discharge appeal request and you remain in the hospital, you will be held responsible for the charges incurred after the date of discharge ordered by your doctor.
- If KEPRO finds that you should have remained in the hospital, the hospital will refund you any funds that were collected (other than applicable coinsurance and deductibles).
- When you make an untimely discharge appeal request and are no longer an inpatient at the hospital, you may still request a KEPRO review within 30 calendar days of the date of discharge or at any time for good cause for financial liability issues.

• **Reconsideration**

- If you file a reconsideration (second level of appeal) of the discharge appeal, you may stay in the hospital/facility, and you may be financially responsible for your stay until KEPRO contacts you with a decision.

What if I disagree with KEPRO’s independent doctor’s decision?

Medicare has five levels of appeals available to you. The levels are outlined in the table below.

Appeal Level	Summary of Review Process	Who performs the review?
1st Level - Redetermination	Document (medical record) review of initial discharge determination	Quality Improvement Organization (QIO) - KEPRO
2nd Level - Reconsideration	Document (medical record) review of 1 st Level - Redetermination. (You should submit any evidence not previously presented.)	Quality Improvement Organization (QIO) - KEPRO
3rd Level - ALJ Hearing	May be an on-the-record review or an interactive hearing between parties	Administrative Law Judge
4th Level - Medicare Appeals Council Review	Document (medical record) review of ALJ's decision or dismissal, but you may request oral arguments	Medicare Appeals Council
5th Level - Judicial Review	Judicial review	U. S. District Court