

Navigating Medicare Admission and Discharge Policies

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Today's Talk Will Cover

- **What is a Quality Improvement Organization**
- **Your Medicare Rights**
- **Expedited Hospital Discharge Appeals**
- **Hospital Admissions – What You Should Know**
- **Quality of Care Concerns**
- **Patient and Family Empowerment – a story**
- **Questions & Answers**

Introduction / Background

What is a Quality Improvement Organization (QIO)?

Center for Medicare & Medicaid Services (CMS)

- **Leads a national healthcare quality improvement program, implemented locally by an independent network of QIOs in each state and territory.**

IPRO

- **The federally funded Medicare Quality Improvement Organization (QIO) for New York State, under contract with the Center for Medicare & Medicaid Services (CMS).**

The QIO Program

- **Largest federal program dedicated to improving health quality at the local level,**
- **Trustworthy partners for the continual improvement of healthcare for all Americans,**
- **Focuses on three broad aims:**
 - **Better patient care,**
 - **Better population health,**
 - **Lower healthcare costs through improvement.**

As the QIO for New York State, IPRO works to achieve the goals of the national QIO program by

- **Convening communities of providers, practitioners and patients across the state to:**
 - **Share knowledge,**
 - **Spread best practices,**
 - **Achieve rapid, wide-scale improvements in patient care.**

The QIO Program supports patients by:

- Providing information to help you better manage your own healthcare,
- Reviewing quality of care complaints,
- Working with local healthcare providers to make healthcare safer and “patient-centered,”
- Listening to you and learning from your experiences,
- Helping to remove roadblocks between you and better healthcare.

The QIO Program supports providers by:

- **Managing and sharing evidence-based best practices, knowledge and tools for improving health quality, efficiency and value.**
- **Serving as a change agent for rapid, widespread and significant improvements that contribute to broader national healthcare goals.**
- **Facilitating collaborative learning and action that results in better, more patient-centered care.**
- **Encouraging beneficiaries to take a more active role in their own healthcare.**

“Taking a more active role in the healthcare system”- Navigating Medicare Policies for...



Know Your Rights (from *Medicare & You - 2013*)

No matter how you get your Medicare, you have certain rights and protections. All people with Medicare have the right to:

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Have your personal and health information kept private
- Get information in a way you understand from Medicare, health care providers, and Medicare contractors
- Have questions about Medicare answered
- Have access to doctors, other health care providers, specialists, and hospitals
- Learn about your treatment choices in clear language that you can understand, and participate in treatment decisions
- Get emergency care when and where you need it
- Get a decision about health care payment, coverage of services, or prescription drug coverage
- Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage
- File complaints (sometimes called grievances), including complaints about the quality of your care

Know Your Rights About Your Hospital Stay

Within 2 days of your admission, you should get a notice called "An Important Message from Medicare about Your Rights" (sometimes called the Important Message from Medicare or the IM). If you don't get this notice, ask for it. This notice lists the QIO's contact information and explains:

- Your right to get all medically necessary hospital services
- Your right to be involved in any decisions that the hospital, your doctor, or anyone else makes about your hospital services and to know who will pay for them
- Your right to get the services you need after you leave the hospital
- Your right to appeal a discharge decision and the steps for appealing the decision
- The circumstances under which you will or won't have to pay for charges for continuing to stay in the hospital
- Information on your right to get a detailed notice about why your covered services are ending

If the hospital gives you the IM more than 2 days before your discharge day, it must either give you a copy of your original, signed IM or provide you with a new one (that you must sign) before you're discharged.

An Important Message from Medicare

Copy of Notice downloaded from CMS Beneficiary Notices Initiative (BNI) Website

Department of Health & Human Services
Centers for Medicare & Medicaid Services
CMS Approval No. 0916-0002

Patient Name: _____
Patient ID Number: _____
Physician: _____

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO _____
Telephone Number of QIO _____

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call _____.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative _____	Date/Time _____
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Form CMS-6193 (approved 07/12)

Steps To Appeal Your Discharge

- **Step 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
 - Here is the contact information for the QIO:
Name of QIO (in bold) _____
Telephone Number of QIO _____
 - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**



Your Rights for an Expedited Appeal

(If you believe you are being asked to leave the hospital too soon.)



The hospital must provide you with a copy of the Important Message from Medicare as soon as possible before your discharge date, but no more than 2 calendar days before and no less than 4 hours before you leave the hospital.

To get an expedited review, you must contact the QIO by midnight on the date you are being discharged (and before you leave the hospital)

What Happens Next?



When you call IPRO's toll free number to request your discharge appeal:

- **We call the hospital and ask them to write a “Detailed Notice of Discharge”.**
- **The hospital will give you and IPRO a copy of this notice.**
- **IPRO will also request a copy of your medical records.**
- **We will review your case within one (1) day of receiving your medical record.**

Note: If you are enrolled in a Medicare Advantage Plan, we will contact your Plan, instead of the hospital.

The Appeal Decision

- If IPRO agrees with you, Medicare will continue to pay for your hospital services as long as they are medically necessary.
- If IPRO agrees with the hospital decision, you will be responsible for payment beginning at noon of the day after IPRO gives its decision.

You are Not Responsible for Payment During the Review Process If You Request the Review in a Timely Manner

IPRO Helpline Staff are available to take your call seven days a week, From 8:30 am to 4:30 pm. Voicemail is available at all other times. If You leave a message after hours, it will be returned the next day.

IPRO Expedited Review

Is conducted by Board Certified, actively practicing physicians who review your medical record and consider:

- **If continued hospital care is reasonable and necessary; or**
- **If the needed care could be safely delivered in another setting, like a skilled nursing facility**



If IPRO Upholds the Hospital Notice

- You have the right to request a reconsideration review.
- Next steps you may take will be explained when you receive the results of your appeal.

Personal tip: *“Always take advantage of your appeal rights”*



Hospital Admissions – What You Should Know

Staying overnight in a hospital doesn't always mean you're an inpatient. You're considered an inpatient the day a doctor formally admits you to a hospital with a doctor's order. Always ask if you're an inpatient or an outpatient **since it affects what you pay and whether you'll qualify for Part A coverage in a skilled nursing facility.** For more information, visit www.medicare.gov/publications to view the fact sheet "Are You a Hospital Inpatient or Outpatient? If You Have Medicare— Ask!" You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users should call 1-877-486-2048. (Source: *Medicare and You Handbook 2013*)

Hospital Admissions – What You Should Know

Personal Tips: *“Always ask if you are being admitted as a hospital Inpatient or if you are being admitted for observation”*



“Try and always have someone with you. Let hospital staff know that it is ok to speak about your healthcare with that person there”



Quality of Care Concerns

How You Can Help to Improve Healthcare Quality

Healthcare quality improvement is everyone's responsibility from QIOs like IPRO to doctors and other healthcare providers like hospitals and nursing homes to patients and their families. As a patient, you need to be sure you know your rights under Medicare and that you are an active participant in your care. The more questions you ask your doctor or healthcare provider, the more you will know and the better you will understand what you need to do to stay healthy.

Quality of Care Concerns

How You Can Help to Improve Healthcare Quality

If you have a bad experience where you think you weren't given the care you needed, you can also file a complaint with Medicare. Filing a complaint about poor quality care allows IPRO and other healthcare quality-focused organizations to see new areas of healthcare that need to be improved. By filing a complaint, you are not only ensuring you get the care you deserve; you are helping to make sure everyone gets better care in the future.

Examples of Poor Healthcare Quality

Receiving the wrong medication

Receiving unnecessary surgery/diagnostic testing

Receiving an overdose of medication

Experiencing a delay in service

Receiving inadequate care or treatment by any Medicare-certified setting (like a hospital or skilled nursing facility) or doctor

Experiencing a change in condition that was not treated

Receiving the wrong diagnosis or treatment

Receiving inadequate discharge instructions



Contacting IPRO

If you have a complaint about care you have received, you can call or write to IPRO and we will connect you to the right people to help resolve your concern and/or will start the quality of care complaint review process. **Call IPRO toll free at 1-800-331-7767.**

- **Immediate Advocacy**
- **Medical Record Review**

Patient and Family Empowerment

A personal story.....

A New Beginning



A partnership with patients

For more information

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