# Hospital Medicare Discharge Member Appeal Process with the Quality Improvement Organization 8.7.2023

- **Paramount Goals**
  - Review providers responsibilities for issuing appropriate notices and member rights to facilitate a member submitting an appeal to the QIO.
  - Review key steps in Quality Improvement Organization (QIO) appeals process
  - Review members responsibilities
  - Review Paramount's responsibilities

# Providers Responsibility

- Once a physician discharge order has been written or Paramount has issued a denial the facility will notify the member
- Within two days of being admitted inpatient into the hospital the facility must provide the member a notice titled “Important Message from Medicare (IM)”, this notice explains the patient rights and provides member appeal information.
- If the inpatient hospital stay lasts three days or longer, the member should receive another copy of the Important Message from Medicare (IM) before leaving the hospital. This notice should be provided to the member up to two days, but no later than four hours, before being discharged.

# Member and QIO Responsibility

- Member must appeal by midnight on the day the discharge order is written, following the instructions on the Important Message from Medicare (IM) notice. The facility will provide the member with a copy.
- If a member is appealing to the QIO, the hospital must also provide the member with a Detailed Notice of Discharge form. This notice explains in writing why hospital care is ending and lists any Medicare coverage rules related to the members case.
- The facility is to send a copy of the completed Detailed Notice of Discharge to Paramount Health Care.

- The QIO will request copies of patient's medical records from the hospital.
- If the QIO denies the appeal, the member will not be held financially responsible for the 24-hour period it takes for the QIO to make a determination.
- If the member goes on to appeal at a higher level and remains in the hospital after that determination period, they may be financially responsible for the cost of their care if the QIO upholds the original denial decision.
- If the member leaves the hospital or misses the deadline to file an expedited appeal to the QIO, they have 30 days from their original discharge date to request a QIO review. The QIO will send a written decision letter once it receives all the information it needs from the member and the hospital.
- If the QIO approves the appeal the members care will continue to be covered based upon the criteria provided by the QIO.