

Do you know what an IM or a HINN is? You should...



What is an IM? An IM is an "Important Message from Medicare".

An IM has been around for years. It is a notification letter given to Medicare beneficiaries of their rights to receive necessary care. It is given on admission and then again within 48 hours of discharge giving them the right or opportunity to **appeal their discharge** if they so choose.

Medicare's intent with the IM is to make sure patients understand the discharge process and their right under it.

Admit screening gives the initial letter on admission. Case managers give the second reminder notification. The patient is given a number to call if they have any questions regarding the IM. A case manager can go back and explain or answer any questions the patient or family member may have.

The originals are kept in the chart and a copy is given to the patient.

All Medicare beneficiaries should receive at least two copies of the IM prior to discharge.

If a patient does decide to appeal their discharge, the Quality Improvement Organization QIO is notified. The pertinent information is given by phone or in writing to the Medicare QIO. **The burden of proof of the appropriateness of discharge following an appeal is on the hospital.** Once a decision is made on the appeal either the QIO agrees with the hospital's discharge plan, the patient will be liable for hospital services that continue from noon of the next day or the QIO agrees with the patient's appeal and the beneficiary is considered not to be discharged and is not liable for any continued care other than coinsurance and deductibles.

What is a HINN? A Hospital Issued Notice of Non-Coverage

In accordance with the Medicare Conditions of Participation, the hospital accepts responsibility for delivery of medically indicated and appropriate care. The hospital, through its UM Committee, has determined at the time of admission, or continued stay that the beneficiary could be facing a non-covered hospital stay because the criteria

based services are

- ◆ Not considered to be reasonable and necessary
- ◆ Services could be safely provided in another setting
- ◆ Care is considered CUSTODIAL in nature
- ◆ Or no longer meets non-physician discharge screens (InterQual) and
- ◆ Determined to be clinically stable for discharge (as evidenced by meeting criteria for discharge)

HINN letters can be given to Medicare beneficiaries for

- ◆ Non-appropriate admits
- ◆ Continued stay not meeting medical necessity
- ◆ Procedures or services not covered by Medicare
- ◆ Or for an opinion by the QIO for a Hospital Requested Review (HRR) when a physician disagrees with case management on cases when medical necessity is in question.

Performed under direction of a Physician Advisor (PA).

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What's up Doc? case management news



PHYSICIAN REMINDERS:

The Centers for Medicare and Medicaid Services (CMS) are very clear about informing their beneficiaries about their right to appeal discharge and receive medically necessary care in the appropriate setting .

• Questions? Contact Debbie Picou, RN 873-1833