

HANDOUT 5

Medicare Hospital Notice Requirements Chart

	Advance Beneficiary Notice of Noncoverage (ABN)	Medicare Outpatient Observation Notice (MOON)	Medicare Change of Status Notice (MCSN)	An Important Message from Medicare about Your Rights (IM)	Detailed Notice of Discharge (DND)	Hospital Requested Review (HRR)	Hospital Issued Notice(s) of Non-Coverage (HINN)
Circumstances/ Purpose	To notify the beneficiary the hospital expects outpatient services to be non-covered, and the beneficiary to be liable, because the services: <ul style="list-style-type: none"> • Are not medically necessary • Are subject to frequency limitations, • Are custodial, or • Are experimental 	To notify the beneficiary receiving observation services for more than 24 hours of the outpatient nature of observation and the potential consequences for coverage, cost sharing, subsequent SNF care, etc.	To notify the beneficiary of their right to an expedited determination by the QIO when they are admitted as an inpatient and the hospital changes their status to outpatient before discharge	To notify the beneficiary of their right to an expedited determination by the QIO if they do not agree with their discharge from inpatient status	To notify the beneficiary of the hospital's reasons for discharge when the beneficiary appeals their discharge from inpatient status to the QIO for an expedited determination	To notify the beneficiary of the hospital's request for QIO review of the hospital's decision to discharge the beneficiary when the physician does not agree with the hospital's decision	To notify the beneficiary the hospital expects inpatient services to be non-covered, and the beneficiary to be liable, because they are not medically necessary, may be safely provided in another setting, or are custodial. Separate HINNs are used for: <ul style="list-style-type: none"> • An entire stay (Pre-admission/Admission HINN) • Continuing stay, i.e., upon discharge from covered care (HINN 12) • Discrete items and services (HINN 11)
Covered Hospitals	All hospitals, including CAHs, that provide outpatient services Note: this form is also used by non-hospital entities	All hospitals, including CAHs, that provide observation services	All hospitals, including CAHs, that provide inpatient and outpatient services	All hospitals, including CAHs, that provide inpatient services Note: this form is not used for swing bed admissions for SNF care	All hospitals, including CAHs, that provide inpatient services Note: this form is not used for swing bed admission for SNF care	All hospitals, including CAHs, that provide inpatient services Note: this form is not used for swing bed admission for SNF care	All hospitals, including CAHs, that provide inpatient services Note: this form is not used for swing bed admission for SNF care

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Covered Individuals	Original Medicare outpatient beneficiaries Note: Medicare Advantage Plans provide the Integrated Denial Notice (IDN) (directly or by delegating it to the hospital)	Original Medicare and Medicare Advantage Plan beneficiaries receiving observation for more than 24 hours; may be used for stays less than 24 hours	Only applies to original Medicare beneficiaries <ul style="list-style-type: none"> Without Part B; or With at least a three day stay 	Original Medicare and Medicare Advantage Plan beneficiaries; whether Medicare is primary or secondary Note: applies to patients remaining in the hospital at a lower level of care	Original Medicare beneficiaries who appeal their discharge from inpatient status Note: Medicare Advantage Plans provide the DND for plan beneficiaries (directly or by delegating it to the hospital)	Original Medicare and Medicare Advantage Plan beneficiaries	Original Medicare inpatient beneficiaries Note: Medicare Advantage Plans provide the Integrated Denial Notice (IDN) (directly or by delegating it to the hospital)
Timing	Prior to performance of non-covered services	Within 36 hours of initiation of observation services; or at the time of transfer, discharge or admission, if prior to the 36 hour deadline	Not later than four hours before discharge and for: <ul style="list-style-type: none"> Beneficiaries without Part B, as soon as possible after status change; or Beneficiaries with Part B as soon as possible after status change and the third day is reached 	Initial IM: <ul style="list-style-type: none"> Up to seven days before admission or Two days after admission Follow-Up IM Up to two days before discharge and Not later than 4 hours before discharge 	By noon of the day after the QIO notifies the hospital of the beneficiary's appeal	No specified time frame; the hospital must provide pertinent information to QIO by "close of business on the first full day immediately following the day the hospital submits the request for review"	Preadmission/ Admission HINN <ul style="list-style-type: none"> No later than the date of admission HINN 12: The day of discharge, if the beneficiary does not request timely QIO review; or Upon notice from the QIO affirming the discharge determination HINN 11 Prior to delivery of the non-covered service

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Delivery	<p>Delivery in-person preferred, delivery may also be by:</p> <ul style="list-style-type: none"> • Phone contact, followed by hardcopy notice • Mail • Secure fax • Email <p>Delivery other than in person requires a response from the beneficiary/representative; contact cannot be disputed</p>	<p>Delivery includes written and oral notice</p> <ul style="list-style-type: none"> • Electronic notice allowed, must have option of paper delivery, and provide a paper copy • Digital signature is allowed <p>Representative:</p> <ul style="list-style-type: none"> • Phone, then mailed copy with signed verification • Fax or email if agreed by representative 	<p>Delivery in-person preferred</p> <ul style="list-style-type: none"> • Electronic notice allowed, must have option of paper delivery and provide a paper copy • Digital signature is allowed <p>Representative:</p> <ul style="list-style-type: none"> • Phone, then mailed copy with signed verification • Fax or email if agreed by representative 	<p>Delivery in-person preferred</p> <ul style="list-style-type: none"> • Electronic notice allowed, must have option of paper delivery and provide a paper copy • Digital signature is allowed <p>Representative:</p> <ul style="list-style-type: none"> • Phone notice, then mailed copy with signed verification • Fax or email if agreed by representative 	<p>Delivery in person</p> <p>Note: although the guidance does not address delivery to a representative, presumably the DND may be delivered to a representative in the same manner as the IM was delivered</p>	<p>No delivery method is discussed in the guidance, follow general delivery requirements</p>	<p>Delivery guidance refers to following the delivery guidance for the IM regarding in-person delivery and delivery to representatives</p>
Beneficiary Representative if Beneficiary Comprehension is in Question	<p>Notice should be provided to an appointed or authorized representative (e.g. DPOA or legal guardian); if none, follow CMS guidelines and state and local laws for appointment of a representative.</p>	<p>Notice may be provided to</p> <ul style="list-style-type: none"> • A CMS appointed representative • Authorized representative (e.g., DPOA, legal guardian) • Person that reasonably represents the beneficiary 	<p>Notice should be provided to an appointed or authorized representative (e.g., DPOA or legal guardian); if none, a person that reasonably represents the beneficiary</p>	<p>Notice should be provided to an appointed or authorized representative (e.g., DPOA or legal guardian); if none, a person that reasonably represents the beneficiary</p>	<p>Beneficiary representatives are not discussed in the guidance; follow general CMS guidelines and state and local laws for representatives</p>	<p>Beneficiary representatives are not discussed in the guidance; follow general CMS guidelines and state and local laws for representatives</p>	<p>Beneficiary representatives are not discussed in the guidance; follow general CMS guidelines and state and local laws for representatives</p>

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Special Requirements/ Provisions	<ul style="list-style-type: none"> ABN must identify items expected to be denied, reason for denial and cost estimate; Beneficiary's election must be voluntary and informed; Although routine ABNs are generally prohibited, routine ABNs are permitted for frequency limited services 	<ul style="list-style-type: none"> Oral notice may be provided by video Explanation should include clinical rationale for why the patient is receiving outpatient observation and not inpatient services If the patient is admitted, provide inpatient cost share and three day payment window 	Should not be provided to beneficiaries that do not have the right to an expedited appeal regarding the change of their status at the hospital	Discharge includes: <ul style="list-style-type: none"> Physical discharge Discharge on paper (e.g., to lower level of care) Discharge does not include <ul style="list-style-type: none"> Exhaustion of Part A days Transfer to another hospital for inpatient level of care 	Hospital must: <ul style="list-style-type: none"> Attach relevant Medicare policies (or provide telephone number to obtain them) and provide relevant information to the QIO, with copies to the beneficiary upon request 	<ul style="list-style-type: none"> Only applicable when physician disagrees with hospital's decision to discharge the patient If QIO agrees with hospital, QIO will determine beneficiary's liability for services provided after proposed discharge date 	<ul style="list-style-type: none"> For Preadmission/ Admission HINNs provided after 3 pm, liability doesn't start until the next day HINN 11 is used for discrete services during an otherwise covered inpatient stay, that would not be medically necessary if provided to an outpatient based on written Medicare policy AND are unrelated to the inpatient stay
Related Reporting	Delivery of a valid ABN is reported with OC 32 and date of delivery on the UB04/837I	N/A	N/A	N/A	N/A	N/A	Delivery of a valid HINN is reported with OC 31 and date of delivery on the UB04/837I
Consequences for Failure to Comply	Beneficiary cannot be held financially responsible for non-covered services	Potential deficiencies under hospital COPs for failure to inform beneficiary of patient rights and obligations	Potential deficiencies under hospital COPs for failure to inform beneficiary of patient rights and obligations	Potential deficiencies under hospital COPs for failure to inform beneficiary of patient rights and obligations	Potential deficiencies under hospital COPs for failure to inform beneficiary of patient rights and obligations	Potential deficiencies under hospital COPs for failure to inform beneficiary of patient rights and obligations	Beneficiary cannot be held financially responsible for non-covered services