

Hospital Patient's Rights

Lumetra, California's Quality Improvement Organization (QIO), contracts with the federal government to evaluate and improve care provided to people on Medicare and to ensure their rights.

All Medicare beneficiaries are protected by rights whether you are in the original Medicare plan or another Medicare health plan.

You Have the Right to:

- Protection from discrimination in marketing and enrollment practices.
- Information about coverage and what your costs might be.
- Information about all treatment options.
- Appeal decisions to deny or limit payment.
- Know how your health plan doctors are paid.
- Choose a women's health specialist.
- Receive a treatment that includes direct access to a specialist for serious conditions.
- Receive emergency care.

In The Hospital You Should Also:

- Receive all the hospital care you need.
- Receive a written discharge plan.
- Exercise your right to appeal if you are given a written Notice of Non-Coverage stating that Medicare will no longer cover your care.
- Speak to a hospital patient representative to help you understand any notices you receive.

Before You Go to The Hospital You Should:

- Plan ahead by speaking to your doctor about your condition and knowing what to expect.
- Understand your Medicare hospital coverage. Call 1-800-MEDICARE to ask questions about your coverage and your rights.
- Take a family member or a friend in the event that you need additional support understanding your treatment needs and rights.

At the Time of Admission to the Hospital You Should:

- Ask for the "Important Message from Medicare." It describes your rights and how to appeal.

At the Time of Discharge

If you are told that Medicare will not pay for continued days of care in the hospital you should:

- Ask for all notices of non-coverage in writing. The notice you should get is called a "Hospital Issued Notice of Non-Coverage" (HINN)
- People in Medicare Advantage (MA) plans must use the MA appeals process to appeal admission denials but can use QIO's process or the MA process for hospital appeals of continued stay denials. Ask for the "Notice of Discharge and Medicare Appeal Rights" (NODMAR).
- Speak to your doctor and other caregivers about your discharge plan.
- If you disagree with the hospital discharge and you choose an IPRO review you must call your QIO, Lumetra at 1-800-841-1602 before noon of the next working day after you receive the notice of discharge.
- If you use the MA appeal process to appeal your in-patient stay, time frames are longer and you may incur costs for days of care.

If you lose the appeal, the hospital can bill you from noon of the day after you get QIO's decision. The next level of appeal is called a "reconsideration". Always ask about additional appeal rights.

If you receive a Notice of Non-Coverage and miss the deadline for appeals, you can still request a review at any time during your hospital stay or after you are home. If you receive a notice and do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the Notice of Non-Coverage. If you are in an exempt hospital or unit and you receive a notice you must call immediately if you wish to appeal. The hospital can bill you the day after you receive the notice.

Expedited Non-Coverage Reviews - Beneficiaries may call QIO's Non-Coverage Department upon receipt of a Hospital Issued Notice of Noncoverage, for a review of their care. All Medicare patients, including managed care enrollees, are entitled to a review of their medical stability as evidenced by the medical record, with protection against premature discharge, and an assurance that an adequate, safe patient discharge plan has been formulated and that the patient has been properly informed about their discharge rights. The review also identifies patient liability for payment, and describes further appeal rights.

For more information about Medicare Hospital Patient's Rights, call Lumetra's Medicare Helpline at:

1-800-841-1602

People can also call the helpline with questions about the quality of services received in any of the following settings: hospitals, doctors' offices, ambulatory surgery centers, home health agencies, skilled nursing facilities, hospital emergency rooms and outpatient areas, as well as in managed care organizations.

Document edited from New York state's IPRO website <http://consumers.ipro.org/index/hospital-patients-rights>