

Being pushed out of the hospital too soon?

Q: If I think I'm not ready for a hospital discharge, can I appeal?

A: Yes. If you are on Medicare, and you think your hospital services are ending too soon, you can file an appeal—and gain some extra time from Medicare. You can ask questions about or challenge the quality of the health care you have received, your access to appropriate health care, your discharge from the hospital, or your termination from skilled services.

For example, if you are in a hospital, and you are told you are going to be discharged—but you feel too sick to leave—you can appeal your discharge to the Medicare designated Quality Improvement Organization (QIO), which for Massachusetts is a company named Livanta.

When the hospital is going to discharge a person on Medicare, they will give the patient a notice in writing called “An Important Message from Medicare,” which will explain how to file an appeal with Livanta. Medicare regulation requires you to request a review no later than midnight of the day of discharge. (On weekdays, Livanta’s Medicare Helpline is open 8 am to 5pm, on the weekends the line is open 11 am to 3 pm. Just leave your phone number if you get a message machine.) Once you appeal, you can then stay in the hospital without having to pay (except for copays and deductibles) until at least noon of the day after Livanta notifies you, the hospital, and the doctor of its decision. If you appeal to Livanta, you cannot be discharged without your consent. By appealing, you delay your discharge by at least a day or two.

To get your appeal started, you must call Livanta’s HelpLine at **1-866-815-5440**. Livanta will then call and fax the hospital and request your medical records. A physician reviewer at Livanta decides whether or not you are healthy enough to be discharged from the hospital. When the review is complete, you will receive a phone call and letter from Livanta with the decision.

You can also file an appeal if you are enrolled in a Medicare Advantage managed care plan. You have the same appeal rights whether you are in traditional Medicare, or in a managed care plan. If you would like to have someone else explain your case to Livanta, you can appoint a representative to speak on your behalf. There are no fees to have your discharge appeal reviewed by Livanta.

Note: Be sure to ask your hospital: “What is my admission status?” If you are on “observation status,” you have appeal rights through the Medicare Administrative Contractor (MAC). The hospital should give you an Advanced Beneficiary Notice (ABN), which describes your appeal rights through the MAC.

You also have the right to appeal to Livanta over a termination of “skilled services,” such as home health, skilled nursing, hospice, and outpatient rehabilitation. Livanta will review your case, and decide if continued skilled services are medically necessary based upon standards of care.

This whole appeal process must be completed within one day after Livanta receives all medical records for hospital appeals requests filed in a timely way, or within 24 to 72 hours (depending on the type of review) from your first call for a skilled services appeal. If you are not satisfied with Livanta’s decision, you can request a further appeal—but any skilled services you receive after the termination or discharge date might not be paid by Medicare. This means you would be completely responsible for those costs. For a link to the Livanta Medicare appeal process go to: <http://bfccqioarea1.com/appeals.html>

<https://www.cms.gov/medicare/medicare-general-information/bni/ffsednotices.html>