

Patient Name:
Patient ID Number:
Physician:

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Beneficiary Family Centered Care Quality Improvement Organization (BFCC-QIO) listed here **Kepro 1-844-430-9504** (TTY/TDD 1-855-843-4776).

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Beneficiary Family Centered Care Quality Improvement Organization (BFCC-QIO). The BFCC-QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - o **If you want to appeal, you must contact the BFCC-QIO no later than your planned discharge date and before you leave the hospital.**
 - o If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the BFCC-QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call the
Admissions Department at (225) 381-6179.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative Date Time

Follow-up documentation

Signature of Patient or Representative Date Time



STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the BFCC-QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
 - o Here is the contact information for the BFCC-QIO:
Kepro-Phone: 1-844-430-9504 (TTY/TDD 1-855-843-4776).
 - o You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
 - o Ask the hospital if you need help contacting the BFCC-QIO.
 - o The name of this hospital is **Baton Rouge General, 190065**; **Baton Rouge General Psych Unit, 195065**; **Baton Rouge General Rehabilitation Unit, 19T065**; **Baton Rouge General Skilled Nursing Unit, 195139**
- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The BFCC-QIO will ask for your opinion. You or your representative need to be available to speak with the BFCC-QIO, if requested. You or your representative may give the BFCC-QIO a written statement, but you are not required to do so.
- **STEP 4:** The BFCC-QIO will review your medical records and other important information about your case.
- **STEP 5:** The BFCC-QIO will notify you of its decision within 1 day after it receives all necessary information. o
If the BFCC-QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
 - o If the BFCC-QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the BFCC-QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the BFCC-QIO or your plan (if you belong to one) for a review of your case:
 - o If you have Original Medicare: Call the BFCC-QIO listed above.
 - o If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Signature of Patient or Representative Date Time

Follow-up documentation

Signature of Patient or Representative Date Time

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.