

VERSION FOR 60-DAY PUBLICATION

FINAL DRAFT



Medicare

Patient name: _____

Patient number: _____

Hospital name: _____

Hospital address: _____

Medicare Change of Status Notice

Patient name: _____ Patient number: _____

~~Your hospital changed your status from inpatient to outpatient receiving observation services. This means:~~

- ~~• Your hospital bill might change depending on the Part B coinsurance you'll owe as an outpatient. If your Part B coinsurance is less than the Medicare inpatient hospital deductible, you'll get a lower bill. If your Part B coinsurance is higher than the inpatient deductible, you'll get a higher bill. Check with your hospital for more detailed billing information.~~
- ~~• You won't have Medicare coverage in a skilled nursing facility (SNF) after you leave the hospital.~~

Your Right to Appeal This Decision:

Important! You're getting this notice because your hospital changed your status from "hospital inpatient" to "hospital outpatient receiving observation services."

The box marked below shows what applies to you:

Style Definition: Normal

Style Definition: Heading 1: Font: (Default) +Headings (Aptos Display), 20 pt, Not Bold, Font color: Accent 1, Left, Space Before: 18 pt, After: 4 pt, Keep lines together

Style Definition: Heading 2: Font: (Default) +Headings (Aptos Display), 16 pt, Not Bold, Font color: Accent 1, Space Before: 8 pt, After: 4 pt, Keep lines together

Style Definition: Heading 3: Font: (Default) Times New Roman, 14 pt, Font color: Accent 1, Left, Space Before: 8 pt, After: 4 pt, Line spacing: single, Widow/Orphan control, Keep lines together, Hyphenate, Tab stops: Not at -0.5"

Style Definition: Heading 4: Font: (Default) Times New Roman, 12 pt, Italic, Font color: Accent 1, Space Before: 4 pt, After: 2 pt, Line spacing: single, Widow/Orphan control, Keep lines together

Style Definition: Title: Font: (Default) +Headings (Aptos Display), 28 pt, Not Bold, Condensed by 0.5 pt, Kern at 14 pt, Indent: Left: 0", Space Before: 0 pt, After: 4 pt, Don't add space between paragraphs of the same style, Widow/Orphan control, Adjust space between Latin and Asian text, Adjust space between Asian text and numbers

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- While you're still in the hospital, your hospital stay will now be billed to Medicare Part B instead of Part A.

Your hospital bill may be lower or higher than the Part A inpatient deductible. Your hospital can give you more information about billing.

After you leave the hospital, Medicare will not pay if you go to a skilled nursing facility.

- While you're still in the hospital, the hospital may charge you the full cost of your outpatient hospital stay because you don't have Medicare Part B.

After you leave the hospital, Medicare will not pay if you go to a skilled nursing facility.

You Can Appeal

- You have the right to an immediate, independent medical review (can appeal) of the hospital's decision to change your status. Medicare authorized an independent your status change to a Quality Improvement Organization (also known as a QIO) to perform this review. right away. Quality Improvement Organizations are independent of Medicare.
- If you choose to appeal, the QIO your Quality Improvement Organization will ask for your opinion. The QIO will also look at your medical records and/or other relevant information. You don't have to prepare anything in writing, but give you have the right to if you'd like. its decision about 2 days after you ask for an appeal.
 - If the QIO disagrees with your status change to an outpatient receiving observation services, you may qualify for a Medicare-covered SNF stay after you leave the hospital. You'll be responsible for the Medicare inpatient hospital deductible.
 - If the QIO agrees with your status change to an outpatient receiving observation services, you won't qualify for a Medicare-covered SNF stay after you leave the hospital. You'll be responsible for Medicare Part B copays.

How to Appeal your Status Change:

- Call your QIO Quality Improvement Organization to appeal at: {insert QIO name and toll-free number of QIO}, or if you have questions.
- You should ask for an appeal as soon as possible and before you leave the hospital.
 - The QIO will notify you of its decision as soon as possible, usually within 1 day of getting all the necessary information.
- See page After you leave the hospital, you still have appeal rights. Call your Quality Improvement Organization.

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What Happens After I Appeal?

- You'll get the appeal decision from the Quality Improvement Organization about 2 of this notice days after you appeal, even if you leave the hospital.
- If you decide to stay in the hospital beyond your planned discharge date you may be responsible for payment of services you get during the appeal process.
- If your appeal is favorable to you, Medicare may cover your skilled facility nursing stay after you leave the hospital.

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Questions?

- If you think you may want to appeal and want more information about the appeals process, call your Quality Improvement Organization at:

- For more information about your Medicare coverage, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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Additional Information (Optional):

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If You Miss the Deadline to Appeal, You May Have Other Appeal Rights:

- Call the QIO listed on Page 1.

Sign below to show you received and understood this notice.

Signature of patient or representative

Date

Form CMS 10868 No. 10868 • XX/XXXX • OMB approval 0938-XXXX

See page 2 of this notice for more information.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint



Medicare

if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified of my change in status from a hospital inpatient to a hospital outpatient receiving observation services. I understand I may contact my QIO to appeal this decision. I also understand if I win my appeal, my hospital charges will be different, and possibly higher.

Signature of Patient or Representative

Date / Time

{Insert contact information here} Paid for by the Department of Health & Human Services.

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