TUFTS Health Plan
a Point32Health company

Tufts Health Plan
1 Wellness Way
Canton, MA 02021
tuftshealthplan.com

Detailed Notice of Discharge

Date:

Patient name: Patient number:

Hospital name:

Hospital or health plan address:

Hospital or health plan phone number:

This notice gives a detailed explanation of why your hospital or Medicare health plan has determined Medicare coverage for your hospital stay should end. ***This notice is not the decision on your appeal.*** The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your hospital stay should end.

The facts used to make this decision:

Detailed explanation of why your hospital stay is no longer covered, and the specific Medicare coverage rules and policy used to make this decision:

Plan policy, provision, or rationale used in making the decision (*health plans only*):

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at 1-800-701-9000.

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

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 0938-1019. The time required to complete this information collection is estimated to average 60 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.

CLEAR FORM

Instructions for completing the Detailed Notice of Discharge form

A hospital or Medicare health plan must deliver a completed copy of the Detailed Notice of Discharge (DND) to beneficiaries/enrollees upon notification from the Quality Improvement Organization (QIO) that the beneficiary/enrollee has appealed a discharge from an inpatient hospital stay. The DND must be provided no later than noon of the day after the QIO's notification.

Date: Fill in the date the notice is delivered by the hospital or plan.

Patient name: Fill in the beneficiary's/enrollee's first and last name.

Patient number: The patient number may be a unique medical record or other provider-issued identification number. It may not be the Social Security Number, HICN or any other Medicare-issued number for the beneficiary such as the MBI (Medicare Beneficiary Identifier).

Hospital or health plan name: The name of the hospital or Medicare health plan that delivers the notice must appear here.

Hospital or health plan address: The address of the hospital or Medicare health plan that delivers the notice must appear here.

Hospital or health plan phone number: The phone number of the hospital or Medicare health plan that delivers the notice must appear here.

Section #1
The facts used to make this decision: Fill in the patient specific information that describes the current functioning and progress of the beneficiary/enrollee with respect to the services being provided. Use full sentences, in plain language.

Section #2
The detailed explanation of why the services are no longer covered: Fill in the detailed and beneficiary specific reasons why the hospital stay is no longer reasonable or necessary for the beneficiary/enrollee, or is no longer covered according to the Medicare guidelines. Describe how the beneficiary/enrollee condition does not meet these guidelines. Use full sentences, in plain language.

Section #3
(*Medicare health plans only*) The plan policy, provision, or rationale used in the decision if the notice is delivered to a health plan enrollee: Fill in the reasons services are no longer covered according to the plan's policy guidelines, if applicable. Describe how the enrollee does not meet these guidelines. If the plan relied exclusively on Medicare coverage guidelines, please explain that here. Use full sentences, in plain language.

If you would like a copy of the policy section: If the hospital or Medicare health plan has not provided the Medicare guidelines or policy used to decide the discharge date, inform the beneficiary/enrollee on how and where to obtain the policy. Provide the hospital/plan name and toll-free number for beneficiaries/enrollees to obtain a copy of the relevant documents sent to the QIO.

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