

Compliance Today – October 2018 The IMM and the MOON: Mixing days and hours

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Those in the compliance world know that precision counts, and that Medicare regulations are often short on precision. An example would be the determination of when an inpatient admission begins. If one references the Medicare Benefit Policy Manual, chapter 1, section 10,^[1] one will find that, “a patient is considered an inpatient if formally admitted as inpatient with the expectation that he or she will require hospital care that is expected to span at least two midnights...” and further in that section, it also states that, “a Medicare beneficiary is considered an inpatient of a hospital if formally admitted as an inpatient pursuant to an order for inpatient admission by an ordering practitioner.” Yet there is no indication of what activities must occur to formalize the inpatient admission. That seemingly contradicts the Medicare Claims Processing Manual, chapter 3, which states, “A patient of an acute care hospital is considered an inpatient upon issuance of written doctor’s orders to that effect.”^[2]

Although the Claims Processing Manual suggests that the order itself begins the inpatient admission, the Medicare Benefit Policy Manual indicates that certain unspecified activities must take place after the order is written to formalize the admission. When the inpatient admission begins is crucial in that every Medicare-eligible patient admitted as an inpatient must receive written notice of their admission.

In 2006, as the result of a settlement agreement in the Weichardt v. Leavitt case,^[3] CMS began requiring hospitals to furnish every Medicare-eligible beneficiary a notice called the Important Message from Medicare (IMM), which informs the patient of their rights to appeal their discharge. The regulation requires that this notice be provided within two calendar days of admission. The patient must also be given a follow-up copy of the letter if the discharge is more than two calendar days since the original copy was given.

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