

Hospital Issued Notices of Non-Coverage

What Are They? What Do They Mean?



What exactly is a Hospital Issued Notice of Non-Coverage (HINN), or a Hospital Advance Beneficiary Notice (HABN)? The answer to that question could be important to you someday. Both are notices given by a hospital to alert you that Medicare may not cover an admission or stay in the hospital. These notices usually come in the form of a letter.

If the hospital believes that Medicare will not pay for you to be admitted, or to continue a stay in the hospital, the hospital must notify you in writing. By giving a HINN, the hospital makes sure that you are fully informed about decisions affecting your Medicare coverage and the payment for your hospital stay.

Each HINN letter explains:

- what is being denied
- when you will have to begin paying for your care
- your appeal rights
- the time frames for an appeal
- who to contact when making an appeal

The answer to that last point — who to contact — is **gmcf**, the Medicare Quality Improvement Organization for Georgia, which handles all HINN appeals in the state.

The hospital staff may also talk to you, telling you that Medicare will not pay for your admission or stay. If you do not agree, or want a second opinion, you should ask the hospital to put the decision in writing – a HINN. When you receive the HINN, you may start the appeal process by calling **gmcf**.

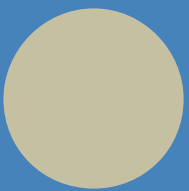
HINNs are given for different reasons. In fact, there are three basic types of HINNs. It is useful to understand the differences.

Three types of HINNs

- Pre-admission denial
- Admission denial
- Continued stay denial

Pre-admission denial

This type of notice is given before the patient is admitted to the hospital for services that are not covered by Medicare.





Example: Admission to the hospital the day before surgery.

Most of the time Medicare only pays for admission the day of surgery. If you are going to be admitted before the actual day of surgery, the hospital will likely issue a HINN telling you that you can be admitted for the surgery, but Medicare will not pay for the additional day. If you decide to be admitted before the surgery, you will have to pay for the non-covered time – usually one day.

If you – or your family – want to appeal a pre-admission denial, you should contact **gmcf** no later than three calendar days after receiving the notice. When you call, the **gmcf** staff begins an immediate review.

Sometimes you may not want an immediate review. You may decide to write to **gmcf** at a later date. The time frame for a written appeal is within 30 calendar days of receiving the HINN.

Admission denial

An admission denial notice is given after the patient is admitted to the hospital – after the patient has gone through the entire admission process.

Example: The admission of a patient who is not acutely ill, but instead needs nursing home placement for help with daily living needs such as bathing and feeding. Medicare does not pay for this type of care in the hospital setting. This type of care is called custodial care.

If you are not acutely ill, but are admitted at your – or your family's – request, the hospital must let you know that Medicare does not pay for custodial care.

An admission denial letter is usually given close to the time of the admission. However, if this type of admission happens on the weekend, or during evening hours, the hospital's utilization review department may not be able to issue the HINN until the day following an evening admission, or the Monday following a weekend admission.

To appeal an admission denial notice, you or your family should call **gmcf** immediately. However, you may call anytime during the hospital stay. As soon as you phone **gmcf**, the review process begins.

If you decide to ask for a review of an admission denial after you have been discharged from the hospital, you have 30 calendar days from the date you received the HINN notice to make an appeal.



Continued stay denial

This type of notice is given when a patient no longer needs acute inpatient hospital care. The hospital must have the consent of the patient's doctor or **gmcf** before it can issue a continued stay denial notice.

Example: A patient with Medicare coverage is admitted to the hospital with a hip fracture. The fracture has been treated and the patient is much better; however, the family cannot care for the patient at home, and has not made arrangements for nursing home placement.

When this happens, the hospital will issue a continued stay denial. Before the hospital can issue this type of denial notice, the hospital must have the agreement of either your doctor or **gmcf** that inpatient care is no longer needed.

Doctor agrees with continued stay denial – HINN

When your doctor agrees that you no longer need to be in the acute care inpatient hospital setting, the notice will say that your doctor agrees with the HINN.

If you – or your family – do not agree with the notice, call **gmcf** by noon of the next working day after receiving the denial notice to start the appeal. The staff at **gmcf** will process your appeal as soon as you call.


If **gmcf** agrees with your appeal, Medicare will continue to cover costs for as long as you need to be in the acute care hospital.

If **gmcf** agrees with the denial notice, you will have to start paying for your hospital care at noon on the day following the gmcf review of your appeal.

If you – or your family – do not ask for an immediate review, you may still contact **gmcf** within 30 days of receiving the notice.

Doctor does not agree with the continued stay denial – HINN

When your doctor does not agree with the continued stay denial, but the hospital's utilization management committee believes that care could be safely given in a lesser setting, the hospital will ask **gmcf** to review your medical record.



In this instance, the hospital will give you a different type of letter. This letter is to let you know that:

- the hospital believes you will not be covered under Medicare
- **gmcf** is reviewing your medical record
- your doctor does not agree with the hospital

In this situation, if **gmcf** agrees with the hospital, you will receive a HINN for the continued stay.

If you receive this type of denial notice, you may ask for a second review called an *expedited reconsideration*, which **gmcf** processes on an immediate basis.

What happens during the HINN review process?

The staff at **gmcf** always asks for your viewpoint when working on any type of HINN review and also talks with the hospital. Doctors at **gmcf** examine your medical record and make every attempt to talk with your doctor.

If you get a HINN

If you receive a HINN, be sure to read it carefully and follow the instructions. If you decide to appeal the notice, be sure to call or write **gmcf** within the time frames stated in the letter.

The HINN notice will list the **gmcf** phone number and address. The **gmcf** staff will explain the appeal process when you call.

Second appeal

If you do not agree with the outcome of your first appeal – or if you are not satisfied with the decision – you still have another appeal level. The directions for the second appeal level are listed in the letter you will receive from **gmcf** after your first appeal is completed. As with the first appeal, you need to follow the steps in the letter and keep within the time frames if you decide to make a second appeal.

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