IOWA FOUNDATION FOR MEDICAL CARE
ILLINOIS FOUNDATION FOR QUALITY HEALTH CARE

6000 Westown Parkway · West Des Moines, Iowa 50266-7771
WATS (800) 383-2856 · FAX (515) 223-2141

(1)

CMS-1210-193

January 19, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development – C
Attention: Bonnie L. Harkless
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Harkless:

This letter is our response to requests for public comment on the Revised Version of the Important Message from Medicare.

The phrase "The QIO accepts requests for appeals 24 hours a day" may lead readers to incorrectly assume that someone would be available to help them 24 hours a day.

Additionally, QIOs need clarification on CMS expectations regarding available methods for beneficiary submission of appeal requests, e.g., voicemail, fax, e-mail, etc.

Thank you for the opportunity to submit comments in regards to the Important Message from Medicare.

Sincerely,

Kim Downs, RN, CPHQ

Kim Downs, R.N., C.P.H.Q.
Senior Director, Medicare Beneficiary Protection Program

KD:CH:sls

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

(2)
MEDICARE
Part A Intermediary
Part B Carrier

New Number: (469) 372-0992
Fax Number: (469) 372-2649

January 12, 2007

CMS, Office of Strategic Operations And Regulatory Affairs
Division of Regulations Development-C,
Attention: Bonnie L. Harkless
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: Comments on Revised Important Message from Medicare
CMS document identifier: CMS-R-193

OMB number: 0938-0692

Dear Ms. Harkless,

The Revised Important Message from Medicare should include an additional statement that informs the beneficiary that the hospital may unilaterally disregard the patient's rights based on how the hospital chooses to bill the claim to Medicare.

Beginning October 12, 2004, with the implementation of CR 3444, hospitals may change the level of service for a patient from inpatient to outpatient should the Hospital's Utilization Review committee determine that the level of service initially ordered by the physician is incorrect. The Change Request does not specify that either the patient or the admitting physician must agree with or even be informed of this determination. The hospital may indicate this change in status on the claim by the use of Condition Code 44, provided that the change is made with certain preconditions specified in the CR.

Since changing a patient's status changes the patient from one benefit (Part A) to another benefit (Part B) with consequent changes in co-pays, deductibles, limitations on liability, and appeal rights, and since this change in status usually occurs after the patient has been informed of their rights using this form (CMS-R-193), as required under the Conditions of Participation, it might be prudent to add something to this document that the appeal rights do not apply if the hospital unilaterally makes a change in status as permitted by CR 3444.

Thank you for the opportunity to comment.

Best Regards,

Charles E. Haley, MD, MS, FACP
Medicare Medical Director

cc: William Rogers, MD

TrailBlazer Health Enterprises, LLCSM
Medicare Medical Director
Executive Center III • 8330 LBJ Freeway • Dallas, TX 75243-1213
P.O. Box 660156 • Dallas, TX 75266-0156
A CMS Contracted Intermediary and Carrier

Oxford Senior Citizens, Inc.
922 Tollgate Drive, P.O. Box 381
Oxford, OH 45056
Phone: (513) 523-8100, FAX: (513) 524-3126

(3)

CMS-R-193

January 17, 2007

CMS, Office of Strategic Operations and Regulatory Affairs
Divisions of Regulations Development - C
Attention Bonnie L. Harkless
Room C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

Dear Ms. Bonnie Harkless:

I am writing in regard to the public forum response request in regards to the Paperwork Reduction Act issue of hospitals notifying patients of their right to appeal discharge. My experience over the last 17 years as a Licensed Social Worker for the elderly population is the Peer Review form is either not clearly explained/pointed out, it is too long and of too small print, the patient is too ill, or a combination there of for the patient to realize they have that right. I have yet to meet a former older patient who knew they could have appealed their discharge decision. I believe this fact needs to be taken into consideration when expected procedures are being reviewed.

Your response to me may be that the patient signs the form. The vast majority of clients I have worked with will sign about anything handed to them in a situation where they accepted what was happening. I did assessments to accept clients into a county funded program to provide home care services to the elderly for six years. I learned very early on that I needed to inform the client what is in the document before allowing them to sign it. My personal experience is that hospitals either give a one line explanation or none.

Thank you.

Sincerely,

Emilie Ratterman, lsw

Emilie Ratterman, lsw
Outreach