



Massachusetts Hospital
Association

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February 14, 2007

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Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development - C
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare Program: Notification Procedures for Hospital Discharges Proposed Notice of Rule Making, CMS-R-193, published in the Federal Register, January 5, 2007

The Massachusetts Hospital Association, on behalf of our member hospitals and health care systems, submits these comments and requests for clarifications related to the proposed "Important Message from Medicare" (Form CMS-R-193). At the outset, MHA would like to note that our members are committed to providing patients with information and assistance to ensure that they receive timely and appropriate medically necessary care. To that end, we seek clarifications and assistance from CMS in implementing this new form.

Provisions of the Proposed Form CMS-R-193:

We offer three suggestions which we believe will address patient and provider interests.

First, MHA requests that CMS clarify the sentence related to the fact that the Quality Improvement Organization (QIO) accepts requests for appeals 24 hours a day (see the second page, second bullet after the blank space for adding the local QIO contact information). For many QIOs, as similar to any federal or state agency, there is a process for calls to be taken after normal work hours and for the agency to retrieve and respond within an appropriate time during the next day.

We suggest that CMS clarify that the QIO accepts calls 24 hours a day, but calls accepted after the normal work day hours will be returned the next day (or at whatever time frame the QIOs have developed for fielding and responding to such calls). Our concern is that patients who expect prompt return calls will feel that it is the provider and not the system that is preventing their case from being reviewed. Clarifying this issue will alleviate patient and provider concerns.

Second, we request that CMS clarify the process for verifying the valid delivery of the notice. We suggest that CMS indicate that a valid delivery is verified by documenting in the medical record, computerized documentation system, or through any other documentation process, including paperless systems, that the hospital generally uses in verifying the receipt of notices and forms. The concern here is that there is no indication in the regulations whether the hospital has discretion to develop the process, which will differ by each hospital's admitting practices.

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Third, we strongly urge CMS to provide copies of the approved form in various languages. With hospitals and providers strongly motivated to reduce racial and ethnic disparities in health care, it would be helpful if CMS would assist by providing copies of the final form in multiple languages, including Chinese (traditional), French, Haitian-Creole, Khmer, Polish, Portuguese, Russian, Spanish, and Vietnamese.

MHA and our members are willing and ready to work with CMS to assist with clarifying these issues. While we are actively working with our state QIO to develop briefings to help all providers understand the process under the new regulations, we urge CMS to also hold special open-door forums, or other such seminars, for providers to address common issues and clarifications. Should you have any questions about our comments, please contact Anuj Goel of my staff at (781) 272-8000, ext. 140.

Sincerely



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