



Arkansas Foundation
for Medical Care

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January 30, 2007



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R-191

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

Ref: November 27, 2006 final rule, Notification of Hospital Discharge Appeal Rights,
CMS-4105-F

Dear Ms. Harkless:

2201 Brooken Hill Dr.
PO Box 180001
Fort Smith, AR
72918-0001

A notice was published in the Federal Register on January 5, 2007, requesting comments on a revised version of the Important Message From Medicare (IM) (CMS-R-193). This notice stems directly from the November 27, 2006, final rule, Notification of Hospital Discharge Appeal Rights, CMS-4105-F.

As the Medicare Quality Improvement Organization (QIO) for the state of Arkansas, we are concerned about two issues involved in the review of requests for appeals of these notices.

1. The revised Important Message From Medicare states on the second page, first bullet, that “The QIO accepts requests for appeals 24 hours a day.” While it is true that we are currently “on call” seven days per week, we only “accept” requests for review during working hours, even on weekends and holidays. It is misleading to state that QIOs will accept requests for appeals “24 hours a day.” If a beneficiary calls after 5:00, a message can be left, but the call will not be returned until after 8:30 the following morning. It might better serve Medicare beneficiaries to say, “The QIO accepts requests for appeals seven days a week.”
2. Again, on page two of the Important Message, it states “The QIO will notify you of its decision within one day after it receives all necessary information.” This process has worked well during regular business days of Monday through Friday, as the weekend gave us time to send a record to a reviewing physician by Fed-ex or other appropriate overnight delivery method and on weekdays, these services are readily available. However, over a weekend or holiday, it will be very difficult to get a large medical record to a physician reviewer in another part of the state via fax or overnight delivery and still complete the review

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within one day. In the Expedited Appeals and Fast-Track Appeals processes, we are at least given two to three days to complete the review. We are requesting that this timeframe be reconsidered for the hospital notification process.

Thank you for your consideration of our comments and concerns.

Sincerely,



Sally Johnson
Beneficiary Relations Director

Enclosure

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AN IMPORTANT MESSAGE FROM MEDICARE

(Please Read Carefully)

Patient Name _____ Patient ID Number _____
 Attending Physician _____ Date of Notice _____

YOUR RIGHTS AS A HOSPITAL PATIENT

- You have the right to receive necessary hospital services covered by Medicare or covered by your Medicare Health Plan (your "Plan") if applicable.
- You have the right to be involved in any decisions that the hospital, your doctor, your Plan or anyone else makes about your hospital stay.
- You have the right to receive services you need after you leave the hospital (that is, after you are "discharged"). Medicare or your Plan may cover some of these services if ordered by your doctor or your Plan. You have a right to know about these services, who will pay for them, and where you can get them.

YOUR HOSPITAL DISCHARGE AND MEDICARE APPEAL RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you and your doctor (and your Plan, if applicable) to plan for your discharge and arrange for services you may need after you leave the hospital. When your doctor or Plan decides you no longer need hospital care or can safely receive care in another setting, you will be informed of your discharge date.

If you think you are being discharged too soon:

- Talk to the hospital staff and your doctor (and your Plan, if applicable) about your concerns.
- You also have the right to request an appeal and have your hospital services covered during the appeal. An independent reviewer called a Quality Improvement Organization (QIO) will give you a second opinion about whether you are ready to leave the hospital.
- You should contact your QIO as soon as possible after you are informed of your discharge date, but before you leave the hospital. If you contact the QIO by your discharge date, your hospital services will continue to be paid during the appeal (except for charges like your coinsurance and deductibles) until noon of the day after the QIO notifies you of its decision.

Page 2 of this notice gives you more information about the appeal process and how to contact your QIO.

Please sign below to show that you have received this notice and understand it.

 Signature of Patient or Representative

 Date

HOW TO ASK FOR AN IMMEDIATE APPEAL OF YOUR DISCHARGE

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- If you want to request an appeal, you should contact your Quality Improvement Organization (QIO) as soon as possible after you are informed of your discharge date, but before you leave the hospital. **If you request an appeal by your discharge date, your hospital services will continue to be paid during the QIO review until at least noon of the day after the QIO notifies you of its decision.**
- Here is the contact information for the QIO: _____ {insert name and number of the QIO} _____. The QIO accepts requests for appeals 24 hours a day. You may also call the QIO if you have questions about the appeal process.
- If you request an appeal, you and the QIO will both receive a notice that explains the reasons that your doctor, the hospital, (and your Plan, if applicable) think you are ready to be discharged.
- The QIO will ask for your opinion and look at your medical records. You do not have to prepare anything in writing, but you or your representative have the right to give the QIO a written statement or any information you wish. You or your representative should be available to speak with the QIO.
- The QIO will notify you of its decision within one day after it receives all necessary information.
 - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services until further notice.
 - If the QIO finds you are ready to be discharged, you will be responsible for payment of your hospital services beginning noon of the day after the QIO notifies you of its decision.

YOU HAVE OTHER APPEAL RIGHTS:

- **If you have Original Medicare:**
 - If you do not request an appeal by your discharge date, you may still ask the QIO to review your case. However, the hospital can charge you immediately for any services you receive after your planned date of discharge. If the QIO decides your Medicare coverage should continue after you have made payments, you will receive a refund.
 - As for any Medicare services, a claim for your hospital services will be submitted to Medicare by the hospital. You will get a Medicare Summary Notice (MSN) regarding Medicare's decision on the claim and your right to appeal that decision.
- **If you belong to a Medicare Health Plan:**
 - If you do not request an appeal by your discharge date, you may still ask for a fast appeal from your Health Plan. However, if your health plan decides discharging you was the correct decision, you may be responsible to pay for any services you receive after your planned discharge date.

Consult your Medicare Handbook or call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048 for more information about this notice and the Medicare claims appeal process.

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 0938-0692. The time required to complete this information collection is estimated to average 13.8 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.