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March 5, 2007

Bonnie L. Harkless, Room C4-26-05 Office of Strategic Operations and Regulatory Affairs Division of Regulations Development - C Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850 213/07 Pastud 2/1/07

RE: (CMS-R-193) Important Message from Medicare (72 Federal Register 568), January 5, 2007

Dear Ms. Harkless:

Orlando Regional Healthcare appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed revisions to the Important Message from Medicare (IM), as published in the *Federal Register* dated January 5, 2007.

Listed below are some of our concerns and comments:

Availability: As indicated, will the QIO be available 7 days a week / 24 hours a day?

Process: We are continuously moving to a paperless operation. While we are instructed to provide the IM within two days of admission and the patient is to sign the form and provide a copy of the signed notice prior to discharge (but no more than 2 days before the discharge), is there a plan/acceptance for patients to sign via signature pad or must the document be signed in paper format and scanned into the hospital record?

Patient inability to understand and/or sign the document: Being a Level 1 trauma center, we are concerned about instances when a Medicare patient is admitted to the hospital and is unable to understand and/or sign the document and no representative is available (either in person or by phone) or there is no representative for the patient. What procedures do we implement in these situations?

Patient refusal to sign the form: What procedures should we follow in these instances? If we are required to note the refusal and have the form witnessed, there is no area available to complete this process.

Layout and design of the proposed form:

- Will CMS provide the form in different languages? In what language will they be available and when?
- Can the form accommodate a patient's mark or an X if that is their signature?
- No space on the second page to indicate the name and phone number of the Medicare Advantage plan, although the instructions call for this information to be completed.
- Form appearance is very busy could this be designed for easier reading and understanding by the patient? Can an education sheet be developed for layman explanation of the form?

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Although the comment period has expired for comments related to the overall process, we would like to again communicate our comments, concerns and questions:

- Adds unnecessary burden (very labor intensive) to hospitals and managed care plans who perform the function as well as increased costs for paper/staff time, etc.
- Very difficult (if not impossible) to determine discharge date
- Difficulty in reaching the patient representative if patient is incompetent / unresponsive
- May cause delayed discharges to allow hospitals to satisfy the notice requirement; may conflict with the discharge planning process
- Overall it may effect: efficient patient flow, bed capacity, patient transfers to different level of care, loss of bed availability in skilled nursing facilities and Rehabs
- If patient's discharge is delayed due to notice requirement, will DRG payments be adjusted for increased length of stay coverage?
- Possible increased potential of med errors, hospital inquired infections, falls, etc.
- Increased workload / burden on nursing, Patient Business, Case Management designated department(s) must deliver this process
- Coordination of issuance with managed care plans
- Increased concern / confusion on the part of the patients (elderly population)
- How to track distribution of the IM not more than 2 calendar days before discharge
- Could there be a reconsideration for IM to be provided to Medicare patients with a 30 day or greater length of stay

Orlando Regional Healthcare again thanks CMS for the opportunity to comment on the revised IM. If you have questions on these comments, please do not hesitate to contact me at (321) 841-8026 or via email at Sandra.Perrotti@orhs.org.

Sincerely.

Manager/Case Management Orlando Regional Healthcare