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March 19, 2007

*Rec'd
3/29/07*

Leslie Norwalk
Acting Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-6
Washington, DC 20201

R-193

RE: CMS Proposed Revision of the Important Message from Medicare and Related Paperwork Requirements (Vol. 72, No. 3), January 5, 2007

Dear Mr. Norwalk:

Augusta Medical Center, a medium-sized, private, not-for-profit, community hospital appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed revision of the "Important Message from Medicare" (IM) and its related paperwork requirements as submitted to the Office of Management and Budget. This revision seeks to implement revised regulations on how hospitals will notify Medicare beneficiaries of their hospital discharge appeals rights as published in the Federal Register of November 27, 2006.

Despite the modifications that have been made to the proposed rule, they still impose significant administrative burden to hospitals, especially those of our size with limited resources to apply towards fulfilling the additional administrative requirements.

As you are well aware, hospitals across the country current provide the Important Message from Medicare to beneficiaries when they are admitted to the hospital as part of their admission information. This Message provides a very thorough explanation of the beneficiaries' right to have their discharge decision reviewed by the local Quality Improvement Organization (QIO) if they believe they are being discharged too soon. The Message provides all the information needed by the beneficiary to request such an appeal and also explains that they will not be held financially liable for continued hospital care while the QIO reviews their case.

Under this new regulation, which is planned to become effective July 1, 2007, the IM must now be given no later than 2 days following admission, and must include the beneficiary's signature documenting that the beneficiary received it, that it was explained to her/him, and that she/he understands it. Furthermore, the hospital must provide a second copy of the signed Message to beneficiaries no more than two days prior to discharge.

Augusta Medical Center urges CMS to reconsider these regulatory requirements in relation to the cost/benefit burden they will place on hospitals across this country, especially those where the resources required to meet these requirements are already limited.

CMS has projected that implementation of these proposed regulations will increase staff time from 208,333 hrs to 2,990,000 hrs—a more than 14-fold increase. This is patient staff time and attention that is being taken away from bedside care and patient safety initiatives that truly impact patient satisfaction. Most hospitals, including AMC, already expend an enormous amount of resource in

discharge planning. AMC's nursing staff, case managers and social workers begin the discharge planning process at the time of admission. Many hours and long days are spent with families assisting them with after care needs—be it home health, procurement of home medical supplies, nursing home placement or hospice care, etc. Administrative burdens such as these take away from the time and attention that is needed to achieve the best outcome for the patient and family so that discharge occurs in a safe and satisfactory manner.

If a second notice is indeed required, Augusta Medical Center strongly requests that CMS consider eliminating the requirement that the repeat notice be given no more than 2 days prior to discharge. Simply allow a copy of the Message to be given on the day of discharge as part of the discharge instructions that all patients routinely receive.

Conduct an evaluation of benefit after the first year to see whether this new process has yielded sufficient benefit to warrant the significant cost to its burden. History has already demonstrated that getting beneficiaries to sign the notice was unnecessary and was subsequently eliminated.

Provide hospitals flexibility in how the Message will be provided to beneficiaries when they are unable to receive or understand it. So many of our Medicare admissions involve patients with dementia who are residing in nursing homes who may not have a family member or representative readily available to sign this message. Also, many of these patients require frequent admissions. Allowing alternative means of communication such as telephone, fax or email would be extremely beneficial.

Finally, current QIO availability for beneficiary appeals is limited to Monday-Friday, daytime hours. Under the new regulations, 24/7 availability would be necessary to address beneficiary appeals. Please clarify the required availability of the QIO to address appeals since the Message is inconsistent with the QIO manual.

Should you have any questions about these comments, please feel free to contact me at (540) 332-4807 or jmangun@augustamed.com.

Sincerely yours,



Janet P. Mangun
Vice-President, Medical Administration

Cc: The Honorable John Warner, VA US Senator
The Honorable James Webb, VA US Senator
The Honorable Bob Goodlatte, VA, 6th Congressional District Representative