CMS' Response to OMB on Comments Received on the Detailed Notice of Discharge

(60-day comment period)

On April 5, 2006, as required by the Paperwork Reduction Act, CMS published two notices for comment under CMS-10066 for a 60-day public comment period. The first notice in that package, the "generic notice", has since been replaced by the Important Message from Medicare (See CMS-R-193). The second notice, "the Detailed Notice", received a handful of comments during the 60-day comment period. Our responses to those comments are provided here.

Comment: Two commenters recommended that we state in both the Generic Notice and the Detailed Notice that the beneficiary's doctor is the entity responsible for making the discharge decision.

Response: While we agree that physicians ultimately make discharge decisions, we note that the discharge process is a collaborative process that also includes input from staff at the hospital and plan. Thus, when appropriate, they may recommend discharging a patient and work with the physician to ensure the patient is safely discharged. The Detailed Notice has been revised to recognize these processes.

Comment: Two commenters recommended adding the plan's telephone number to the Detailed Notice whenever the patient

who is discharged is a plan enrollee.

Response: We have added a space on the Detailed Notice for hospitals or plans to insert their telephone number, depending on whether the patient who is discharged has Original Medicare or is enrolled in a Medicare managed care plan.

Comment: One commenter stated that the instructions on the Detailed Notice should specify the circumstances under which the hospital should insert the patient's Medicare FFS number and when the patient's plan ID number should be inserted.

Response: In order to protect beneficiary information, we no longer require a patient's Medicare or HIC number to be included on notices. Instead, hospitals or plans will be permitted to put a patient ID number on the notice. Despite this change, plans will continue to be responsible for ensuring delivery of the Detailed Notice, even where that responsibility has been delegated to a hospital. A plan should know before generating the Detailed Notice whether the service falls under its purview or under Original Medicare.

Burden

Comment: Some commenters thought the time required to complete the Detailed Notice would be comparable to the

current notification process that utilizes the HINN and NODMAR. A few commenters stated that when considering additional tasks such as calling the QIO, or providing evidence to the QIO for its review, delivery of the Detailed Notice could take from 120 to 180 minutes. Also included in these estimates, was the burden associated with having to research and provide specific Medicare coverage rules and citations.

Response*:* In response to the commenters' suggestions that it would be especially difficult for hospital staff to research and list specific citations to applicable Medicare policy rules, we no longer require the Detailed Notice to include specific citations to the applicable Medicare policy rules. We have, however, retained the requirements that the Detailed Notice explain why services are no longer necessary and describe relevant Medicare coverage rules, instructions, or other policy. As commenters correctly noted, the Detailed Notice essentially replaces the HINN and NODMAR processes when beneficiaries and enrollees do not agree with a discharge decision. Therefore, we believe that the Detailed Notice will not constitute a new burden, but will essentially replace the time associated with completing and delivering the HINN or NODMAR. We believe that, in addition to the time it currently takes to complete the HINN or

NODMAR, an extra 60 minutes may be needed for completion and delivery of the Detailed Notice. To help reduce the time required to complete and deliver the Detailed Notice, we intend, through guidance, to allow hospitals and plans to use predetermined language regarding medical necessity and other Medicare policy on the notice.