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To: OMB desk officer:

OMB Human Resources and Housing Branch,  
Attention: Carolyn Lovett,  
New Executive Office Building, Room 10235,  
Washington, DC 20503,  
Fax Number: (202) 395-6974.

10066

From: Jackie Birmingham, RN, MS, CMAC

Vice President of Professional Services/ eDischarge  
Curaspan, Inc.  
70 Bridge Street, Suite 201  
Newton, MA 02458  
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[jbirmingham@curaspan.com](mailto:jbirmingham@curaspan.com)

Date: May 3, 2007

Re: Comments on Detailed Notice: "CMS-10066".

Dear Ms. Lovett.

Curaspan, Inc. is a privately held company that supports a software program called 'eDischarge' that is used by more than 100 hospitals to streamline and facilitate the discharge of patients to post-acute providers of care. In our 8 years experience we are aware that a patient's discharge is not always predictable, but this does not mean they shouldn't be prepared and informed. We support the 'Notification of Discharge Appeal Rights' since it directly addresses Medicare Beneficiaries rights to be informed of the progress of their health care, and in particular their status regarding discharge from the hospital.

On the following page are recommendations regarding the Draft of CMS 10066 as published on April 6, 2007 titled the 'Detailed Notice'.

There are a few minor changes, like the addition of the name of the hospital in the heading: Following is a brief summary of recommended changes in *content*:

1. Reword of the introductory paragraph that includes a brief explanation of a QIO.
2. Change the wording of sentence in the first bulleted sentence to remove the word 'facts' and add the phrase 'based on your health condition'
3. Combined the Medicare and Medicare managed care explanation .
4. Insert a separate and distinct section describing where the patient/representative can get more information.
  - a) The QIO should be responsible to give the patient a copy of the information sent to them. Because hospitals have policies on what information can be given to patients while they are still hospitalized may make this a very burdensome task. Would the patient have to sign a release to see a copy of the information sent to the QIO from their own active medical record?
  - b) Medicare coverage policies are available to Medicare Beneficiaries in print, on-line and on the phone. Medicare coverage policies should be communicated to the patient by Medicare. The patient will likely trust the report of the 'coverage policies' either directly from Medicare or from the Managed care representative if applicable.
  - c) Hospitals should devote their time and staff to helping patients sort through this process.
5. A final sentence letting the patient know that everyone is advocating for them and that they receive the best possible and most appropriate care available to them.

Thank you for the opportunity to make comment on this very critical document.



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MCHC  
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Healthcare Council

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May 3, 2007

Office of Management and Budget  
OMB Desk Officer  
OMB Human Resources and Housing Branch  
Attn: Carolyn Lovette  
New Executive Office Building, Room 10235  
Washington, D. C. 20503  
(Fax: 202-395-6974)

RE: Document Identifier: CMS-10066  
Agency Information Collection Activities: Submission for OMB Review; Comment  
Request  
Published in the *Federal Register* of April 6, 2007 (72 FR 17169-17170)

I am writing on behalf of the Metropolitan Chicago Healthcare Council, which represents 140 healthcare entities, including more than 100 Illinois hospitals, the majority of which are located in the eight-county metropolitan Chicago area. We appreciate the opportunity to provide comments on the above referenced proposed collection of information through a new "Detailed Notice of Discharge," which will be used by hospitals to provide specific information that led to a discharge decision to a Medicare beneficiary who appeals a discharge decision.

Before the "Detailed Notice" is finalized, we recommend that another opportunity for public comment be offered once CMS has provided specific examples and shared additional information on proper completion of the form. It is critical that hospitals be afforded sufficient time to modify their internal processes to accommodate the new requirements. We recommend that hospitals be given at least 60 days after the form is finalized and CMS has issued a Medicare transmittal with administrative instructions.

#### Applicability to Acute Care Setting

The "Detailed Notice of Discharge," as proposed, differs significantly from the current Hospital Issued Notice of Non-coverage (HINN), which makes a generic statement that inpatient services are not medically necessary or the patient's condition could be safely treated in a non-acute setting. The "Detailed Notice" asks the hospital to provide "specific information that describes the current functioning and progress of this patient with respect to the services being provided," and to provide "the detailed and specific reasons why services are no longer reasonable and necessary or are no longer covered according to Medicare coverage guidelines." This information is to be presented in full sentences in plain English. A copy of the Medicare policy is also to be made available upon request.



AMERICAN CASE MANAGEMENT ASSOCIATION

To: OMB desk officer:

OMB Human Resources and Housing Branch,  
Attention: Carolyn Lovett,  
New Executive Office Building, Room 10235,  
Washington, DC 20503,  
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From: Donna Ukanowicz, RN, MS, President  
L. Greg Cunningham, MHA, CEO  
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<http://www.acmaweb.org/>

Date: May 3, 2007

Re: Comments on Detailed Notice: "CMS-10066".

Dear Ms. Lovett,

The American Case Management Association is a professional organization representing health professionals who work for hospitals and health care systems. Our 1500+ members representing 70% of the U.S. general acute care hospitals are dedicated nurses, social workers and physicians who work with Medicare Beneficiaries through the course of their hospitalization and advocate for them during their admission, treatment and discharge process. We feel uniquely qualified to make comment on the process of the notification of the discharge rights for patients. We support this endeavor since it directly addressed Medicare Beneficiaries rights to be informed of the progress of their health care.

On the following page are recommendations from the ACMA Board of Directors and the ACMA Legislative/Advocacy Committee on the Draft of CMS 10066 as published on April 6, 2007 titled the 'Detailed Notice', which is part of the 'Hospital Discharge Appeal Notices'. Comments follow each section in the body of the document:

Thank you for opportunity to submit these comments.

If further explanation or clarification would be helpful, please let us know; the issue is very important to our constituents and their Hospital Administrators. ACMA is committed to giving the time and assistance to ensure a "Detailed Notice" is developed that is easily understood and appropriately utilized.