

## Summary of Changes to CMS 10066

May 15, 2007

Based on public comments received during the 30-day comment period that closed on May 6, 2007, we made the following changes CMS-10066 (the Detailed Notice):

- We removed the word “Attending” from the physician blank.
- We have added a short explanation of what the QIO is in the first line of the notice.
- We have revised the sentence in the first paragraph to say: “This notice gives you a detailed explanation about why your hospital and your managed care plan (if you belong to one), in agreement with your doctor, believe that your inpatient hospital services should end on \_\_\_\_\_. This is based on Medicare coverage policies listed below and on your medical condition.”
- We revised the bullet on the notice regarding the reasons further inpatient care likely will not be covered, so that the bullet now reads “Medicare Coverage Policies” and incorporates regulatory language that will be easier for the hospitals to fill in.
- The second bullet has been revised to read “Specific information about your current medical condition” and provides space for a detailed description of the patient’s medical condition.
- Consistent with longstanding CMS policy, the form instructions for the Detailed Notice have been revised to explicitly require that information entered on the notice be legible and in 12-point font or the equivalent.
- We revised the final bullet to read “. . . please call {insert hospital and/or plan telephone number}\_\_\_\_\_”
- We are not modifying the form to require a signature, but have indicated in the form instructions that hospitals may add a signature line at the bottom of the Detailed Notice.