#3

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Comments ABN Revision CMS-R-131

1. It appears the signed ABN must be received in person or via hardcopy mail. Why is it not acceptable to receive a signed, faxed copy or a signed scanned copy via email? Patients would benefit from the speed at which ABN's can be transmitted electronically in a standard format such as .pdf, .tif, etc.

2. Regarding the section entitled "frequent collection": Are we still able to issue one ABN to cover a period of time for repeated services (such as drug infusions, chemo, etc)? While we don't currently do this we'd like to have the option to.

3. We believe that an average of 7 minutes per response it too low. We estimate that we average 10-15 minutes to issue each ABN. Staff time includes patient discussion, ABN creation either via use of triplicate form or software application, ABN routing to PFS and HIM and ABN scanning into repository system. This does not include the time involved should a patient seek further clarification from a physician or ask to speak with a financial counselor.

4. Do providers still have the option to notate (and sign with two witnesses) that the patient was informed, refuses to sign form but insists upon service? If so, where is the appropriate place on the form for the witnesses to sign?

5. We may not be able to gather, at times, middle initial to match Medicare records. Will this produce a problem upon audit?

6. Does Blank C need to contain the HIC# or can it contain the provider-generated account number or medical record number for the beneficiary? The previous form stated HIC on the form. The proposed form just states Identification Number.

7. The previous form asked for "Patient Name". The proposed form asks for "Beneficiary Name." While providers understand the term beneficiary, will all patients? This does not seem to follow the CMS goal of putting all verbiage on the ABN in user-friendly language.

8. Blank H is not a useful field. It may confuse the patient if they enter the name of a secondary carrier and are stilled billed for the service.

9. A place for the Total Estimated Cost of all services listed is useful to the patient.

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Medicare Rights Center

#4

R-131

Washington, D.C. Office:
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Washington, DC 20002
Tel: 202-544-5561/Fax: 202-544-5549

March 15, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development – C
Attention: Bonnie L. Harkless
Room C4-26-05
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Re: Comments on Revised Advanced Beneficiary Notice

Dear Ms. Harkless:

The Medicare Rights Center ("MRC") is a nonprofit consumer organization that helps older people and people with disabilities get access to affordable health care. MRC staff reviewed the revised Advanced Beneficiary Notice ("ABN") and offer the comments below:

MRC likes the lines added to the box where providers list the items/services concerned and reasons they expect them not to be covered. We also think the "estimated cost" column is positive addition, instead of merely suggesting below the box that beneficiaries ask about cost. And we like the inclusion of the statement, "This is not an official Medicare decision."

However, MRC is concerned about the addition of "Option 2." Since Option 2 is the first option listed that gets beneficiaries the items/services concerned, people may choose it without reading it thoroughly or reading on to Option 3 – then lose the opportunity to have Medicare billed and be stuck with the cost of the items/services themselves. Option 2 does not seem to have any potential benefit for consumers, but beneficiaries may assume that it does – otherwise why would it be included in a form advising them of their rights – and check it out of confusion. Also, it seems that if "Option 2" is eliminated from the new form, then the "We must bill Medicare when you ask us to" paragraph, which is also confusing (again, under what circumstances would a beneficiary not want Medicare billed?) can be eliminated as well, and the form can just state, "We may help you with billing other insurance in addition to Medicare."

In general, the "Options" box on the old form seems clearer and more consumer-protective than the box on the new form.

Thank you very much for your attention.

Sincerely,

Jacqueline Cheney
Deputy General Counsel

#5

PENNSTATE
The Milton S. Hershey Medical Center

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(717) 531-4010(fax)

March 9, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development – C
Attention: Bonnie L. Harkless
Room C4-26-05,
7500 Security Blvd.
Baltimore, Maryland 21244-1850

RE: CMS-R-131

Dear Ms. Harkless,

I would like to comment on the revision to combine the two Advanced Beneficiary Notices into one. My only concern is that the forms are already very wordy and combining the two forms will just add more words to the page which is hard for the patients to understand. Also, I would prefer to see the form remain one page.

I am very interested in this form being easier for the patients to read and understand. If by making this revision you are doing that, then I am in support of your decision.

Thank you for considering my comments on the matter.

Sincerely,

Mary A. Basti

Mary A. Basti
Team Manager, Medicare Facility Exceptions

#4

INTEGRIS Health

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March 7, 2007

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development – C
Attention: Bonnie L. Harkless
Room C4-26-05,
7500 Security Blvd.
Baltimore, Maryland 21244-1850

RE: Proposed Change to ABN Form CMS-R-131
OMB Approval No. 0938-0566

We are responding with comments on the proposed change to the ABN form. We support the initiative to move to one standard form rather than the three previous ones. We have some concern with underlining the language in the Box (G) Options. It may cause beneficiaries to not read all three options thoroughly before simply selecting the choice, **I can appeal that decision**, rather than either of the other two options advising them they cannot appeal. This will cause providers to file more claims to Medicare for determinations and result in an increased workload for the Intermediaries and Carriers.

Also we noted a typographical error at the bottom with "Privay" Notice. Should this be "Privacy"? If so, the language is not standard language used in a privacy notice. This may cause confusion.

Sincerely,

Nancy J. Reed, RN, MPH, FACHE, CHC
Vice President
Corporate Compliance & Privacy Officer
INTEGRIS Health