

June 19, 2007

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Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development-C
Attention: Bonnie L. Harkless
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Harkless:

We appreciate the opportunity for a second round of comments on the proposed Advanced Beneficiary Notice of Noncoverage (ABN) that was referenced in May 25, 2007 Federal Register. We offer the following comments for your consideration.

We believe that some modifications to the proposed verbiage should be made. Please refer to the following:

- Patient option # 2 conflicts with the Medicare Claims Processing Manual Chapter 1, 60.4.1 which states "Must submit all ABN-related services as covered charges" and should be removed as an option.

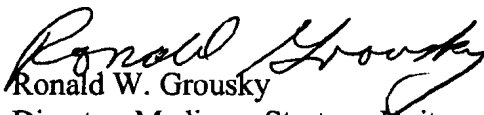
We are also seeking guidance when multiple tests/procedures are needed and the patient would like to have one test performed but not the others.

We believe that if the patient option area remains as drafted this would create operational issues for front desk personnel. It would require cash flow in clinical designated areas where the ABN is most likely obtained.

If this ABN truly requires seven minutes on average to complete, we feel this will cause significant time delays for the check-in process. Previous measurements show that this process currently takes less than three minutes.

Thank you for the opportunity to comment on the proposed Advanced Beneficiary Notice of Noncoverage. Please feel free to contact either Desiree Ramirez (904) 953-0579 or me at (507) 284-4627, if you have any questions.

Very truly yours,



Ronald W. Grousky
Director, Medicare Strategy Unit
Mayo Clinic

RWG/dkr