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Carteret General Hospital



Kenneth C. Wagner, Jr. Chairman Frederick A. Odell, III, FACHE President

CM5-R-13/

June 8, 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

Dear Sir or Madam:

This letter is in response to information we received on behalf of CMS/CMS Provider Resource requesting additional Public Comment on the Revised Advance Beneficiary Notice (ABN). Please consider the following during this comment period:

- 1. Under (G) Options number 3, where it states "I understand that if Medicare does not pay, <u>I can appeal that decision</u>". Can an additional statement be added, <u>but</u> <u>ultimately I am responsible for payment.</u>
- 2. Can a total cost field be added to the ABN Form?
- 3. If Blank (H) Other insurance to consider for billing is optional, is it required to be on the ABN Form?

Thank you for your consideration.

Sincerely,

Lynn S. Godette

Lynn S. Godette, Compliance Administrator

Chiropractic '

The White Door



142 GARDNER ROAD

CHIROPRACTOR

P.O. BOX 42 TROUT CREEK, MI 49967 (906) 852-3371

May 31; 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

Dear Ms Harkless,

May I respectfully suggest in (G) Option Box, a modified wording for Option 1 (shown below in blue) for the following reason:

The original wording instructs the provider to refund any payment made by the patient regardless whether a Medicare payment is sent to the provider or directly to the patient.

Example: a non-participating provider (who does not accept assignment) collects payment from the patient at time of service and bills Medicare on behalf of the patient with instructions for Medicare to pay benefits directly to the patient. If the patient subsequently receives benefit payment from Medicare, there is no reason for the provider to refund the patient.

OPTION 1. I want the items or services listed above. You may collect money from me now, but I also I want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare pays <u>you</u>, you will refund any payments I made to you, less co-pays or deductibles.

Thank you for your consideration on this matter.

Sincerely, homas h, Beans DE.

Thomas G. Bruno. D.C.

COUNTY OF SUFFOLK



SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

HUMAYUN J. CHAUDHRY, D.O., M.S. Commissioner

June 14, 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

Ref: CMS-R-131 ABN

Dear Ms. Harkless:

I would like to take this opportunity to make the following comments about the newly drafted Advance Beneficiary Notice of Noncoverage (ABN), of which comments are being accepted until June 24, 2007:

- 1. We would like to see one (1) form with Laboratory and General combined, specifically Laboratory and Services as for Physician Services.
- 2. The Spanish versions should come out simultaneously with the English versions.
- 3. The User-Customizable Sections on page 7 of the Part-I Instructions for Carriers, Physicians and Suppliers in Section E, number 3 should have a clearer description of what can be customized by the physician in reference to the newest drafts.
- 4. We would recommend the Confidential Statement language be put back in as in the older forms.
- 5. We would like to know the date or timeframe of when the forms will be approved and ready for use.

Thank you, and if you would like to contact me, I can be reached by email at <u>Shellie.Dworkin@suffolkcountyny.gov</u> or by telephone at 631 853-8084.

Sincerely,

ellie Swarkin

Shellie Dworkin, MPS,RHIA,CPHQ Medical Records Administrator

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