

Allina Hospitals & Clinics
Regulatory Affairs
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Minneapolis, MN 55440-0043



#41 10/2

post marked
4/12/07

April 12, 2007

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development-C
Attention: Bonnie Harkless
Room C4-26-05
7500 Security Boulevard
Baltimore MD 21244-1850

(MS)-R-13/

RE: Draft Revisions to the Advanced Beneficiary Notice

Dear Ms. Harkless;

On behalf of Allina Hospitals and Clinics, I appreciate the opportunity to comment on the proposed changes to the Advanced Beneficiary Notice (ABN). Allina Hospitals & Clinics is a family of hospitals, clinics and care services that believes the most valuable asset people can have is their good health. We provide a continuum of care, from disease prevention programs, to technically advanced inpatient and outpatient care, to medical transportation, pharmacy, durable medical equipment, home care and hospice services. Allina serves communities around Minnesota and in western Wisconsin. Allina hospitals submit well over 300,000 claims annually, representing \$2.0 billion in total charges. Needless to say, we have a vital interest in providing our patients with the most up to date and accurate information regarding their potential financial liability.

We appreciate the efforts of CMS to simplify the form for both providers and beneficiaries; however we do have concerns with how these proposed changes will impact us in the lab setting, where the need for ABN's is very frequent due to the Lab NCD. In the past, we have modified the Lab ABN to include a listing of all of 20+ tests that most often hit a potential non-coverage situation with a check box used to indicate which specific tests are to be performed. In reference lab, most of our clients do not know what specific tests they need to get an ABN on. We use the listing of the 20 + lab tests and they just check the appropriate boxes. Please clarify in the guidance what the parameters are in modifying the form to support efficiency and clear direction to beneficiaries. We hope that we will still have the option to modify the ABN for this purpose in the lab.

We are concerned with the new requirement to estimate cost for all items/services listed on the ABN. Currently this is by choice/desire of the patient and we would support the continuation of this practice. To take the time to identify the estimated costs for every lab test ordered that may not be covered is very significant when the majority of our patients have no interest in the cost and only want the service provided.

In section G we are very concerned about Option #2 and the potential need for split billing if the patient receives both non-covered and covered lab tests in the same visit. The patient may decide they want to be billed directly for the non-covered services and have Medicare billed for the covered services. We would need to produce two bills for the same visit and our systems may not be capable of doing this. We strongly advocate dropping the second option and staying with the 2 options presented on the current ABN form.

In section H on the signature, we ask that you clarify what occurs if the patient refuses to sign the ABN. Please give written guidance supporting the current approach where two staff initial the ABN in front of the beneficiary who still demands the service be provided. Additionally, we want to be sure that if the ABN is not complete that we can continue to bill Medicare with a GZ modifier and have the claim become provider liable.

Thank you for the opportunity to provide input on the proposed revision to the IM form. Please feel free to contact me at 612-262-4912 if you have any further questions.

Sincerely,



Nancy G. Payne, RN
Director Regulatory Affairs

PMS-R-131



RECEIVED

5/2/07

42 (late)

post marked 4/28/07

(A) Supplier/Provider: _____

(B) Beneficiary Name: _____

(C) Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare does not pay for things listed below, you may have to pay.

We think Medicare will not pay for the "Item(s)/Service(s)" listed below because of certain rules for coverage described under "Reason". You still can receive this care, since you or your health care provider may have good reason to think you need it, but it is likely you or other insurance will have to pay. We have estimated about how much you may have to pay under "Estimated Cost" to help you decide whether or not to receive the care listed.

(D) Item(s)/Service(s):	(E) Reason:	(F) Estimated Cost:

- Medicare wants us to be sure you make an informed choice. Read this whole notice, which explains our opinion that Medicare won't pay. **This is not an official Medicare decision.** Ask us for more explanation if you need it. For questions on this notice or on Medicare billing, you can also call **1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048)**.
- You need to make a choice about receiving the care listed above. You must choose **only one** of the three options below. **We cannot choose for you.**
- We must bill Medicare when you ask us to. We may help you with billing other insurance if you choose Option 2 or 3 below, though Medicare cannot require us to do this.

(G) OPTIONS

- 1. Do not provide me with anything listed above. With no care provided, there is no billing. I understand that **I cannot appeal** to Medicare when choosing this option.
- 2. Provide me with what is listed above. I do not want Medicare billed. I agree to be responsible for payment. I understand that **I cannot appeal** to Medicare when choosing this option.
- 3. Provide me with what is listed above. I want you to bill Medicare for an official decision on payment. You can ask for payment now that will be refunded if Medicare pays. I understand that if Medicare does not pay, **I can appeal that decision.**

(H) Other insurance to consider for billing: _____

Your signature below means that you have received this notice and understand it. You will also get a copy.

(I) Signature: 	(J) Date: _____
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