

Version for 60-day comment period	Version for consumer testing - round 1	Version for consumer testing - round 2	Reason for Change	Final Version
<i>Your hospital changed your status from inpatient to outpatient receiving observation services.</i>	<i>added: Because of this change, Medicare won't cover your skilled nursing facility (SNF) stay after you leave the hospital.</i>	Round 1 language retained but moved down to original placement	commenter suggestion from 4204-p to move this info up front and tested this way for Round 1, but this placement caused great confusion for beneficiaries, so moved back down in the document for <u>Round 2 testing</u>	Round 2 version retained -edit tested well as it was understood by beneficiaries
	<i>added: The box marked below show what applies to you (and checkboxes added)</i>	Round 1 edit retained	commenter suggestion from proposed rule CMS-4204-P	Round 2 version retained -edit tested well as it was understood by beneficiaries
	<i>added: • Even if you already left the hospital, you still have appeal rights.</i>	Round 1 edit retained	commenter suggestion from proposed rule CMS-4204-P	Round 2 version retained -edit tested well as it was understood by beneficiaries
	<i>added: • If you decide to stay in the hospital during the appeals process and the QIO agrees with the original decision to change your status, you'll be responsible to pay for any services you get during the appeal process.</i>		commenter suggestion from proposed rule CMS-4204-P	
	<i>added: Get help You can also get for free, personalized help from your local State Health Insurance Assistance Program (SHIP). Visit SHIPhelp.org or call 877-839-2675 to find the SHIP near you.</i>		CMS staff suggestion for use with Round 1 testing. However, reconsidered as need to direct beneficiaries to resources most relevant to them in this time-sensitive situation with imminent potential financial ramifications. More appropriate assistance information added to the the Round 2 version.	Round 2 version retained -edit tested well as it was understood by beneficiaries
	<i>added: You don't have Medicare Part B, so the hospital may charge you the full cost of your outpatient hospital</i>	Round 1 edit retained	commenter suggestion from proposed rule CMS-4204-P	Round 2 version retained -edit tested well as it was understood by beneficiaries
		overall reformatting of document	for readability and to comport with other agency formatting	Round 2 version retained - beneficiaries remarked that notice was easy to read and understand