

# Notice Testing: Medicare Change of Status Notice (CMS-10868)

Dates: July 2024-October 2024 Notice Testing Guide

## Protocol (60 Minutes)

### Agenda

- Introduction (4 minutes)
- Context Questions (5 minutes)
- Review of notice (15-20 minutes)
- Section-by-section review (30-35 minutes)
- Wrap up (2 minutes)

### Introduction (4 Minutes)

Thank you for joining me today. My name is [Moderator], and I work for a company called [company] in the Washington DC area. Our discussion today is part of a project sponsored by the Centers for Medicare & Medicaid Services (CMS), the agency that runs the Medicare and Medicaid programs. We are helping them to gather information to improve some of the notices that people who have Medicare might receive, and to make sure that these notices are easy to understand and use.

In a few moments, I am going to share a notice with you to read and then I'll ask some questions about the notice, but before I do that, I'd like to make sure that you are aware of a few things:

1. Your participation today is completely voluntary. You can decide not to answer any question that we ask, and you can stop your participation at any time. Your participation or decision to stop participating will have no impact on your Medicare benefits.
2. The information you share will be combined with information from other people, your full name will not be connected with anything you say, and your privacy will be protected.
3. I did not create the notice we are testing, so you won't hurt my feelings with any feedback. Also, there are no right or wrong answers. Please be open and honest with your reactions and your answers to my questions.

### Informed Consent

Did you have a chance to review the consent form? Do you have any questions? Do we have your consent to participate?

Some housekeeping items:

1. We will be here for 60 minutes today. If you need to step away at any point, just let me know.
2. Our discussion will be recorded so that we can make sure that we don't miss anything that you tell us. The recording is only used for research purposes and will not be shared with anyone outside of our team.

[Begin recording]

## Context Questions (5 Minutes)

Before I share the notice that we'll be talking about, I have some questions about your Medicare coverage.

Tell me about your health insurance coverage.

- a. (Probe if not mentioned) Do you have Original or Traditional Medicare?
  - i. Do you have Medicare Part A coverage? How about Medicare Part B coverage?

## Review of the Notice (15-20 Minutes)

(In person: Give the participant a highlighter, a pen, and a copy of the notice)

Thank you for sharing that information. Now, I'm going to give you/share a notice that you might receive from a staff member at a hospital during an inpatient stay at the hospital.

Imagine that you have been in the hospital for a few days following a surgical procedure. You expect to remain in the hospital for another few days, then to be transferred to a skilled nursing facility. A staff member from the hospital brings you this notice, and asks you to read and sign it.

I would like for you to read the notice, and as you do, please use the highlighter to highlight any things that you find confusing or that you have questions about; [(in person) use the pen to circle (online) use the underline for] any things that you think are particularly important or are new information. When you are finished reading through the notice, let me know, and I'll ask you some questions about it.

(Wait for participant to read through the notice)

## First Impressions

1. Now that you've read the notice, what do you think the main purpose of this notice is?
  - a. (Probe if not mentioned) What is it telling you?
  - b. (Probe if not mentioned) When do you think someone might receive this notice?
2. What is the most important information in this notice?
3. If you received this notice, what do you think you would do next?
  - a. (Probe if not mentioned) How you would do that?
4. Would you sign this notice? (Probe if no) why wouldn't you sign?
  - a. (Probe if not mentioned) What do you think signing this notice means?
5. If you needed help or more information, what would you do?

## Review of Confusing and Important Information

1. Let's talk through the things that you highlighted as you read:
  - a. For each highlighted word/phrase: You highlighted [word/phrase]:
    - i. What is confusing about this?
    - ii. What do you think this might mean?
2. Now, let's look at the things you circled as you read:
  - a. For each circled word/phrase: You circled [word/phrase]:
    - i. What makes this information important?

## Section-by-Section Review (30-35 Minutes)

Now, let's go over each section of the notice and talk about what they mean.

1. Introduction paragraph
  - a. According to this paragraph, why are getting this notice?
  - b. What does it mean that your status has changed from "inpatient" to "outpatient receiving observation"?
    - i. What will change for you because of this, according to this paragraph?
    - ii. (Probe if not mentioned) At what point will Medicare not pay for your stay?
2. "The box marked below show what applies to you:"
  - a. (If participant has both Part A and Part B) What is the information next to the first checkbox telling you?
    - i. (Probe if not mentioned) How will your hospital stay be covered according to this information?
      1. Why is that important?
      2. What is "the Part B coinsurance"? (if unknown) How would you find out more about this?
  - b. (If participant has both Part A and Part B) What if you didn't have Part B coverage? What does the information next to the second checkbox mean?
  - c. (If participant does not have Part B) What is the information next to the first checkbox telling you?
    - i. How much of your hospital stay might you have to pay according to this information?
3. "You Have the Right to Appeal This Decision"
  - a. What decision can you appeal?
  - b. According to this notice, if you appeal, who will conduct the appeal review?
  - c. Have you heard of an independent Quality Improvement Organization (QIO) before? What is the process for appeal, according to this section?
    - i. (probe if not mentioned) What information will be reviewed?
    - ii. (probe if not mentioned) Will you have to prepare anything in writing?
  - d. What would it mean if the QIO disagrees with your status change?
    - i. (probe if not mentioned) Does this mean that your appeal has been successful or unsuccessful?
    - ii. What costs would you be responsible for if the QIO disagrees with your status change?
  - e. What would it mean if the QIO agrees with your status change??
    - i. (probe if not mentioned) Does this mean that your appeal has been successful or unsuccessful?
    - ii. What costs would you be responsible for if the QIO agrees with your status change?
4. "How to Appeal Your Status Change"
  - a. According to this section, what should you do if you want to appeal your status change?
    - i. (probe if not mentioned) When should you appeal?

- ii. (probe if not mentioned) If you are already out of the hospital, can you still appeal?
- b. What do you think you would need to say to your QIO when you call to appeal the status change?
- 5. "What happens next?"
  - a. What happens after you ask for an appeal?
    - i. (probe if not mentioned) How long will it take before you would be notified about the decision?
  - b. What happens if you stay in the hospital and the QIO agrees with the original decision to change your status?
- 6. What do you think about the order of the information in these sections – You Have a Right to Appeal, How to Appeal, and What Happens Next?
- 7. Please Sign Below
  - a. Do you think you are required to sign this form?
  - b. (Probe if not mentioned) What do you think would happen if you refused to sign?

### "Wrap Up (3 Minutes)

Thank you for sharing that great information. We are almost finished.

Now that you've had a chance to read the notice, and to talk about each section:

- 1. How easy or difficult do you think it is to understand this notice?
  - a. What makes you say that?
- 2. What could be changed to make this notice better?

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1382 GenIC #11. This information collection is being conducted to help improve informational notices for people with Medicare and the results will be used to ensure that people with Medicare understand important information about their plans. The time required to complete this information collection is estimated to average less than 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and CMS will keep the information private to the extent provided by law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.