CMS-4105-P-145

Submitter : Mindy Camden **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1452-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

To Whom It May Concern:

I am writing in response to the proposed rule CMS-4105-P, Medicare Program; Notification Procedures for Hospital Discharges. I am a care coordinator at Clarian Health Partners, a 1300 bed, teaching Hospital located in Indianapolis, IN.

As a care coordinator I have been directly involved with discharge planning for 20-30 patients per day for many years. Our current discharge planning practices begins at the time of admission when patients are provided with the Important Notice from Medicare during patient registration. Next, the admission nurses assess the patient's current living situation and needed resources. In addition, case managers interview all patients meeting the hospital's screening criteria: patients over age 60, Medicare beneficiaries under age 65 and patients at high risk for needing post acute services. Patients and their families are involved in discharge planning activities and are provided with choices of agencies for post acute services. Our process also includes ample opportunity for patients to change their minds, or disagree with the discharge process and request appeals to the QIO.

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I appreciate the role of CMS in safeguarding patient rights. We believe we must protect patients rights while also stewarding government resources and ensuring patients do not take advantage of an opportunity to unnecessary extend a length of stay adding significant costs to Medicare.

Sincerely,

Submitter : Angie Cobb **Date:** 06/02/2006

Organization : Clarian health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1462-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : **Barbara Dickens** **Date:** **06/02/2006**

Organization : **Clarian Health Partners**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1472-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : **Edna Ellia** **Date: 06/02/2006**

Organization : **Clarian Health Partners**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1482-Attach-1.DOC

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Martha Evans **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1492-Attach-1.DOC

Attachment #149

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Tina Flack **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : **Tina Flack** **Date:** **06/02/2006**

Organization : **Clarian Health Partners**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1512-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Barbara Froelich

Organization : Clarian Health Partners

Category : Nurse

Date: 06/02/2006

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1522-Attach-1.DOC

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Sincerely,

1412-10

Submitter : Jerry Green **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1532-Attach-1.DOC

Attachment #153

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Elaine Gregory **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1542-Attach-1.DOC

Attachment #154

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

11/2-12

Submitter : Becky Guanatuato **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1552-Attach-1.DOC

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Department of Health and Human Services
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I have read that CMS estimates only 1 – 2% of beneficiaries will request an expedited appeal, if this is true, it would not be overly burdensome for hospitals to complete the detailed explanation of Hospital Non-Coverage. I am concerned that this may be a gross underestimate as patients become more aware of how easy it is to continue their hospital stay. My recommendation would be for CMS to institute this rule on a temporary basis to judge the actual impact on hospitals. If only 1 – 2% of patients request the expedited appeal and a significant percentage of the appeals are upheld then it is apparent that CMS has acted in the best interests of the public. If the percentage is significantly higher and nearly all appeals are overturned, then it becomes apparent that this proposal did not yield the expect results, and indeed, the increased costs (administrative and LOS) do not justify the means.

I appreciate the role of CMS in safeguarding patient rights. We believe we must protect patients rights while also stewarding government resources and ensuring patients do not take advantage of an opportunity to unnecessary extend a length of stay adding significant costs to Medicare.

Sincerely,

Submitter : **Susan Hamilton** **Date: 06/02/2006**

Organization : **Clarian Health Partners**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1562-Attach-1.DOC

Attachment #156

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

To Whom It May Concern:

I am writing in response to the proposed rule CMS-4105-P, Medicare Program; Notification Procedures for Hospital Discharges. I am a care coordinator at Clarian Health Partners, a 1300 bed, teaching Hospital located in Indianapolis, IN.

As a care coordinator I have been directly involved with discharge planning for 20-30 patients per day for many years. Our current discharge planning practices begins at the time of admission when patients are provided with the Important Notice from Medicare during patient registration. Next, the admission nurses assess the patient's current living situation and needed resources. In addition, case managers interview all patients meeting the hospital's screening criteria: patients over age 60, Medicare beneficiaries under age 65 and patients at high risk for needing post acute services. Patients and their families are involved in discharge planning activities and are provided with choices of agencies for post acute services. Our process also includes ample opportunity for patients to change their minds, or disagree with the discharge process and request appeals to the QIO.

The CMS proposed change places an administrative burden on the hospital that greatly outweighs the benefit. CMS estimates it will take 5 minutes to deliver the generic notice and have it signed. If a signature is required AND the patient is NOT the decision maker, it can take an additional day to obtain the signature of the patient's decision maker. Should this proposal come to be, please consider telephonic notification of the decision maker when the decision maker is not the patient.

In addition, a "day's notice" also poses an unnecessary financial burden on the hospital. In our hospital the average LOS is 7 days. Since lengths of stay are short and patient's conditions can stabilize quickly, it becomes difficult to predict a discharge one day in advance. Hospitals make decisions and update the care plan hourly. My recommendation would be for the hospital to notify the patient by 12noon on the day of expected discharge and allow the patient to appeal the discharge by 5:00PM that evening. I believe this

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Sincerely,

142-14

Submitter : Jennifer Hubbard-Davis **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1572-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Linda Joray **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1582-Attach-1.DOC

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

1612-16

Submitter : Rita Kenney **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1592-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Mr. Michael Collins **Date:** 06/02/2006

Organization : Jewish Hospital Shelbyville - Kentucky

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-4105-P-1602-Attach-1.PDF

#160

Jewish Hospital
Shelbyville

Jewish Hospital Health Network

June 1, 2006

Mark B. McClellan
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P. O. Box 8010
Baltimore, MD 21244-1850

Re: Proposed Revision; Medicare Program; Notification Procedures for Hospital Discharges – CMS-4105-P, *Federal Register*, Vol. 71, No. 65, April 5, 2006

Dear Dr. McClellan:

I recommend that CMS postpone making these proposed regulatory changes until they consult with hospital discharge planners. Representatives of Kentucky hospitals would be happy to participate in such a task force.

If the hospital is forced to provide a notice the day before discharge but the physician's order is not written until the morning of the date that they determine the patient no longer needs hospitalization, CMS will in essence be mandating that hospitals provide an extra day of inpatient care to patients that no longer need it. This will result in significant additional costs.

In summary, Kentucky hospitals believe the requirement for an additional notice prior to discharge is unnecessary for patients and will be tremendously burdensome on providers. If the purpose of the notice is to notify the beneficiary of their appeal rights, it is not needed as appeal rights have already been communicated at admission. If the purpose is to ensure that beneficiaries have advance notice of their expected discharge for they and their families to be ready, that is already accomplished by the discharge planning process that is required by Medicare. Hospitals are very different than the other post acute care settings upon which this proposed notice requirements is based. During a patient's inpatient stay, they and their families are in constant face-to-face communication with their caregivers and discharge planning staff so that they know what to expect concerning their estimated discharge date and post acute care needs. Finally, if the purpose of the proposed notice is to notify beneficiaries about when they become financially liable if they stay beyond the point that they need acute inpatient care, then the notice should be reserved only for those limited occasions and when the hospital needs to establish that liability.

For these reasons, I recommend that **CMS postpone making these proposed regulatory changes and that a task force of hospital discharge planners be convened to address issues or concerns with the discharge planning process.**

Sincerely,

Michael Collins, FACHE
President & CEO

MLC:so

727 Hospital Drive
Shelbyville, Kentucky 40065
(502) 647-4000
(502) 647-1459 fax

1412-17

Submitter : Susan Klingerman **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1612-Attach-1.DOC

Attachment #161

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

To Whom It May Concern:

I am writing in response to the proposed rule CMS-4105-P, Medicare Program; Notification Procedures for Hospital Discharges. I am a care coordinator at Clarian Health Partners, a 1300 bed, teaching Hospital located in Indianapolis, IN.

As a care coordinator I have been directly involved with discharge planning for 20-30 patients per day for many years. Our current discharge planning practices begins at the time of admission when patients are provided with the Important Notice from Medicare during patient registration. Next, the admission nurses assess the patient's current living situation and needed resources. In addition, case managers interview all patients meeting the hospital's screening criteria: patients over age 60, Medicare beneficiaries under age 65 and patients at high risk for needing post acute services. Patients and their families are involved in discharge planning activities and are provided with choices of agencies for post acute services. Our process also includes ample opportunity for patients to change their minds, or disagree with the discharge process and request appeals to the QIO.

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I have read that CMS estimates only 1 – 2% of beneficiaries will request an expedited appeal, if this is true, it would not be overly burdensome for hospitals to complete the detailed explanation of Hospital Non-Coverage. I am concerned that this may be a gross underestimate as patients become more aware of how easy it is to continue their hospital stay. My recommendation would be for CMS to institute this rule on a temporary basis to judge the actual impact on hospitals. If only 1 – 2% of patients request the expedited appeal and a significant percentage of the appeals are upheld then it is apparent that CMS has acted in the best interests of the public. If the percentage is significantly higher and nearly all appeals are overturned, then it becomes apparent that this proposal did not yield the expect results, and indeed, the increased costs (administrative and LOS) do not justify the means.

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Sincerely,

142-18

Submitter : Ann Lightner **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attac

CMS-4105-P-1622-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

1412-19

Submitter : Linda Livingston **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1632-Attach-1.DOC

Attachment #163

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Susan Manning **Date:** 06/02/2006

Organization : Susan Manning

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1642-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Anna Monaco **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1652-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
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June 1, 2006

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The CMS proposed change places an administrative burden on the hospital that greatly outweighs the benefit. CMS estimates it will take 5 minutes to deliver the generic notice and have it signed. If a signature is required AND the patient is NOT the decision maker, it can take an additional day to obtain the signature of the patient's decision maker. Should this proposal come to be, please consider telephonic notification of the decision maker when the decision maker is not the patient.

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I appreciate the role of CMS in safeguarding patient rights. We believe we must protect patients rights while also stewarding government resources and ensuring patients do not take advantage of an opportunity to unnecessary extend a length of stay adding significant costs to Medicare.

Sincerely,

142-22

Submitter : Chris Officer

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see atttach

CMS-4105-P-1662-Attach-1.DOC

Attachment #166

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

To Whom It May Concern:

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Sincerely,

142-23

Submitter : Chris Morris **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1672-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

1412-29

Submitter : Teri Patterson

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1682-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

142-25

Submitter : Tamara Pruett

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1692-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

11/2-26

Submitter : Marcella Rogan

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1702-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter : Suzanne Seiders

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1712-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

142-28

Submitter : Dana Spradlin

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1722-Attach-1.DOC

Attachment #172

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

142-29

Submitter : Dan Schimmelphennig **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1732-Attach-1.DOC

Attachment #173

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

CMS-4105-P-174

Submitter : Charlie Smith **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1742-Attach-1.DOC

Attachment #174

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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I appreciate the role of CMS in safeguarding patient rights. We believe we must protect patients rights while also stewarding government resources and ensuring patients do not take advantage of an opportunity to unnecessary extend a length of stay adding significant costs to Medicare.

Sincerely,

Submitter : Vanessa Tolentino **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1752-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

To Whom It May Concern:

I am writing in response to the proposed rule CMS-4105-P, Medicare Program; Notification Procedures for Hospital Discharges. I am a care coordinator at Clarian Health Partners, a 1300 bed, teaching Hospital located in Indianapolis, IN.

As a care coordinator I have been directly involved with discharge planning for 20-30 patients per day for many years. Our current discharge planning practices begins at the time of admission when patients are provided with the Important Notice from Medicare during patient registration. Next, the admission nurses assess the patient's current living situation and needed resources. In addition, case managers interview all patients meeting the hospital's screening criteria: patients over age 60, Medicare beneficiaries under age 65 and patients at high risk for needing post acute services. Patients and their families are involved in discharge planning activities and are provided with choices of agencies for post acute services. Our process also includes ample opportunity for patients to change their minds, or disagree with the discharge process and request appeals to the QIO.

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Sincerely,

142-32

Submitter : Donna Tucker **Date:** 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1762-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

1112-33

Submitter : Paulette Washington

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1772-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

142-34

Submitter : Beth Weber

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1782-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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142-35

Submitter : Kim Wethington

Date: 06/02/2006

Organization : Clarian Health Partners

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1792-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

142-36

Submitter : Candace Wooden

Organization : Clarian Health Partners

Category : Nurse

Date: 06/02/2006

Issue Areas/Comments

GENERAL

GENERAL

see attach

CMS-4105-P-1802-Attach-1.DOC

Attachment #180

Clarian Health
Methodist·IU·Riley

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4105-P
P.O. Box 8010
Baltimore, MD 21244-1850

June 1, 2006

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Sincerely,

Submitter :

Date: 06/02/2006

Organization :

Category : Critical Access Hospital

Issue Areas/Comments

Background

Background

This rule would require additional staff, adding longer hours and increase work time. I feel this would lengthen pt. stays. Elderly pt.s normally do not want to leave the hospital, if this process is enforced they will then have additional time to be in the hospital

GENERAL

GENERAL

Would also need to train several staff members versed in procedure for giving and appealing of deniel letters. Would need to cover 24/7 days a week.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

It would also be difficult for M.D.s, they may be waiting for x-ray, lab tests or other results for next day, here to it may delay pt. discharges. Could be abused by family members that use the appeal as an excuse when really it would be an excuse for them to take a family member home that day.

Regulatory Impact

Regulatory Impact

As a critical access hospital our length of stay must average 96 hours. How would pt. discharge delays/wishing to stay longer affect this rule? We do not have sufficient staff to handle the regulations as proposed. It seem this regulation is telling pt.s they can stay another day when they actually do not meet intensity and severity-who pays for the additional day?

Submitter : Ms. MADELYN KANE

Date: 06/02/2006

Organization : TWIN LAKES REGIONAL MEDICAL CENTER

Category : Hospital

Issue Areas/Comments

Background

Background

In reading about this proposed rule I do not feel that it would benefit anyone. Not the facility; and especially the recipient who would be further confused by another piece of paper issued to them.
I am a nurse case manager in an acute care facility and can see no benefit to this proposal. Discharge planning is an ongoing process and the day before discharge is not actually optimal since we begin discharge planning with our patient as soon as they are admitted. As the patient's condition evolves and their plan of care is developed these discharge plans are individualized and communicated to patient and family. Please do not further burden a healthcare delivery system and the Medicare recipients with another requirement. If we follow the rules for discharge planning we are already more than meeting this intent.