



National Association of State Long-Term Care Ombudsman Programs

June 16, 2016

Andrew M. Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, D.C. 20201

RE: Comments from the National Association of State Long-Term Care Ombudsman Programs on CMS-1655-P, Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; and Technical Changes Relating to Costs to Organizations and Medicare Cost Reports

Dear Mr. Slavitt:

The National Association of State Long-Term Care Ombudsman Programs (NASOP) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on this proposed rule.

NASOP thanks CMS and their staff for their work on these proposed rules. We believe that our suggestions and recommendations will further improve care for patients and residents.

NASOP concurs with the comments offered by the Center for Medicare Advocacy (CMA) on this proposed rule. Specifically NASOP recommends:

- 1) NASOP recommends that hospitals should be required in the Medicare Outpatient Observation Notice (MOON) to explain the specific reason the patient is being classified as an outpatient and the impact this will have on benefits such Medicare Skilled Nursing Facility (SNF) benefits. This would be consistent with all other Medicare notices.
- 2) NASOP recommends that patients should be able to appeal to Medicare their placement on observation status, just as they can a premature discharge from a hospital or contest other determinations.

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- 3) NASOP recommends that the MOON be given to all Medicare beneficiaries who are outpatients, regardless of how their status is coded. Failure to provide this notice further demonstrates the arbitrary nature of observation status.
- 4) NASOP recommends that hospitals should be required to give the MOON to a patient who is able to understand it, and if not, should provide notice to a resident representative who can understand the document. Failure to do so will result in a defective notice.
- 5) Finally, NASOP agrees with the CMA that CMS has authority under existing law to define inpatient hospital care and to count all the time a patient spends in the hospital towards the prior hospital stay required for Medicare SNF coverage. We urge CMS to do so.

Again, we appreciate this opportunity to provide comments and believe that these suggestions will help improve care and access to services for Medicare beneficiaries. Thank you for your consideration of our comments.

Sincerely,

Joseph Rodrigues, Chair
NASOP Advocacy Committee

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