TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE
September 21, 2017
8:30 a.m. – 10:30 a.m.
Assembly Rm. 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Action/ Recommendation	Requestor/ Presenter
1.	Call to order/Introduction of Carlos Cruz, Chief Compliance Officer and Kristy Larkin, Director of Compliance, Audit & Monitoring	5 min.		Chair
2.	Approval of Agenda	2 min.		Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item.	1 min.		Standard
4.	Ratification of Minutes- July 20, 2017	3 min.	Action	Chair
5.	Old Business – None	--	--	--
6.	New Business – **Discussion and Possible Action** A) Fiscal 2017 Financial Statement Audit Status– Moss Adams B) **Administrative Policies & Procedures:** 1. Employee Response to Government Investigation 2. Advanced Beneficiary Notice	 30 min. 20 min.	 Discussion/ Possible Action Discussion/ Possible Action	 CFO/Moss Adams K. Topp
7.	Motion to go into Closed Session			
8.	Closed Session			
	a) Approval of Audit, Compliance & Ethics Closed Session Minutes of July 20, 2017 (Authority: Government Code Section 54957.2)	5 min.	Action	Chair
9.	Motion to go into open session			
10.	Open Session			
11.	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1).	1 min.		
12.	Committee Communications	5 min.		All
13.	Committee Openings – One	3 min.		Chair
14.	Date of Next Meeting: October 19, 2017	1 min.		Chair
15.	Adjournment			Chair
16.	Total Time Budgeted for Meeting	1 hour		

Tri-City Medical Center
Audit, Compliance & Ethics Committee
July 20, 2017
Assembly Room 1
8:30 a.m-10:30 a. m.

Members Present:	Director Larry W. Schallock(Chair); Director Leigh Anne Grass; Jack Cumming, Community Member; Faith Devine, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member; Cary Mells, M.D.; Physician Member
Non-Voting Members:	Steve Dietlin (CEO); Ray Rivas, Acting CFO; Scott Livingstone, Interim CCO
Others Present:,	Jody Root, General Counsel; Teri Donnellan, Executive Assistant; Stacy Stelzriede, Partner, Moss Adams; Annie Norviel, Senior Manager, Moss Adams
Absent:	Director James Dagostino, DPT, PT; Kapua Conley, COO

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Schallock.		
2. Approval of Agenda	**It was moved by Director Grass and seconded by Mr. Cumming to approve the agenda as presented. The motion passed unanimously.**	**Agenda approved.**	
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – June 15, 2017	**It was moved by Mr. Schwatrz and seconded by Ms. Fitzwilliam to approve the minutes as presented. The motion passed unanimously.**	**Minutes ratified.**	
5. Old Business	None		
6. New Business A) Fiscal 2018 Financial	Mr. Ray Rivas introduced Ms. Stacy Stelzriede, Partner and Ms. Annie Norviel, Senior Manager. Mr. Rivas explained that Mr. John Blakey, who was the Partner at the beginning	**Information only.**	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
Statement Audit Entrance – Moss Adams	of this audit as well as Mary Nguyen, Senior Manager have left the firm to pursue other interests. Mr. Rivas stated Ms. Stelzriede and Ms. Norviel have extensive experience in healthcare and will be stepping in for Mr. Blakey and Ms. Nguyen. Ms. Stelzriede provided a brief summary of her background and experience. She stated 70% of her work involves district, non-profit and for profit hospitals. Ms. Stelzriede introduced Ms. Annie Norviel, Audit Senior Manager who has worked with the finance team on our audits here at Tri-City for approximately seven years. Ms. Stelzriede stated Mr. Brian Conner continues as the Concurring Reviewer. His role is to perform a quality control review from a planning and field work perspective and is intended to be a fresh set of eyes. Mr. Dietlin commented that the committee initially heard of Ms. Stelzriede during initial discussions related to partner rotation. Ms. Stelzriede and Ms. Norviel presented information on the following: ➢ Required Communications to those Charged with Governance ➢ Our Responsibility Under US Generally Accepted Auditing Standards and Government Auditing Standards ➢ Audit Process • Internal Controls • Analytical Procedures • Substantive Procedures ➢ What is Materiality? ➢ Significant Audit Areas • Patient Revenue/Receivables • Cost Report Settlements • MOB Legal Proceedings • Self-Insurance Liabilities		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	• Line of Credit and Long-Term Debt (including new/refinanced debt in the current year and covenant compliance) ➢ Consideration of Fraud ➢ Deliverables ➢ Audit Timing Ms. Stelzriede explained the Auditor's role is to plan and perform the audit in accordance with generally accepted auditing standards and to design the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Ms. Stelzriede emphasized that the audit of the financial statements does not relieve the Board or management of their responsibilities. Ms. Stelzriede gave a detailed explanation of the definition of Materiality which is the amount of a misstatement that could influence the economic decisions of users, taken on the basis of the financial statements. She stated it is based on reasonable and appropriate calculating of quantitative and qualitative factors and used as a guide in scoping and testing. Ms. Norviel explained in detail the significant audit areas. She noted the MOB is a large item for this year and must be recorded properly. Ms. Norviel explained how the auditors will gather information to identify fraud-related risks of material misstatement and the procedures to be performed which will include but not be limited to testing and analyzing significant accounting estimates or biases. Ms. Fitzwilliam requested an explanation of IT controls. Ms. Stelzriede explained if there is a system conversion or issue with data they will bring in a specialist however under normal circumstances the auditors are trained to evaluate IT controls.		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	With regard to timing of the audit, Ms. Stelzriede stated she expects to present the audit results to the committee and the Board at their September meetings. Committee members were given the opportunity to ask questions. Ms. Stelzriede also provided an Accounting Update. She noted there are not a whole lot of new standards for District Hospitals this year. Lastly, Ms. Stelzriede commented on the 2017 Health Care Conference which is scheduled on November 16-17, 2017 and which is often attended by C-Suite Executive Teams and Board members to share industry knowledge, best practices and new ideas. *Ms. Stelzriede and Ms. Norviel left the meeting at 9:05 a.m.*		
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	Chairperson Schallock made an oral announcement of the item listed on the agenda to be discussed during closed session which included approval of closed session minutes.		
8. Motion to go Into closed session	**It was moved by Mr. Cumming and seconded by Mr. Schwartz to go into closed session at 9:05 a.m. The motion passed unanimously.**		
9. Open Session	The committee returned to open session at 9:07 a.m. with attendance as previously noted.		
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	Chairperson Schallock reported no action was taken in closed session.		
11. Comments from Committee Members	There were no comments from members of the public.		
12. Date of Next Meeting	Chairperson Schallock stated the Committee's next meeting will be held on August 17, 2017.	**The committee's next meeting is scheduled for**	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
		August 17, 2017.	
13. Adjournment	Chairperson Schallock adjourned the meeting at 9:08 a.m.		

AUDIT COMPLIANCE AND ETHICS COMMITTEE
September 21, 2017

Administrative Policies & Procedures	Policy #	Reason	Recommendations
1. Employee Response to Government Investigation	502	3 Year Review, Practice Change	
2. Advanced Beneficiary Notice	503	3 Year Review, Practice Change	

Tri-City Medical Center
Oceanside, California

Administrative Policy
Compliance

ISSUE DATE: 02/99 **SUBJECT:** Employee Response to Government Investigation

REVISION DATE: 04/03, 12/05 **POLICY NUMBER:** 8610-502

Department Approval:	~~10/15~~07/17
Administrative Policies & Procedures Committee Approval:	~~10/15~~07/17
~~**Operations Team Committee Approval:**~~	~~05/09~~
~~**Professional Affairs Committee Approval:**~~	~~06/09~~
Organizational Compliance Committee Approval:	08/17
Audit and Compliance Committee Approval:	
Board of Directors Approval:	06/09

A. **PURPOSE:**

1. To establish a mechanism for an orderly response to government investigations that enables Tri- City ~~Medical Center~~**Healthcare District** (TC**HD**~~MC~~) employees to appropriately cooperate with the investigation and to protect their interest and the interests of the hospital.

B. **DEFINITION:**

1. For the purposes of this policy, "designated employee" means the individual(s) (**Director of** Risk **Management**~~Manager~~, **Chief** Compliance Officer, **Director of Regulatory Compliance;** and/or Administrator) assigned to assist with the investigation.

C. **POLICY:**

1. TC**HD**~~MC~~ will cooperate with any appropriately authorized government investigation or audit; however, TC**HD**~~MC~~ will assert all protections afforded it by law during any investigation or audit.
2. Any employee contacted by a government investigator for any reason should immediately notify the **Director of** Risk **Management**~~Manager~~, **Chief** Compliance Officer, or Administrator on call. The designated employee will notify the ~~Senior Claims Supervisor at Program BETA~~**District's Insurance Broker/Carriers** and legal counsel, if appropriate.
3. Employees must not discuss ~~the search warrant~~**any documents referenced or provided by the investigator** and related matters with anyone other than legal counsel, the **Chief** Compliance Officer, **Director of** Risk **Management**~~Manager~~, or Administration. ~~If there are~~**All** media inquiries~~,~~ **should be routed to** TC**HD's**~~MC personnel should respond only after legal counsel and Administration have reviewed any proposed statement~~ **marketing department.**
4. TC**HD**~~MC~~ employees shall not alter, remove, or destroy permanent documents or records. All records are subject to state or ~~national~~ **federal** retention guidelines and may be disposed of only according to these guidelines. Once there has been notice of an investigation, the destruction portion of any policy on record retention is suspended.
5. Government investigators may arrive unannounced at TC**HD**~~MC~~ or at the homes of present or former employees. There is no obligation to consent to an interview request by government investigators; however, an employee may volunteer to participate. The employee may request that the interview be conducted during normal working hours on-site at TC**HD**~~MC~~ or another location.
6. When an interview or search is requested, the employee should be courteous in requesting the following information:
   a. The name, agency affiliation, business telephone number, and address of all

investigators.

b. The name of the "agent in charge".

c. The reason for the visit.

7. The employee should then immediately inform the **Director of** Risk **Management**~~Manager~~, the **Chief** Compliance Officer, or Administrator on Call.

Tri-City Medical Center
Oceanside, California

Administrative Policy ~~Manual~~
District Operations

ISSUE DATE:	**02/99**	**SUBJECT:**	**Advanced Beneficiary Notice**
REVISION DATE:	**11/02; 12/02, 12/03, 10/05, 11/08 02/11; 09/13**	**POLICY NUMBER:**	**8610-503**

Department Approval:	**03/17**
Administrative Policies and Procedures Committee Approval:	**~~09/13~~04/17**
Organization Compliance Committee Approval:	**08/17**
~~Professional Affairs Committee Approval:~~	**~~10/13~~**
Audit, Compliance and Ethics Committee Approval:	
Board of Directors Approval:	**10/13**

A. **PURPOSE:**

~~1. To ensure that an Advance Beneficiary Notification (ABN) is obtained from Medicare Beneficiaries when tests, medications, or services are provided by Tri-City Healthcare District. (TCHD).~~

~~2.~~1. To insure an Advance Beneficiary Notice (ABN) is obtained from Medicare beneficiaries when Tri-City Healthcare District **(TCHD)** wishes to bill for outpatient tests and services that may not be covered by CMS.

~~3.~~2. TCHD will conduct patient care and all other business operations in a legal and ethical manner. Employees are expected to observe federal, state and local laws. TCHD will not tolerate fraud, waste and/or abuse in any manner, and employees are expected to adhere to all guidelines and regulations governing Medicare and other Federal and State funded healthcare programs.

~~B. DEFINITIONS:~~

~~1. For purposes of this policy and procedure, the term "services" is meant to include tests, medications, or services provided by Tri-City Healthcare District.~~

~~C.~~B. **OVERVIEW:**

1. Admitting Services (Scheduling and Registration), Compliance, Case Management, Medical Staff, Physician Office Staff, Laboratory, Patient Accounts, Ancillary Departments.
2. Advance Beneficiary Notice (ABN): An ABN is a written notice given to a Medicare Beneficiary before Part B services are furnished when TCHD believes that Medicare will not pay for some or all of the services on the basis that they are not reasonable and necessary (i.e., under §1862(a)(1) of the Act) and TCHD wishes to bill the patient for the provided services. The ABN gives the beneficiary an idea of why TCHD is predicting the Medicare denial. The information in the ABN will assist the beneficiary in making an informed decision whether or not to receive the service and be financially responsible for the payment.
3. If TCHD expects payment for the services to be denied by Medicare, TCHD employees will advise the beneficiary before services are furnished that, in our opinion, the beneficiary will be personally and fully responsible for the payment.
4. "Personally and fully responsible for payment": This means that the beneficiary will be liable to make payment "out-of-pocket," through other insurance coverage (e.g., employer group health plan coverage), or through Medicaid or other federal or non-federal payment source. TCHD must issue notices each time, and as soon as, we believe Medicare payment will be denied due to a medical necessity reason. TCHD is not required to give ABN's to beneficiaries for items or tests that are statutorily excluded from Medicare payment, such as oral medications or routine

screening tests, which fall under the routine physical exclusion (i.e., under §1862(a)(7) of the act.) If TCHD does not provide a proper ABN in situations where one is required, TCHD will be held liable for the loss of payment if Medicare denies the claim.

a. Notation: An ~~Advance Beneficiary Notice~~**ABN** must be obtained for initial standing orders (for extended course of treatment) that contain tests that may be covered. However, it is not necessary to obtain a new ABN each time the test is performed in accordance with the standing order.
b. Routine use of the ~~Advance Beneficiary Notice~~**ABN** is prohibited. There must be a specific reason to believe Medicare will determine that the test ordered may not be considered reasonable and necessary.

5. An ~~Advance Beneficiary Notice~~**ABN** must be obtained when one or more of the following circumstances exist when TCHD wishes to bill the patient for the provided services:
   a. The test for a routine exam or screening not covered by Medicare.
   b. The test in for investigative or research use only.
   c. The diagnosis provided may not or does not meet medical necessity requirements.
   d. No diagnosis provided.
   e. The test may only be paid for a limited number of times within a specified time period and this visit may exceed that limit.
   f. The test has not been approved by the Food and Drug Administration.
   g. For those services which Medicare excludes from coverage under Part A or Part B (e.g., tests associated with routine checkups, glasses, hearing aids, routine foot care, personal comfort items, etc.) an ABN may be obtained noting the appropriate reason of non-coverage.
   h. Patients must be notified well enough in advance of receiving a medical service so the patient can make a rational, informed decision.
6. The ABN will clearly identify the following:
   a. Description of service(s) that may be denied, including procedure name, price, and CPT/HCPC code if available
   b. Reason why the service may be denied
   c. Patient's name
   d. Patient's Medicare number
   e. Patient's or guarantor's signature and date
   f. Witness signature and date

~~D.~~C. **DEMAND BILL:**

1. A claim must always be sent for an initial determination on the basis of the likelihood of denial of payment for a service as "not reasonable and necessary" under Medicare standards. Enter an occurrence code 32 on the UB-~~92~~ **04** in one of the fields numbered 32 through 35. It is the occurrence code that indicates that an ABN has been issued. A condition code of 20 must be entered in one of the fields numbered 24 through 30 to indicate Tri-City Healthcare District felt the services would probably be non-covered or denied by Medicare.

~~E. POLICY:~~

~~1. Medicare will only pay for services that it determines are reasonable and necessary. An ABN must be obtained when ordered tests, medications, or services are or may be non-covered.~~
~~2. Routine use of the ABN is prohibited. There must be a specific reason to believe that Medicare will determine that the service ordered may not be reasonable and necessary.~~
~~3. The patient or guardian must be instructed on the purpose and implications of the form.~~
~~4. The following guidelines must be followed to insure that an ABN is obtained in accordance with Medicare requirements.~~
~~a. An ABN must be obtained when one or more of the following circumstances exist:~~
~~i. Diagnostic information may or does not meet medical necessity requirements for the service ordered~~
~~ii. The service may be paid for a limited number of times within a specified time~~

~~period, and the visit may exceed the limit.~~

~~iii. The service has not been approved by the Food and Drug Administration.~~

~~5. An ABN must be accurately and legibly completed (using the most current Centers for Medicare & Medicaid Services (CMS) Advance Beneficiary Notification form) and identify the following:~~

~~a. Description of the service(s) that may be denied, including the name of the procedure and CPT/HCPC code.~~

~~b. Reason the service may be denied~~

~~c. Patient's name~~

~~d. Patient's Medicare number~~

~~e. Patient or guarantor's signature and date~~

~~f. Witness signature and date~~

~~6. The patient has two choices when signing the ABN:~~

~~a. 1To obtain the service and agree to be responsible for payment should Medicare deny payment, or~~

~~b. Refuse to be responsible for payment and not obtain the service.~~

~~7. Should the beneficiary demand the service and refuse to either pay or sign the ABN form, a second employee witness shall sign the ABN form and add a note that the beneficiary refused to sign. Then the service will be provided and should Medicare payment be denied, the beneficiary would be responsible for payment.~~

~~8. If the physician initiates the ABN, the physician's office will keep a copy for the office file. If the ABN is initiated by TCHD, a copy must be kept with the patient's financial records according to financial record retention guidelines.~~

~~9. Distribute the signed ABN as follows: one copy to the patient, one copy to the registration office and the original to the business office to be kept with the patient's financial record.~~

~~F.~~D. PROCEDURE:

1. Employees entering the computerized order for outpatient tests and performing registration must review the physician's diagnosis, when processing every outpatient Medicare order.
2. If the patient presents with a completed ~~Advance Beneficiary Notice~~**ABN** from the physician's office, proceed with performing the ordered tests. A copy of the ABN must be made and kept with the patient's order
3. If the patient presents with no ~~Advance Beneficiary Notice~~**ABN** and the diagnosis provided does not meet Medical Necessity Guidelines for the test(s) being ordered, registration staff must complete an ~~Advance Beneficiary Notice~~**ABN**.
4. Instruct the patient on the purpose of the form and ask patient or guardian to sign one of two options: 1) agree to pay for service(s), which may be denied, and therefore obtain the service(s), or (2) deny responsibility and do not obtain the service(s). If the patient or guardian wishes to discuss the situation with their physician or a nurse, the registration employee will either contact the physician or a nurse in a timely manner to discuss the situation so the beneficiary may make an informed decision.
5. In the case in which the Beneficiary demands the service(s) and refuses to pay or sign the ABN form, then a second employee witness should sign the ABN form and a note should be made that the beneficiary refused to sign. In this case the services may be provided and if Medicare payment is denied, the beneficiary will be responsible for payment.
6. If the patient denies payment responsibilities and declines the test(s), then perform only those tests that meet the Medical Necessity Guidelines. It is the patient's responsibility to inform the ordering physician that services were not performed. If the patient agrees to pay for the service(s) then perform all tests ordered.
7. The signed ABN form should be distributed as follows: give the back copy to the patient, retain the middle copy at physician's office or registration office, and file the original copy with the physician's order.

~~G.~~E. REFERENCES:

1. Medicare Carrier's Manual 7300.5, Part III (HCFA Publication 14-3) 3730

2. CMS 10123-NOMNC (Approved 12/31/2011) OMB approval 0938-0953

~~H.~~F. ATTACHMENTS:

1. TCHD Advanced Beneficiary ~~notice~~**Notice English– Sample**
2. **TCHD Advanced Beneficiary Notice Spanish- Sample**

TCHD Advanced Beneficiary Notice English- Sample

(A) Notifier:
(B) Patient Name: (C) Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D._____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ OPTION 1. I want the D._____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ OPTION 3. I don't want the D._____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).
Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

Affix Patient Label

Tri-City Medical Center
4002 Vista Way • Oceanside • CA • 92056

9560-1021
(Rev. 10/11)

ADVANCE BENEFICIARY NOTICE
OF NON COVERAGE

TCHD Advanced Beneficiary Notice Spanish - Sample

A. Notificante:
B. Nombre del paciente: **C. Número de identificación:**

Notificación previa de NO-cobertura al beneficiario (ABN)

NOTA: Si Medicare no paga D._____ a continuación, usted deberá pagar.
Medicare no paga todo, incluso ciertos servicios que, según usted o su médico, están justificados.
Prevemos que Medicare no pagará D. _____ a continuación.

D.	E. Razón por la que no está cubierto por Medicare:	F. Costo estimado:

Lo que usted necesita hacer ahora:

- Lea la presente notificación, de manera que pueda tomar una decisión fundamentada sobre la atención que recibe.
- Háganos toda pregunta que pueda tener después de que termine de leer.
- Escoja una opción a continuación sobre si desea recibir D. _____ mencionado anteriormente.

Nota: Si escoge la opción 1 ó 2, podemos ayudarlo a usar cualquier otro seguro que tal vez tenga, pero Medicare no puede exigirnos que lo hagamos.

G. Opciones: Sírvase marcar un recuadro solamente. No podemos escoger un recuadro por usted.

❑ **OPCIÓN 1.** Quiero D. _____ mencionado anteriormente. Puede cobrarme ahora, pero también deseo que se cobre a Medicare a fin de que se expida una decisión oficial sobre el pago, la cual se me enviará en el Resumen de Medicare (MSN). Entiendo que si Medicare no paga, soy responsable por el pago, pero puedo apelar a Medicare según las instrucciones en el MSN. Si Medicare paga, se me reembolsarán los pagos que he realizado, menos los copagos o deducibles.
❑ **OPCIÓN 2.** Quiero D. _____ mencionado anteriormente, pero que no se cobre a Medicare. Puede solicitar que se le pague ahora dado que soy responsable por el pago.
No tengo derecho a apelar si no se le cobra a Medicare.
❑ **OPCIÓN 3.** No quiero D. _____ mencionado anteriormente. Entiendo que con esta opción no soy responsable por el pago y **no puedo apelar para determinar si pagaría Medicare.**

H. Información adicional:

En esta notificación se da a conocer nuestra opinión, no la de Medicare. Si tiene otras preguntas sobre la presente notificación o el cobro a Medicare, llame al **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).
Al firmar abajo usted indica que ha recibido y comprende la presente notificación. También se le entrega una copia.

I. Firma:	J. Fecha:

Tri-City Medical Center
4002 Vista Way • Oceanside • CA • 92056

Affix Patient Label

8560-1022
(Rev. 12/11)

ADVANCE BENEFICIARY NOTICE OF NON COVERAGE (SPANISH)