

Exhibit 3

Model Hospital-Issued Notice of Noncoverage Continued Stay--Swing Bed Only

(Attending Physician Concurs)

(Patient Changes from Acute to NF Level of Care)

Hospital Letterhead

Date of Notice

Name of Patient or Representative

Admission Date

Address

Health Insurance Claim (HIC) Number

City, State, Zip Code

Attending Physician's Name

YOUR IMMEDIATE ATTENTION IS REQUIRED

Dear :

This notice is to inform you that we have reviewed the medical services you have received for (specify services or condition) from (date of admission) through (date of last day reviewed). Your attending physician has been advised and has concurred that beginning (specify date of first noncovered acute care day) further (specify services to be furnished or condition to be treated) (specify is/are medically unnecessary) or (could be furnished safely in another setting). This determination was based upon our understanding and interpretation of available Medicare coverage policies and guidelines.

Upon receipt of this notice, the items and services you received will not be covered under Medicare. The care that you need now is not hospital or skilled nursing care and Medicare does not pay for it.

If you decide to stay in the hospital, you are financially liable for all costs of the care you receive except for those services for which you are eligible under Part B, beginning on (specify date).^{1/} If you leave the hospital on (specify date), you will not be liable for costs of care except for payment of deductible, coinsurance, or any convenience services or items normally not covered by Medicare. You should discuss other arrangements with your attending physician for any further health care you may require.

^{1/} Insert: the date following the day of receipt of the hospital notice.

Exhibit 3 (Cont.)

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However, this notice is not an official Medicare determination. The (name of QIO) is the peer review organization (QIO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of (name of State) and to make that determination.

- o If you disagree with our conclusion:
 - Request immediately, or at any point in the stay, an immediate review of the facts in your case. You may make this request through us or directly to the QIO at the address listed below.
- o If you do not request an immediate review:
 - You may still request QIO review within 30 days after you receive this notice. Request this QIO review at the address listed below.
- o QIO Review Results:
 - The QIO will send you a formal determination of the medical necessity and appropriateness of your hospitalization, and will inform you of your reconsideration rights.
 - IF THE QIO DISAGREES WITH THE HOSPITAL (i.e., it determines that your care is covered by Medicare), you will be refunded any amount collected except for any applicable amounts for deductible, coinsurance, and convenience services or items normally not covered by Medicare.
 - IF THE QIO AGREES WITH THE HOSPITAL, you are responsible for payment of all services beginning on (specify date).^{1/}

o QIO Address:

(QIO Name)

(Address)

(Telephone Number)

Sincerely,

Chairperson of Utilization Review Committee, Medical Staff, etc.

^{1/} See footnote 1 on preceding page.

Exhibit 4

Model Hospital-Issued Notice of Noncoverage Continued Stay--Swing Bed Only

(Attending Physician Concurs)

(Patient Changes from Acute to SNF Level of Care)

Hospital Letterhead

Date of Notice

Name of Patient or Representative

Admission Date

Address

Health Insurance Claim (HIC) Number

City, State, Zip Code

Attending Physician's Name

YOUR IMMEDIATE ATTENTION IS REQUIRED

Dear :

This notice is to inform you that we have reviewed the medical services you have received for (specify services or condition) from (date of admission) through (date of last day reviewed). Your attending physician has been advised and has concurred that beginning (specify date of first noncovered acute care day), you no longer need an acute level of care. You will begin to receive the type of hospital services which are furnished in a skilled nursing facility (SNF) beginning (specify date of first SNF swing- bed day). This is known as SNF swing-bed services. Medicare will pay for your SNF swing- bed services (if you have not used up all your SNF benefit days in the benefit period).

However, this notice is not an official Medicare determination. The (name of QIO) is the peer review organization (QIO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of (name of State) and to make that determination.

- o If you disagree with our conclusion and want an immediate review:
 - Request immediately, or at any point in the stay, an immediate review of the facts in your case. You may make this request through us, or directly to the QIO at the address listed below.
- o If you do not request an immediate review:
 - You may still request QIO review within 30 days after you receive this notice. Request this QIO review at the address listed below.

Exhibit 4 (Cont.)

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o QIO Review Results:

- The QIO will send you a formal determination of the medical necessity and appropriateness of your hospitalization, and will inform you of your reconsideration rights.

- IF THE QIO DISAGREES WITH THE HOSPITAL (i.e., it determines that your care is covered by Medicare), you will continue to receive acute care services covered under Medicare. You will continue to be responsible for payment of any applicable amounts for deductible, coinsurance, and convenience services or items normally not covered by Medicare.

- IF THE QIO AGREES WITH THE HOSPITAL, you will continue to receive SNF swing bed services paid under Medicare. You will continue to be responsible for payment of any applicable amounts for deductible, coinsurance, or convenience services or items normally not covered by Medicare.

o QIO Address:

(QIO Name)

(Address)

(Telephone Number)

Sincerely,

Chairperson of Utilization Review Committee, Medical Staff, etc.

Exhibit 6

Model Hospital-Issued Notice of Noncoverage Continued Stay--Swing Bed Only

(QIO Concurs)

(Patient Changes from Acute to NF Level of Care)

Hospital Letterhead

Date of Notice

Name of Patient or Representative

Admission Date

Address

Health Insurance Claim (HIC) Number

City, State, Zip Code

Attending Physician's Name

YOUR IMMEDIATE ATTENTION IS REQUIRED

Dear :

We have reviewed the medical services you have received for (specify services or condition) from (date of admission) through (date of last day reviewed) and has determined that further hospitalization paid under Medicare is not necessary. This determination is based upon the our understanding and interpretation of available Medicare coverage policies and guidelines.

The (name of QIO) is the peer review organization (QIO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of (Name of State). The (name of QIO) has concurred with our decision that beginning (specify date of noncovered acute care day) further (specify services to be furnished or condition to be treated) (specify is/are) medically unnecessary or could be safely furnished in another setting. You will also receive a notice from (name of QIO) confirming the review decision.

We have advised your attending physician of the denial of further acute hospital care. Upon receipt of this notice, the items and services which you receive will no longer be covered under Medicare. The care that you need now is not hospital or skilled nursing care and Medicare does not pay for it.

Exhibit 6 (Cont.)

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You are financially liable for all costs of the care you receive, except for those services for which you are eligible under Part B, beginning on (specify date).^{1/} You should discuss other arrangements with your attending physician for any further health care you may require.

o If you disagree with this decision and want an expedited reconsideration:

- You may request by telephone or in writing an expedited reconsideration of the QIO's determination. An expedited reconsideration will be performed if you make your request while in the hospital. You should make this request immediately through us or to the QIO at the address listed below.

o If you do not request an expedited reconsideration:

- You may still request a reconsideration. Instructions on how to request this reconsideration will be given to you in a notice sent by (name of QIO).

o QIO Reconsideration Results:

- The QIO will send to you a formal reconsideration determination of the medical necessity and appropriateness of your hospitalization and will inform you of your appeal rights.

- IF THE QIO OVERTURNS ITS DECISION (i.e., it determines that your care is covered by Medicare), you will be refunded any amount collected except for any applicable amounts for deductible, coinsurance, and convenience services or items normally not covered by Medicare.

- IF THE QIO UPHOLDS ITS DECISION (i.e., it reaffirms that your care is not covered by Medicare), you are responsible for payment beginning (specify date).^{1/} If you leave the hospital on (specify date)^{1/}, you will not be liable for costs of care except for payment of any applicable deductible, coinsurance, and convenience services or items normally not covered by Medicare.

^{1/} Insert: The date of the day following receipt of the QIO and hospital notification.

Exhibit 6 (Cont.)

Page 3 - Hospital-Issued Notice of Noncoverage

o QIO Address:

(QIO Name)

(Address)

(Telephone Number)

Sincerely,

Chairperson of Utilization Review Committee, Medical Staff, etc.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

This is to acknowledge that I received this notice of noncoverage from the (name of hospital) at (time) on (date). I understand that my signature below does not indicate that I agree with the notice, only that I have received a copy of the notice.

Signature of beneficiary or person acting on behalf of beneficiary)

(Time) (Date)

cc: QIO
Attending Physician

Exhibit 8

Model Hospital-Issued Notice of Noncoverage Continued Stay--Swing Bed Only
(Patient Changes from SNF to NF or Custodial Care)

Hospital Letterhead

Date of Notice

Name of Patient or Representative

Admission Date

Address

Health Insurance Claim (HIC) Number

City, State, Zip Code

Attending Physician's Name

YOUR IMMEDIATE ATTENTION IS REQUIRED

Dear :

We have reviewed the medical services you have received for (specify services or condition) from (date of admission) through (date of last day reviewed) and has determined that further hospitalization paid under the Medicare program is not necessary. This determination is based upon our understanding and interpretation of available Medicare coverage policies and guidelines.

We have advised your attending physician of the denial of further skilled nursing care. Upon receipt of this notice, the items and services which you receive will no longer be covered under the Medicare program. The care that you need now is not skilled nursing care, and Medicare does not pay for it.

You are financially liable for all costs of the care you receive, except for those services for which you are eligible under Part B, beginning on (specify date).^{1/} You should discuss other arrangements with your attending physician for any further health care you may require.

This notice is not an official Medicare determination. The (name of QIO) is the peer review organization (QIO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of (name of State) and to make that determination.

^{1/} Insert: the date of the day following receipt of the hospital notice.

Exhibit 8 (Cont.)

Page 2 - Hospital-Issued Notice of Noncoverage

- o If you disagree with our conclusion and want an immediate review:
 - Request immediately, or at any point in the stay, an immediate review of the facts in your case. You may make this request through us or directly to the QIO at the address listed below.
- o If you do not request an immediate review:
 - You may still request QIO review within 30 days after you receive this notice. Request this QIO review at the address listed below.
- o QIO Review Results:
 - The QIO will send you a formal determination of the medical necessity and appropriateness of your hospitalization and will inform you of your reconsideration rights.
 - IF THE QIO DISAGREES WITH THE HOSPITAL (i.e., it determines that your care is covered by Medicare), you will be refunded any amount collected by the hospital except for any applicable amounts for deductible, coinsurance, and convenience services or items normally not covered by Medicare.
 - IF THE QIO AGREES WITH THE HOSPITAL, you are responsible for payment of all services beginning on (specify date).^{1/}

o QIO Address:

(QIO Name)

(Address)

(Telephone Number)

Sincerely,

Chairperson of Utilization Review Committee, Medical Staff, etc.

^{1/} See footnote 1 on preceding page.

Exhibit 8 (Cont.)

Page 3 - Hospital-Issued Notice of Noncoverage

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

This is to acknowledge that I received this notice of noncoverage of services from the (name of hospital) at (time) on (date). I understand that my signature below does not indicate that I agree with the notice, only that I have received a copy of the notice.

(Signature of beneficiary or person acting on behalf of beneficiary)

(Time) (Date)

cc: QIO

Attending Physician