

**Submitter :**

**Date: 07/30/2007**

**Organization :**

**Category : Long-term Care**

**Issue Areas/Comments**

**GENERAL**

GENERAL

On behalf of the 100 + employees, we oppose the Revisit User Fees because of the following: 1. Why should we be assessed a fee for a revisit when the St. comes for the revisit (duplication). 2. Survey process is mandated yrly and we still have to pay a fee up \$2072.00 per visit. 3. Our St. has equalization of Rates (Medicaid & Private pay the same rate based on intensity of service)so we can not pass the expense to our payer's as other States pass it on the private pay residents. 4. Why should hospitals be except from the fee just because that it mit have a significant impact on them! Long Term Care Facilities in the rural communities are the biggest employer in most communities like ours. Isn't fair for all since Hospitals only get surveyed every 3-5 yrs and Long Term Care Facilities annunally. 5. It seems like this is a way for the government to fund and pay for the survey process and to keep people working at the government level. I wish I could pay my employees \$112.00 per hour. 6. The survey process is getting more complicated every year. Finally, We all opposed the rule to allow CMS to charge rcvisit user fees. It is not good use of our tax dollars. Thank You!

**Submitter :** Mrs. Cynthia Poort  
**Organization :** Pennock Homecare Services  
**Category :** Nurse

**Date:** 08/06/2007

**Issue Areas/Comments**

**GENERAL**

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- " I am against having revisit fees for Home Health Agencies or Hospice s for the following reasons:
- " The average length for a home health revisit survey is 14.4 hours. The fee for this survey would be \$1,613 (\$112 times 14.4).
- " The CMS estimates that quarterly costs for home health onsite revisit surveys to be \$430,000.
- " Concern: These fees will be very expensive for a small rural Home Health Agency such as the one I direct to absorb. CMS could be affecting the availability of care in rural areas.
- " A substantiated complaint survey, among other things, can include a finding that noncompliance was proven to exist, but was corrected prior to the survey. Concern: It appears that anything may be fair game during a complaint survey. If the surveyor finds evidence that a provider has corrected a process, totally unrelated to the complaint (and there appears to be no time frame limiting this discovery), he or she may still cite the agency, which would lead to the need for a revisit and fee.
- " The CMS proposes that fees be deducted from amounts otherwise payable to the provider. Concern: There are no specifics as to whether these fees would be deducted all at once or on a schedule.
- " A reconsideration process would be available so there would be no revisit user fee if the provider believes an error of fact, such as a clerical error, has been made. Concern: What about surveyor errors? Many times, agencies receive citations because the surveyor based the deficiency on opinion, not regulation, misinterpreted a relevant statute, or did not accept an agency's approach, even though it demonstrated compliance. Before the CMS implements this fee schedule, there must be a process for providers to challenge unfounded or off the wall citations.

Thank you for consideration of these comments,

Cynthia A Poort

**Submitter :** Mrs. Eileen Bolander  
**Organization :** Grafton County Nursing Home  
**Category :** Long-term Care

**Date:** 08/07/2007

**Issue Areas/Comments**

**GENERAL**

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Grafton County Nursing Home, a 135 bed skilled nursing home with an excellent performance record opposes the CMS proposed rule 2268-P for the following reasons: There is already a civil money penalty for deficient practice. Adding a re-visit fee on top of that creates an added fiscal burden on providers. The provision of care is already underfunded. Monies collected from civil money penalties ought to be added to the reimbursement of those facilities which provide good care and to cover the cost of re-visits. No additional fee, fine or penalty should be added. The implementation of this rule would drive scarce dollars to administrative tasks rather than to quality resident care. It is obvious that adding penalties have not helped according to CMS information. This proposed rule is clearly a revenue seeking mechanism for CMS that has significant potential to decrease the limited financial resources of nursing facilities throughout the country. A positive incentive would serve to strengthen the relationship between regulators and providers and would establish CMS as a partner rather than an adversary of the long term care community.

**Submitter :** Mr. Mark Henke  
**Organization :** Sanford Hospital Luverne  
**Category :** Hospital

**Date:** 08/07/2007

**Issue Areas/Comments**

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1. We believe the revisit user fee program will create an adversarial survey approach instead of a collaborative approach during and after the survey process. Open communication with surveyors will be disrupted by this approach. The adversarial approach has not worked in the past and we believe the collaborative approach has far more reaching benefits for patient and resident safety, quality and care then more fees to the entity.

2. Our facilities continue to strive to improve the compliance to standards and regulations. It is important to provide high quality care to our patients and residents. However, subjectivity is still part of the survey process and user fees will create frustration with the survey process instead of having it be beneficial for facilities. We have seen variability from state to state survey processes and even surveyor to surveyor processes. This would complicate those variability issues and not serve to improve care or compliance.

3. We support added incentives to increase patient and resident safety, quality of care, and compliance to standards. However, revisit user fees are punitive in nature and not proactive. We would urge a more proactive approach for all concerned.

4. Revisit user fees may have a negative impact on the facilities that are surveyed more frequently through mandated regulations such as nursing homes, rural health clinics, and critical access hospitals; the most vulnerable entities for resources to cover the costs of user fees. These revisit user fees may disrupt resources that are needed to administer care to our residents and patients.

Thank you for the opportunity to comment.

**Submitter :**

**Date: 08/10/2007**

**Organization :**

**Category : Nurse**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

There are no specifics as to whether these fees will be deducted all at once or on some sort of schedule.

What about surveyor errors? There should be a process in place that protects providers to challenge any unfounded errors made by surveyors. Our agency had an erroneous citation based on a surveyor's opinion and not the actual regulation. Agencies should be protected from having to pay for revisit surveys as a result of surveyor error.

**Submitter :** Phyllis Schwebke

**Date:** 08/10/2007

**Organization :** County of Winnebago, D/B/A River Bluff Nursing Hom

**Category :** Long-term Care

**Issue Areas/Comments**

**GENERAL**

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See attachment

CMS-2268-P-10-Attach-1.DOC

Section 488.30 (c) "Fee Schedule"

Won't it cost the federal government at least the \$34.6 million this fee assessment will generate to administer the program?

Our a 304 bed county-owned SNF serves a Medicaid/Medicare-qualified population with an annual budget which will exceed \$15 million dollars next year.

Is this entire proposal really to generate fees, or is the goal to decertify facilities so they cannot bill Medicare for the skilled nursing and therapy services which they provide to our citizens?

Phyllis Schwebke, LNHA  
Administrator  
County of Winnebago, D/B/A River Bluff Nursing Home  
Rockford, Illinois