

Submitter : Ms. Marianella Valera
Organization : American Therapeutic Corporation
Category : Health Care Provider/Association

Date: 10/04/2006

Issue Areas/Comments

GENERAL

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My comments are general in nature as a provider of mental health services in the South Florida area. Our fiscal intermediary has not provided us as an organization support, training, guidance. I understand the precarious position First Coast Service Options finds itself in managing the medicare funds. However, I have had positive experience with Mutual of Omaha and other FI's in other States. As a mental health provider organization with over 180 full time employees and six facilities. I attest to the following:

1. FCSO is unavailable to respond to questions. You must leave a voice mail and wait up to 72 hours to receive a call back. Usually return calls are made between 8:00am and 8:30am.
 2. FCSO provides little to no training. Medical reviews and medical audits does not constitute a training program.
 3. FCSO LMRP/LOC is not being followed in South Florida by the majority of providers. For example, in Partial hospitalization programs the LOC states a minimum of 20 hours a week of treatment. Many providers have cut back to fifteen hours and less, these providers have been under medical review, and their charts are being payed. Why is FCSO not following there own medical review policies?
 4. FCSO is delaying payments to providers every quarter, under the guise of computer issues. How is this possible and why are they allowed to do this to providers, we have salaries, benefits, overhead that require prompt payment. At no time have I received any correspondence to apologize for such delays and inconvenience.
 5. FCSO provider application process is a disaster. Staff continue to be moved around and applications sit on desks for 30 to sixty days. There is no reason why a provider must wait months for an application to be processed, and if an error has occurred FCSO will not alert the applicant they simply will wait until the applicant calls to inquire and then inform them of the error. Once the correction is made the application begins again and it will sit for another 30 to 60 days. No explanation is made, this is simply their operating procedure.
 6. FCSO employees are afraid to commit themselves to answering questions so they forward you to other individuals voice mails.
 7. FCSO fiscal oversight is greatly lacking and the individuals supervising the cost reports are unprofessional with ill intentions, and cynical comments that are not necessary in todays fee for service, prospective payment system.
 8. As a provider, we are attempting to follow the regulations and guidelines set forth by AHCA, FCSO, JCAHO and our own professional ethics. However, when you see the abuse that occurs in this industry and watch the carrier paying unethical, fraudulent providers, it is truly disappointing.
- My complaint and comments is such that FCSO should either changes its practices or get out of the business of managing the Medicare funds. AHCA should find better ways of seeking provider feedback and holding FCSO accountable for conducting itself in a professional organized manner, providing good customer service, proper oversight, communication, education guidance and support services. This carrier is missing it's mark and the ones suffering are the mental healthcare providers and Medicare recipients.

Submitter : Miss. Mary Valera
Organization : American Therapeutic Corporation
Category : Health Care Professional or Association

Date: 10/08/2006

Issue Areas/Comments

C. Payment Safeguards Criterion

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As a clinician and administrator I feel that that the needs of the patients are being cut more and more each day. Their resources at time are limited and the amount of payment that is received by providers to provide these services is limited as mentally ill patients need intensive and high quality services. I asked you to please review the propose upcoming cuts and take a close look about what is teh quality of service the patients really need.

Sincerely

Mary Valera



Submitter : Dr. Juan Reyna
Organization : Urology San Antonio PA
Category : Other Health Care Provider

Date: 10/09/2006

Issue Areas/Comments

Criteria and Standards-General

Criteria and Standards-General

The rules regarding pathology labs and the attempt to deminish or end the possibility of pod labs.

Submitter : Mrs. Valerie Cook

Date: 10/25/2006

Organization : DaVita

Category : Individual

Issue Areas/Comments

GENERAL

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Vascular access is one of the greatest sources of complications and cost for dialysis patients. Why, because America uses more surgical grafts and catheters for vascular access than the rest of the developed world, even though there is substantial evidence that they impose higher initial and maintenance costs, lead to greater clinical complications, and result in higher mortality than arterio-venous (AV) fistulae.

The inclusion of CPT codes 35475, 35476, 36205 and 37206 to the list of Medicare approved ambulatory surgical center (ASC) procedures would provide Medicare the opportunity to reduce the cost of, and promote quality outcomes for, end-stage renal disease (ESRD) patients through more thoughtful reimbursement and regulation of vascular access procedures.

Submitter : Ms. Ellie Tabar
Organization : Spinal Injection Institute
Category : Ambulatory Surgical Center

Date: 11/03/2006

Issue Areas/Comments

C. Payment Safeguards Criterion

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no comment

