

1533-FC-28

Submitter : Mrs. Vangie Almalvez

Date: 09/14/2007

Organization : Mrs. Vangie Almalvez

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

see attachment

1533-FC-28-Attach-1.DOC



September 10, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1392-P
Mail Stop: C4-26-05
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Sirs:

Re: Response to Proposed Changes to the CY2008 Hospital Outpatient PPS-CMS-1392-P Partial Hospitalization (APC 0033)

I appreciate the opportunity to submit comments regarding CMS's proposed OPSS rates concerning APC Code 0033 - Partial Hospitalization Programs and 0322, 0323, 0324, 0325 – Outpatient Psychiatric Services

I am deeply concerned about the direct impact a fourth consecutive rate reduction will have on partial hospitalization and hospital outpatient services. I believe this rate cut will jeopardize the very existence of the partial hospitalization benefit itself.

I am aware of The Association of Ambulatory Behavioral Healthcare (AABH) and I support their response to this situation which is as follows:

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3. The current methodology is not conducive to this APC code.

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Thank you, for the opportunity to respond to this critical issue.

Respectfully,

Evangeline Almalvez, R.N.
Registered Nurse

Submitter : Mr. Glenn Pacleb

Date: 09/14/2007

Organization : Mr. Glenn Pacleb

Category : Nurse

Issue Areas/Comments

GENERAL

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See attachment

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Respectfully,

Glenn Pacleb, R.N.
Registered Nurse

Submitter : Mrs. Jane Mulvey
Organization : Mrs. Jane Mulvey
Category : Social Worker

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

#30

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951..

Submitter : Mr. Craig Blanchard
Organization : Mr. Craig Blanchard
Category : Other Health Care Professional

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

1533-FC-31-Attach-1.DOC



September 10, 2007

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7500 Security Blvd.
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Respectfully,

Craig Blanchard, M.A., L.M.F.T
Psychotherapist

Submitter : Dr. Patricia Wallace-Burke
Organization : Dr. Patricia Wallace-Burke
Category : Other Health Care Professional

Date: 09/14/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

1533-FC-32-Attach-1.DOC



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Patricia Wallace-Burke, Ph.D.
Psychologist

Submitter : Dr. Tina Juen
Organization : Dr. Tina Juen
Category : Other Health Care Professional

Date: 09/14/2007

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Submitter : Mr. Don La Perna

Date: 09/14/2007

Organization : Mr. Don La Perna

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GENERAL

GENERAL

See Attachment

1533-FC-34-Attach-1.DOC



September 10, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1392-P
Mail Stop: C4-26-05
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Sirs:

Re: Response to Proposed Changes to the CY2008 Hospital Outpatient PPS-CMS-1392-P Partial Hospitalization (APC 0033)

I appreciate the opportunity to submit comments regarding CMS's proposed OPSS rates concerning APC Code 0033 - Partial Hospitalization Programs and 0322, 0323, 0324, 0325 – Outpatient Psychiatric Services

I am deeply concerned about the direct impact a fourth consecutive rate reduction will have on partial hospitalization and hospital outpatient services. I believe this rate cut will jeopardize the very existence of the partial hospitalization benefit itself.

I am aware of The Association of Ambulatory Behavioral Healthcare (AABH) and I support their response to this situation which is as follows:

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Thank you, for the opportunity to respond to this critical issue.

Respectfully,

Don La Perna, M.A., L.M.F.T
Psychotherapist

Submitter : Ms. Kelly Kirby

Date: 09/14/2007

Organization : Ms. Kelly Kirby

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See attachment

1533-FC-35-Attach-1.DOC



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Thank you, for the opportunity to respond to this critical issue.

Respectfully,

Kelly Kirby, PharmT.
Pharmacy Technician

Submitter : Ms. Josephine DiLeva

Date: 09/14/2007

Organization : Ms. Josephine DiLeva

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

See attachment

1533-FC-36-Attach-1.DOC



September 10, 2007

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 Department of Health and Human Services
 Attention: CMS-1392-P
 Mail Stop: C4-26-05
 7500 Security Blvd.
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Respectfully,

David McKnight, M.A., M.F.T.I.
Psychotherapist Intern

Submitter : Mr. Peter Ricci

Date: 09/14/2007

Organization : Mr. Peter Ricci

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See attachment

1533-FC-37-Attach-1.DOC



September 10, 2007

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Peter Ricci, M.A., L.M.F.T
Psychotherapist

Submitter :

Date: 09/14/2007

Organization : Aurora Charter Oak Behavioral

Category : Psychiatric Hospital

Issue Areas/Comments

GENERAL

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please see attachment

#38

file:///E:/ELECTRONIC%20COMMENTS/ELECTRONIC%20COMMENTS/E-Comments/Active%20Files/Missing%20file1.txt

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951..

Submitter : Mr. David Mc Knight
Organization : Mr. David Mc Knight
Category : Other Health Care Professional

Date: 09/14/2007

Issue Areas/Comments

GENERAL

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see attachment

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Re: Response to Proposed Changes to the CY2008 Hospital Outpatient PPS-CMS-1392-P Partial Hospitalization (APC 0033)

I appreciate the opportunity to submit comments regarding CMS's proposed OPSS rates concerning APC Code 0033 - Partial Hospitalization Programs and 0322, 0323, 0324, 0325 – Outpatient Psychiatric Services

I am deeply concerned about the direct impact a fourth consecutive rate reduction will have on partial hospitalization and hospital outpatient services. I believe this rate cut will jeopardize the very existence of the partial hospitalization benefit itself.

I am aware of The Association of Ambulatory Behavioral Healthcare (AABH) and I support their response to this situation which is as follows:

1. **CMS data does not support a PHP per diem rate of \$179.88 by its' own methodology of calculation.**

CMS-1392-p, on pp. 255-256, describes the CMS methodology utilized to calculate the current proposed rates. Page 255 states "We use CCRs from the most recently available hospital and CMHC cost reports". Unfortunately, this data is aggressively **stale**. The costs utilized are at least **1 to 3 years old and are used to project rates 2 years forward**. A review of the data utilized for the CY 2008 rates would indicate that as much as 50% of the cost data could be 3 years old from 2004. Page 255 of the report goes on to say that "All of these costs are then arranged from lowest to highest and the middle value of the array would be the median per diem cost". This process guarantees that 50% of the providers will be providing services and be receiving reimbursement below their daily costs. Combining cost data several years old with recent units of service does not accurately reflect the costs the providers endure.

2. CMS does not support a PHP per diem rate of \$179.88.

CMS has identified the true Median Cost of APC 325 for group therapy at \$66.17. With a minimum of 4 services per day (many programs offer more), CMS would recognize the minimum cost at \$264.68 per day. These data are inconsistent with a rate of \$179.88 and indicate that a higher payment rate is necessary to prevent providers from running substantial deficits that will risk financial viability.

3. The current methodology is not conducive to this APC code.

Unlike the other 1100+ APC codes which generally represent individual medical procedures, Partial Hospitalization is a complete service industry, that encompasses a complete business setting rather than one simple process such as a Corneal Transplant (0244) or a Transfusion (0110). There is precedent in other CMS OPSS service industries to exclude the services from the APC code listing and treat them independently. Two examples are Home Health and Hospice Care. Home health was just finalized for CY2008 with a set rate and a 3 percent increase if certain quality data standards are met or a 1 percent increase if the standards are not met. Positive performance results in reimbursement rewards. PHP could be treated the same. This would stabilize the rates and generate future rate predictability for these services.

4. The preliminary rate of \$179.88 is excessively severe.

The CMS table on p. 257 of CMS-1392-p reflects 4 median per diem costs as determined by CMS. The projected rate of \$179.88 is the lowest of the four samples. This would penalize all CMHCs providing four or more units of service per day and all hospitals in either category. All current PHP LCD's of the Fiscal Intermediaries state the CMS requirements that "Partial Hospitalization Programs must **offer** a minimum of 20 hours a week of structured program provided over at least a five-day period." The minimum patient participation is three hours per day of care with a minimum of 12 hours per week." AABH would offer 2 suggestions. First, enforce the minimum service requirement to assure PHPs are **offering** at least 20 hours of structured programming per week. Second, days of service with less than 4 services are being paid within the rules of CMS and Medicare. Programs should not be penalized for following the rules.

In further regard to the Hospital-based PHPs, CMS data indicated that over 66% of paid claims were for 4 or more units of service. The median cost of \$218 for hospitals is \$40 below the projected reimbursement rates. A decision of this nature would end these services in Hospital-based locations.

5. CMS's calculations for the CY 2008 PHP per diem payment are diluted.

CMS states that per diem costs were computed by summarizing the line item costs on each bill and dividing by the number of days on the bills. This calculation can severely dilute the rate and penalize providers. All programs are strongly encouraged by the fiscal intermediaries to submit all PHP service days on claims, even when the patient receives less than 3 services. Programs must report these days to be able to meet the 57% attendance threshold and avoid potential delays in the claim payment. Yet, programs are only paid their per diem when 3 or more qualified services are presented for a day of service. If only 1 or 2 services are assigned a cost and the day is divided into the aggregate data, the cost per day is significantly compromised and diluted. Even days that are paid but only have 3 services dilute the cost factors on the calculations. With difficult challenges of treating the severe and persistently mentally ill adults, these circumstances occur frequently.

6. The proposed PHP per diem rate also severely compromises Hospital Outpatient Services.

CMS pays hospital facilities for Outpatient Services on a per unit basis up to the per diem PHP payment. As previously shown, CMS has identified Group Therapy APC 0325 with a true Median Cost of \$66.17. Most patients involved in the Outpatient Services are participating 1-3 days and generally receive 4 or more services on those days. While programs provide 4 services the per diem limit will only allow them to be “paid their cost” for about 2.75 services (3 x \$66.17 = \$198.51). The program is \$18.63 short for the 3rd service and the 4th service is provided for no reimbursement.

7. Cost Report Data frequently does not reflect Bad Debt expense for the entire year.

As the cost report data is proposed surrounding Bad Debt, many “recent” bad debt copays of the last 4-5 months of the fiscal year have not completed the facility’s full collection efforts and therefore are not eligible for consideration of bad debt on the cost report. Those that are, can only be recovered up to 55%. These costs are not being considered in the CMS data and severely short change the rate calculations.

8. Data for settled Cost Reports fail to include costs reversed on appeal.

CMS historically has reduced certain providers’ cost for purposes of deriving the APC rate based on its observation that “costs for settled cost reports were considerably lower than costs from “as submitted cost reports”. (68 Federal Register 48012) While CMS’s observation is true, it fails to include in the provider’s costs, those costs denied/removed from “as submitted” cost reports, and subsequently reversed on appeal to the Provider Reimbursement Review Board (“PRRB”), subsequently settled pursuant to the PRRB’s mediation program, or otherwise settled among the provider and intermediary. During the relevant years at issue, providers of PHP incurred particularly significant cost report denials, but also experienced favorable outcomes on appeal. Because the CMS analysis did not take into consideration what were ultimately the allowable costs, its data are skewed artificially low. The cost data used to derive the APC rate should be revised to account for these costs subsequently allowed.

Based on the above issues, AABH would recommend that CMS take the following course of action:

1. Allow the PHP per diem to remain the same as the CY2007 per diem rate of \$234.73.
2. YOUR NAME OR ORGANIZATION encourages CMS to go with AABH to the legislature and support a legislative amendment to:
 - Remove PHP from the APC codes and have independent status using Home Health as an example
 - Establish the current rate of \$234.73 as the base per diem rate for services
 - Annually adjust the base rate by a conservative inflation factor such as the CPI
 - Establish quality criteria to judge performance and that influences future rate reimbursement

Thank you, for the opportunity to respond to this critical issue.

Respectfully,

David McKnight, M.A., M.F.T.I.
Psychotherapist Intern

Submitter : Ms. Sue Burkwit

Date: 09/24/2007

Organization : Ms. Sue Burkwit

Category : Individual

Issue Areas/Comments

Capital IPPS Payment Adjustments

Capital IPPS Payment Adjustments

Please consider your constituents with mental illness in their families. Docket Number 1533-FC could change the hospital inpatient payment system and fiscal year 2008 rates.

GENERAL

GENERAL

Please speak for the voiceless.

Submitter : Mrs. Kelly Pamela

Date: 09/27/2007

Organization : Mrs. Kelly Pamela

Category : Hospital

Issue Areas/Comments

GENERAL

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We have patients who are very ill and often in post trauma care. They may need a consultation to see a specialty physician like a dermatologist, or neurologist, or perhaps just a follow-up to an orthopaedic exam. It is often better for the patient to have their follow-up visit on telemedicine from the hospital to the clinic, then to transport the patient by ambulance to the clinic, be gone for an 1-2 hours, miss therapy appointments, and then be transported back to their rehabilitative hospital. The movement is hard on the patient, missed therapies delay care, and the cost of personnel and the transport is costly. When this is done over telemedicine the entire care team is there, the patient is seen right away, they don't have to be transported, and they are still able to keep therapy appointments. The cost doesn't even compare. To transport a patient it cost \$92.50 and to conduct the visit via telemedicine it cost \$5.03 (20.11 per hour= 4 visits). This doesn't include reimbursement, just straight cost. I urge you to re-consider the inpatient codes.

Submitter : Ms. Pamela Browne

Date: 09/28/2007

Organization : Gaston Skills.org

Category : Individual

Issue Areas/Comments

Capital IPPS Payment Adjustments

Capital IPPS Payment Adjustments

My Opinion and many others about this incretably wrong thing to do to our population of mentally and physically disabled persons citizens of the USA. This population is not dwindling but growing and here you are trying to cut their benefits and give to illegal aliens \$31 Billion dollars every year of our tax dollars. THIS IS TOTALLY WRONG and it is not funny We the citizens of these United States of America are tired of Congress either sitting and letting the decisions be made. We will vote every one of you all out of office. We are tired of no results from our representatives and Senators we want you all to make decisions which will help people not tear them down. This will not help with health care at all. If your are going to cut anything cut the funding for illegal aliens.
Pamcla E. Browne

Submitter : Mrs. FRANCES VAZQUEZ
Organization : LIFE FLIGHT OF PUERTO RICO
Category : Other Health Care Provider

Date: 09/28/2007

Issue Areas/Comments

Capital IPPS Payment Adjustments

Capital IPPS Payment Adjustments

Increase of rates for air ambulance transport(Intensive Care Air Unit).
Sugsted Rate 6,750

GENERAL

GENERAL

Life Flight of Puerto Rico is profit company dedicated to the air critical transport. A Belt 222 UT open cabin is the aircraft that we operate. A the moment the rates subscribe to the region of Puerto Rico does not meet the nessesary operational cost. In a study of our operational cost,the suggest rate is \$6,750. Life Fligh of Puerto Rico is classified as a Hospital I.C.U in the DEA, because the manage of narcotic medication. In addition we have the only protocol in the Caribbean to manage, transport, and supply of blood , by the Bank of Blood of the Red Cross Asosiation. These are some of the reassons of our elcvated cost. If you have further question contact us at lifeflightr@yahoo.com