

August 22, 2007
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2268-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

Dear Mr. Kuhn:

I am writing on behalf of the Visiting Nurse Associations of America (VNAA) to comment on the proposed rule "Establishment of Revisit User Fee Program for Medicare Survey and Certification Activities" (CMS-2268-P). The VNAA represents over 400 non-profit, community-based home health agencies and hospices across the United States. At the outset, we would like to express our strong support for the Medicare survey process as one method to assure that only providers who offer high quality services to Medicare beneficiaries are allowed to participate in the Medicare Program. In fact, we would urge CMS to strengthen the conditions of participation for all providers, including home health agencies and hospices, to prevent the certification of substandard providers and would welcome the opportunity to work with CMS toward that end. We have concerns, however, about the revisit user fee program as proposed and would urge modification of the program.

Our concerns about the proposed rule are based on three principles. First, any user fee should be no greater than the cost of the specific revisit. Second, no fee should be levied when the revisit or complaint visit proves to be unwarranted. Third, that any user fees collected should be dedicated to support and enhance the survey process rather than be absorbed as a general cost-saving.

Criteria for Determining the Fee

The proposed rule is very unclear regarding the actual fees likely to be imposed. It is not until one gets to the impact analysis that the amount likely to be charged is even suggested.

We believe that rather than charging on an average fee basis by provider type, the charges should be based on the specific number of hours required to do the on-site visit and be based on the actual hourly salary cost of the surveyor, plus limited overhead. This would help ensure that the fees will not exceed actual cost and will be specific to the level effort involved in the visit. We would also urge that the rule make clear that fees will only be levied in the case of condition level deficiencies and be waived should the revisit prove unwarranted.

Reconsideration Process for Revisit User Fees

While VNAs have had limited experience with either survey deficiencies or complaint surveys requiring revisits, those few instances would suggest that there are sometimes erroneous findings that are matters of idiosyncratic surveyor interpretation as well as errors of fact. Moreover, the process of isolating, identifying and resolving issues in a faulty survey finding can take months to work its way through to conclusion. We believe that limiting reconsiderations of user fees only to issues of fact and limiting the window to 7-days is unrealistic. We believe that agencies should be allowed to seek reconsideration of the fee during at least a 30-day window and that substantial errors of interpretation as well as errors in fact should be allowed as a basis for such appeals.

Disposition of User Fees

As pledged in our opening paragraph, VNAA supports the survey process and believes in its stated intent: to assure the quality of care furnished to Medicare beneficiaries. VNAA, together with NAHC (the National Association for Homecare), have engaged in conversations with CMS over many years aimed at three goals: improving the consistency of the survey process, ensuring complete, provider-specific training for surveyors, and improving communication between State survey agencies and the provider community on survey rules and expectations. In those conversations CMS staff has often cited funding limitations as a reason why these shared goals could not be reached more fully.

We believe this user fee program could help bridge the funding gap that has prevented CMS from fully achieving these shared goals if the revenues derived from user fees were dedicated specifically to these survey program improvements. Were these revenues not used to merely supplant the normal funding stream but dedicated to specific programs aimed at the three specific survey improvements outline above, we believe this would be a true win-win situation. It is in the shared interest of CMS and the provider community that the survey process itself achieve the highest possible level of quality, transparency and consistency. We believe these user fees should be dedicated to that end.

Thank you for the opportunity to comment on these proposed rules. Please feel free to direct any questions you may have to me or Bob Wardwell, VNAA's Vice President for Regulatory and Public Affairs at 240-485-1855.

Sincerely,

A handwritten signature in black ink, appearing to read "Andy Carter". The signature is fluid and cursive, with a large initial "A" and "C".

Andy Carter
Chief Executive Officer



7

Sun Healthcare Group, Inc.

101 Sun Avenue
Albuquerque, NM 87109
505.821.3355
Fax 505.468.2944
Fax 505.468.4908

Kelly A. Priegnitz
Assistant General Counsel
Regulatory Affairs
Direct Dial 949-255-7140
FAX 949-255-7057

August 26, 2007

Via Electronic Transmission & Overnight Delivery

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2268-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Comments on Notice of Proposed Rule Making: Establishment of Revisit User Fee Program for Medicare Survey and Certification Activities

To Whom it May Concern,

On behalf of Sun Healthcare Group, Inc. and its subsidiaries (collectively referred to herein as "Sun"), I hereby submit the following comments and opposition regarding the Centers for Medicare & Medicaid Services ("CMS") proposed regulation for the **Establishment of Revisit User Fee Program for Medicare Survey and Certification Activities** (hereinafter referred to as ("proposed User Fee")) as published in the June 29, 2007 edition of the *Federal Register*.

The Proposed User Fee System has no Correlation to the Improvement of Quality of Care

The proposed regulation purports to be based upon the President's goal to promote quality of care and reduce the deficit. While the collection of user fees for survey revisits might facially appear to be a successful measure of reducing the deficit, it does not have any correlation to the improvement of quality of care to Medicare beneficiaries. In fact, the proposed regulation will reduce the amount of resources providers could otherwise utilize for enhancement of the services provided to their patients.



According to CMS, the proposed User Fee will encourage providers to maintain substantial compliance with regulatory requirements, thereby promoting and improving quality of care. This perception is without merit and fails to take into account the fact that the survey process already encompasses a mechanism to promote provider compliance through the imposition of both discretionary and mandatory remedies such as civil monetary penalties (“CMP”), denial of payment and termination of provider agreements. The proposed User Fee will be imposed in addition to the remedial measures already included in the survey process and will increase the drain of resources to an already under funded industry. Additionally, whereas the imposition of a CMP is based upon the scope and severity of the deficiencies cited, the proposed User Fee is a blanket assessment that will not take such nuances into account. The very nature of the built in funding source of proposed User Fee is likely to result in revisits becoming more common. A survey agency can use the proposed User Fee as a pretext to cite deficiencies so as to generate the need for a revisit and thereby generate revenue by way of the User Fee. As a result, the costs associated with the revisit process will actually increase as more visits will be required resulting in greater administrative costs that will either be born by increased fees, or an increase in budget needs. The proposed rule fails to address these potential abuses and does not provide a process to ensure such abuses do not occur.

The Proposed User Fee System does not Account for Survey Inconsistencies

It is widely known that survey outcomes vary greatly from state by state. Outcomes can vary as a result of surveyor bias, surveyor competency and training, state reimbursement rates, state politics and more. As an example of the variances seen from state to state, the Online Survey, Certification and Reporting System (“OSCAR) for June 2007 indicates that the median number of deficiencies for a standard survey in the State of California is 10.0, whereas the State of Rhode Island has only a median number of 2.0. Because of the subjectivity that is built into the survey process, one cannot properly do a cross comparison of California operators to Rhode Island operators on the basis of survey outcome alone. The proposed User Fee, however, will in essence draw such a comparison and will disproportionately impact operators by virtue of geography rather than quality of operations. The disproportionate impact of the imposition of the proposed User Fee fatally flaws the rule and as a result, it should not be imposed.

The Proposed User Fee System does not Account for Survey Errors

The proposed User fee fails to address what process will be utilized when a facility successfully challenges, either in Informal Dispute Resolution (“IDR”) or via a Departmental Appeals Board (“DAB”) appeal, a deficiency that is ultimately rescinded. Under the survey process currently in place, CMPs are stayed pending the outcome of a DAB appeal, a process which takes on average 6 to 12 months. An IDR process can take



anywhere from 30 days to 4 months depending on the state. The proposed User Fee does encompass a process for appealing errors, but as it contemplates resolution within a 30 day period, it is clear that the process contemplates purely administrative types of errors and not appeals associated with IDR and DAB appeals. The failure to have a process in place for operators to appeal the assessment of a User Fee in IDR and DAB appeal situations would constitute a violation of the due process rights constitutionally afforded to operators.

The Proposed User Fee System Unfairly Assesses a Flat Fee based Solely on Provider Type

The proposed User Fee sets forth a fee scale that is driven upon the “average” number of hours a survey revisit takes for a given provider type. For instance, nursing facilities will be assessed a revisit fee of \$2,072 hours. The amount was derived from multiplying the hourly rate of \$112 against the 18.5 hours that CMS determined was the average amount of a time a survey revisit takes. This methodology is flawed in several respects. First, CMS fails to provide the data it utilized in order to determine the average lengths of a survey revisit. To our knowledge, operators were not polled regarding the average length of their survey revisits. Presumably, this information was provided to CMS by the various state agencies. The extrapolated methodology contemplated by the proposed User Fee appears to be nothing more than a revenue generating device that brings no benefit to patients. Unless and until, the data is made public and submitted to a validation process, the assessment of a mandatory flat rate User Fee based solely upon provider type is unfair and legally improper.

Second, as noted above, the survey process can vary greatly from state to state. The failure to address the variances brought solely about by geography will result in a disproportionate impact of the proposed User Fee on certain providers.

The Proposed User Fee Fails to Distinguish Between Medicare and Medicaid Beneficiaries

As noted in the proposed User Fee, it is legally improper to assess such a fee against a Medicaid-only provider as there is no independent authority for a state to impose such a fee. However, the proposed User Fee fails to address how CMS will account for dually certified facilities whose census is predominantly made up of Medicaid patients. Failing to address these distinctions prior to imposition of the proposed User Fee could in essence result in the wrongful imposition of a fee for Medicaid patients without statutory authority.



In Conclusion, Sun believes that the proposed User Fee is flawed in many respects and is bad policy. Medicare funds expended on behalf of its beneficiaries should be used to provide quality of care services to meet their needs. The proposed User Fee drains funding resources from an already under funded industry for purely administrative purposes and in doing so, will deprive beneficiaries of the benefits they would reap by having providers utilize these funds to further enhance the quality of the services they provide. We appreciate the opportunity to provide comments on the proposed User Fee and respectfully ask that this bill be removed from the Senate FY 08 Labor, Health and Human Services and Education Appropriations Bill.

Sincerely,

Kelly A. Priegnitz
Assistant General Counsel
Regulatory Affairs

KAP/ks

cc: Richard K. Matros – Chairman/ CEO-Sun Healthcare Group, Inc.
William A. Mathies – President/COO-SunBridge Healthcare Corporation



Courtland Manor Inc.

NURSING & CONVALESCENT HOME

889 South Little Creek Road • Dover, Delaware 19901

(302) 674-0566 • Fax (302) 674-4657

Centers for Medicare &
Medicaid Services
Department Of Health and Human Services
Attn: CMS-2268-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, Maryland 21244-1850

August 21, 2007

Re: Revisit User Fee Program

To whom it may concern,

We are writing today to vehemently oppose the proposed user fee program. The survey system has been shown to be fatally flawed, grossly misapplied and inconsistent in application of REGULATION. The idea that survey findings should be used to determine a need for revisits to a facility, let alone to generate a fee is as flawed as the survey system itself. This fee will very rapidly become a political tool to balance budgets or punish dissenting facilities.

We oppose any fee or sanction measures until such time as CMS can prove that the process as practiced produces reliable and fair results. At present, we see the MDS 2.0 "tool" being used as if the data presented is truly valid.

Unfortunately, the MDS 2.0 is a prejudiced document which cannot be completed ACCURATELY. This "tool" is responsible for many citations as CMS is nearly 100% paper compliance oriented. Residents have long since been lost in the CMS paper shuffle.

We oppose the entire premise where CMS can and does:

1. Redefine regulations at will
2. Design prejudicial tools for evaluating compliance (ie. MDS)
3. Allow poorly trained and unexperienced surveyors to site facilities based on personal prejudiced
4. Design a system where long-term care providers are responsible for errors caused by other Medicare providers
5. Force LTC providers to accept low bidders for labs, X-ray, pharmacy services and hold us liable for their shortcomings
6. Make up rules as to how, when and why we should be sanctioned, fined or pay a fee.

In short, CMS has now decided it can do whatever it wants without oversight or challenge. The survey system is prejudicial against long-term care throughout its structure. This new rule serves only to extort more money from the long-term care profession. This is particularly true since the provision for revisit will most often affect those who have **ALREADY BEEN SANCTIONED!**

The basic truth of the matter is that your costs do not increase significantly whether the surveyor is surveying vs sitting around. I know of no agency that has downsized as a result of doing less "revisit" work or where they had increased staff based on "revisits"

Sincerely,

A handwritten signature in black ink, appearing to read "E. Ray Quillen". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

E. Ray Quillen, NHA
Administrator

Cc: Yrene Waldron

National Hospice and Palliative Care
Organization



Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2268-P, Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850.

August 27, 2007

Re: Comments on Establishment of Revisit User Fee Program for Medicare Survey and Certification Activities (CMS-2268-P)

The National Hospice and Palliative Care Organization ("NHPCO") appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' ("CMS") proposed establishment of a revisit user fee program for Medicare survey and certification activities.

NHPCO is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end of life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America, and their loved ones. NHPCO represents more than 80 percent of the hospices in the United States, and our members care for almost 90 percent of the hospice patients and families in the country.

The Office of the Inspector General released a report on the subject of CMS Medicare Hospice Survey Frequency and Performance in April 2007. A summary of the findings noted that eighty-six percent of hospices were certified, by either state agencies or accredited bodies, within six years, conforming to CMS requirements, while 14 percent averaged three years past due. NHPCO, both from a legislative and regulatory perspective, has consistently called for more frequent and timely, high-quality surveys of the provider community. Increasing certification and recertification surveys in the hospice community would significantly impact the need for survey revisits and the assessment of a survey revisit fee.

Comments for section: II Section 488.30(a) "DEFINITIONS"

This section states that a user fee under this proposed rule will be assessed for revisit surveys conducted to evaluate the extent to which deficiencies identified during initial certification or recertification surveys have been corrected. It is unclear in the definitions what level deficiency (standard or condition level deficiencies) would necessitate a revisit survey during an initial of recertification survey. We request further explanation of "deficiencies" to include what type and level of deficiencies as well as what amount of cited deficiencies would necessitate a survey revisit. We also find the definition of "substantial allegation of non-compliance" under "complaint surveys" unclear. We request further clarification of this term to include what would constitute a "substantial allegation of non-compliance".

We are unclear regarding when the provider would be notified that a survey revisit would be necessary. Would the notice of revisit accompany the provider's plan of correction requirement or would they be notified via another avenue?

CMS proposes to assess a revisit fee for both offsite and onsite surveys. The hospice industry is very familiar with the activities during an onsite survey, but is less familiar of the activities which would be performed in an offsite visit. The activities inclusive in an "offsite" survey were not outlined in any manner in this section. We are requesting an explanation of what type of activities would be completed during an offsite survey and if the review of the plan of correction from a certification/ recertification would be subject to assessment of an offsite survey fee.

Comments for section: "Section 488.30(d) COLLECTION OF FEES"

The requirement of seven calendar days for a hospice to send a written statement and supporting evidence to dispute a revisit fee is too short a timeframe. We would recommend that a minimum of thirty calendar days be adopted in order for a hospice provider to assure that all pertinent evidence is inclusive and accurate. The language in this section did not designate a timeframe in which CMS needed to respond back to the hospice provider regarding the outcome of a disputed survey revisit fee. We are requesting clarification regarding CMS timeframe for response to the provider. We would also recommend that a revisit fee charged in error be refunded to a hospice provider versus applying to future assessments of revisit fees. Finally, the hospice industry finds the requirement of thirty calendar days for a hospice to make payment a very tight timeframe. We suggest a 60 day calendar period in which to submit payment for revisit fees to ease potential hardship on a hospice provider.

The survey revisit fee program is essentially contracted to the states for implementation. We would like to know what quality assurance measures CMS central will put into place to assure the "fairness" of a certification, recertification, or complaint survey. As this proposed rule has the potential to be a large source of revenue for CMS, the hospice industry would like to be assured that measures are in place by CMS to avoid potential surveyors from conducting unnecessary onsite or offsite survey revisits.

We are most willing to discuss our comments related to this provision further for other possible solutions.

Should you have any questions or need clarification regarding any comments, please do not hesitate to contact me, at (703) 837-3122 or jlundperson@nhpco.org.

Sincerely,



Judi Lund Person
Vice President, Quality

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Capitol Correspond
Incoming Email Message

Constituent ID: 1182286

Ms Mag Morelli
1340 Worthington Rdg
Berlin, CT 06037

Email: mmorelli@canpfa.org

Phone(s): (H) (860)828-2903

Activity Created: 6/26/2007
File Location: 1411643
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/26/2007 9:43:34 PM
Topic/Subject Desc: Health

Sent: Tuesday, June 26, 2007, 09:42 PM
Start: Mag Morelli
President
CANPFA
1340 Worthington Ridge
Berlin, CT 06037-3208

June 26, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As the president of CANPFA, the statewide association representing providers of high-quality long-term care and the state affiliate of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

While the user fee nominally applies to all health care providers, nursing homes would bear the brunt of it because nursing homes are the only type of health care provider subject to annual surveys (inspections). Many nursing homes providing excellent care would pay the fee along with homes considered to be "poor performers" because even minor infractions on a survey would lead to the imposition of a user fee. Everything needing correction would lead to a fee because survey agencies would have to verify that a facility had come back into compliance. The fee constitutes a penalty that facilities will have to pay regardless of whether cited deficiencies are appealed and overturned. Furthermore, the fee will be imposed in addition to whatever penalties are assessed for deficiencies in care.

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The user fee will remove several thousands of dollars per facility that otherwise would be available for resident care. The fee constitutes a penalty that facilities will have to pay regardless of whether cited deficiencies are appealed and overturned, as they frequently are. Furthermore, the fee will be imposed in addition to whatever penalties are assessed for deficiencies in care.

Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resorting to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Mag Morelli
860-828-2903
President
CANPFA

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [GTU20Fz1]

12.

iawormsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1186504

Mr Wesley Bard
990 Main St N
Southbury, CT 06488

Email: wbard@lhsouthbury.org

Phone(s): (H) (230)521-4055

Activity Created: 7/3/2007
File Location: 1416267
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/3/2007 11:45:56 AM
Topic/Subject Desc: Health

Sent: Tuesday, July 3, 2007, 11:44 AM
Start: Wesley Bard
Lutheran Home of Southbury
990 Main Street North
Southbury, CT 06488-1267

July 3, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Wesley Bard
2305214055
Lutheran Home of Southbury

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [98rrxr5]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 571905

Mr. Robert L. Clapp
580 Long Hill Avenue
Shelton, CT 06484

Email: rlclapp@umh.org

Phone(s): (W) (203) 929-2107; (F) (203) 925-2667

Activity Created: 7/31/2007
File Location: 1434501
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/31/2007 2:17:05 PM
Topic/Subject Desc: Health

Sent: Tuesday, July 31, 2007, 02:12 PM
Start: Robert L. Clapp
CEO
United Methodist Homes (UMH)
580 Long Hill Ave.
Shelton, CT 06484-4803

July 31, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Page 1

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would be available for resident care. Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees.

When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Robert L. Clapp
2039292107
CEO
United Methodist Homes (UMH)

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [72yqeva6]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1190946

Mr Donald Dowd
12 Daisy Hill Rd
Oakdale, CT 06370

Email: donalddowd@sbcglobal.net

Activity Created: 7/11/2007
File Location: 1421235
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/11/2007 5:34:43 PM
Topic/Subject Desc: Health

Sent: Wednesday, July 11, 2007, 05:08 PM
Start: Donald Dowd
12 Daisy Hill Drive
Oakdale, CT 06370-1753

July 11, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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for deficiencies in care.

Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Donald Dowd

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [25iwfkm0]

15

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1180030

Mr William Fiocchetta
2021 Albany Ave
West Hartford, CT 06117

Email: bfiocchetta@mchct.org

Phone(s): (H) (860)570-8310

Activity Created: 6/25/2007
File Location: 1408809
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/25/2007 1:51:57 PM
Topic/Subject Desc: Foreign Affairs

Sent: Monday, June 25, 2007, 01:50 PM
Start: William Fiocchetta
President and Chief Executive officer
Mercy Community Health
2021 Albany Avenue
West Hartford, CT 06117-2755

June 25, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

While the user fee nominally applies to all health care providers, nursing homes would bear the brunt of it because we are the only type of health care provider subject to annual surveys (inspections). Many nursing homes providing excellent care would pay the fee along with homes considered to be "poor performers" because even minor infractions on a survey would lead to the imposition of a user fee. Everything needing correction would lead to a fee because survey agencies would have to verify that a facility had come back into compliance. The fee constitutes a penalty that facilities will have to pay regardless of whether cited deficiencies are appealed and overturned. Furthermore, the fee will be imposed in addition to whatever penalties are assessed for deficiencies in care.

The user fee will remove several thousands of dollars per facility that otherwise

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would be available for resident care. The fee constitutes a penalty that facilities will have to pay regardless of whether cited deficiencies are appealed and overturned, as they frequently are. Furthermore, the fee will be imposed in addition to whatever penalties are assessed for deficiencies in care.

Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. Please contact your colleagues on the Appropriations Committee and urge them to end this unfair user fee as they finalize the fiscal 2008 appropriations bill for the Departments of Labor, Health and Human Services, and Education.

Sincerely,

William J. Fiocchetta
860-570-8310
President and Chief Executive officer
Mercy Community Health

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [j4493CMQ]

16

iawormsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 565081

Mr. Patrick Gilland
217 Avery Heights
Hartford, CT 06106

Email: pgilland@churchhomes.org

Phone(s): (H) (860)527-9126

Activity Created: 6/20/2007
File Location: 1404530
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/20/2007 3:18:55 PM
Topic/Subject Desc: Foreign Affairs

Sent: Wednesday, June 20, 2007, 03:08 PM
Start: Patrick Gilland
Church Homes, Inc.
217 Avery Heights
Hartford, CT 06106-4271

June 20, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

While the user fee nominally applies to all health care providers, nursing homes would bear the brunt of it because we are the only type of health care provider subject to annual surveys (inspections). Many nursing homes providing excellent care would pay the fee along with homes considered to be "poor performers" because even minor infractions on a survey would lead to the imposition of a user fee. Everything needing correction would lead to a fee because survey agencies would have to verify that a facility had come back into compliance. The fee constitutes a penalty that facilities will have to pay regardless of whether cited deficiencies are appealed and overturned. Furthermore, the fee will be imposed in addition to whatever penalties are assessed for deficiencies in care.

The user fee will remove several thousands of dollars per facility that otherwise would be available for resident care. The fee constitutes a penalty that facilities

iawrmmsg.txt

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. Please contact your colleagues on the Appropriations Committee and urge them to end this unfair user fee as they finalize the fiscal 2008 appropriations bill for the Departments of Labor, Health and Human Services, and Education.

Sincerely,

Patrick Gilland
Church Homes, Inc.

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [t8778BJL]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1176269

Mr Gregory Gravel
200 Leeder Hill Dr
Hamden, CT 06517

Email: gravelg@whitneycenter.com

Phone(s): (H) (203)848-2631

Activity Created: 6/20/2007
File Location: 1404531
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/20/2007 3:18:05 PM
Topic/Subject Desc: Foreign Affairs

Sent: Wednesday, June 20, 2007, 03:07 PM
Start: Gregory Gravel
President/CEO
Whitney Center
200 Leeder Hill Dr.
Hamden, CT 06517-2758

June 20, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. Please contact your colleagues on the Appropriations Committee and urge them to end this unfair user fee as they finalize the fiscal 2008 appropriations bill for the Departments of Labor, Health and Human Services, and Education.

Sincerely,

Greg Gravel, President/CEO Whitney Center
203-848-2631
President/CEO
Whitney Center

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [y8072HDI]

18

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 917179

Ms. Marcia Hickey
6 Brookview Circle
Windsor Locks, CT 06096

Email: mhickey@hebrewhealthcare.org

Phone(s): (H) (860)292-6654

Activity Created: 7/2/2007
File Location: 1416350
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/2/2007 2:52:14 PM
Topic/Subject Desc: Health

Sent: Monday, July 2, 2007, 02:51 PM
Start: Marcia Hickey
Hebrew Health Care, Inc.
6 Brookview Circle
Windsor Locks, CT 06096-1872

July 2, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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iawrmgs.txt

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Marcia Hickey
Hebrew Health Care, Inc.

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [72inbol6]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 570017

Ms. Christianne Kovel
27 Carll Road
Middletown, CT 06457

Email: ckovel@hebrew-home-hospital.org

Activity Created: 7/3/2007
File Location: 1416264
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/3/2007 4:08:13 PM
Topic/Subject Desc: Health

Sent: Tuesday, July 3, 2007, 04:06 PM
Start: Christianne Kovel
Hebrew Health Care
27 Carll Road
Middletown, CT 06457-5216

July 3, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Sincerely,

Christianne Kovel
Hebrew Health Care

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [IUI80Co8]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1176271

Ms. Linda McDonnell
630 Old Post Road
Tolland, CT 06084

Email: lmcdonnell@hebrewhealthcare.org

Phone(s): (H) (860)920-1800; (H) (860)875-1283

Activity Created: 7/3/2007
File Location: 1416265
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/3/2007 12:29:34 PM
Topic/Subject Desc: Health

Sent: Tuesday, July 3, 2007, 12:29 PM
Start: Linda McDonnell
Hebrew Health Care, Inc.
630 Old Post Rd
Tolland, CT 06084-2829

July 3, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Linda McDonnell
860-875-1283
Hebrew Health Care, Inc.

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [vqm1VNE1]

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iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1176267

Mr Paul Miller
149 Grovers Ave
Bridgeport, CT 06605

Email: pmiller@masonicare.org

Phone(s): (H) (203)679-6868

Activity Created: 6/20/2007
File Location: 1404529
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/20/2007 3:35:54 PM
Topic/Subject Desc: Foreign Affairs

Sent: wednesday, June 20, 2007, 03:20 PM
Start: Paul Miller
Masonicare
149 Grovers Ave
Bridgeport, CT 06605-3537

June 20, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Sincerely,

Paul Miller
203-679-6868
Masonicare

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [GAX50Sx6]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1189169

Mr John Mobley
200 Seabury Drive
Bloomfield, CT 06002-2650

Email: jsm@seaburyretirement.com

Phone(s): (F) (860) 242-4552; (W) (860) 286-0243

Activity Created: 7/9/2007
File Location: 1419029
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/9/2007 2:26:52 PM
Topic/Subject Desc: Health

Sent: Monday, July 9, 2007, 02:24 PM
Start: John Mobley
Seabury
200 Seabury Drive
Bloomfield, CT 06002-2650

July 9, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Sincerely,

John Mobley
860-286-0243
Seabury

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [41pmbbo8]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 871101

Ms. Eileen Mulligan
17 Cobble Road
Salisbury, CT 06068

Email: emulligan@churchhomes.org

Phone(s): (H) (860)435-9851

Activity Created: 6/26/2007
File Location: 1408807
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 6/26/2007 8:29:47 AM
Topic/Subject Desc: Health

Sent: Tuesday, June 26, 2007, 08:28 AM
Start: Eileen Mulligan
Noble Horizons
17 Cobble Road
Salisbury, CT 06068-1501

June 26, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Eileen Mulligan
860-435-9851
Noble Horizons

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [57ittar6]

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 576259

Dr. Miriam Parker
705 New Britain Avenue
Hartford, CT 06106

Email: mparker@churchhomes.org

Activity Created: 7/5/2007
File Location: 1416261
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/5/2007 8:37:38 AM
Topic/Subject Desc: Health

Sent: Thursday, July 5, 2007, 08:36 AM
Start: Miriam parker
705 new Britain avenue
Hartford, CT 06106-4039

July 5, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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for deficiencies in care.

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Sincerely,

Miriam parker

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [72inbo16]

iawrmmsg.txt

Capitol Correspond
Incoming Email Message

Constituent ID: 867260

Mrs. Michelle Pascetta
64 Lakewood Road
South Glastonbury, CT 06073

Email: mpascetta@churchhomes.org

Phone(s): (H) (860)527-9126

Activity Created: 7/9/2007
File Location: 1419030
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/9/2007 9:36:42 AM
Topic/Subject Desc: Health

Sent: Monday, July 9, 2007, 09:36 AM
Start: Michelle Pascetta
Church Homes, Inc.
64 Lakewood Road
South Glastonbury, CT 06073-2316

July 9, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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iawormsg.txt

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Quality assurance in health care is important enough to merit an adequate allocation of resources to CMS's enforcement budget, without resort to these inequitable fees. When the Labor/Health and Human Services/Education fiscal 2008 appropriations bill comes to the Senate floor, please do everything possible to ensure that the user fee is not renewed.

Sincerely,

Michelle Pascetta
860-527-9126 x
Church Homes, Inc.

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [m6990DQC]

26

iawrmmsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1186503

Mrs Annemarie Shiroka
72 Church St
Putnam, CT 06260

Email: ashiroka@snet.net

Phone(s): (H) (860)928-0891

Activity Created: 7/3/2007
File Location: 1416266
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/3/2007 11:47:59 AM
Topic/Subject Desc: Health

Sent: Tuesday, July 3, 2007, 11:45 AM
Start: Annemarie Shiroka
Administrator
Holy Spirit Health Care Center
72 Church Street
Putnam, CT 06260-1810

July 3, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Sincerely,

Annemarie Shiroka
860-928-0891
Administrator
Holy Spirit Health Care Center

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [KUM02Na5]

27

iawormsg.txt
Capitol Correspond
Incoming Email Message

Constituent ID: 1143714

Dr. Linda A. Urbanski
400 North Main Street
Bristol, CT 06010

Email: lurbanski@bristolhospital.org

Phone(s): (H) (860)584-3400

Activity Created: 7/5/2007
File Location: 1416262
Interest Code(s): NURHOMLTC

Incoming Message:

RSP: Yes.

Date Received: 7/5/2007 8:23:33 AM
Topic/Subject Desc: Health

Sent: Thursday, July 5, 2007, 08:22 AM
Start: Linda A. Urbanski, Ph.D.
Ingraham Manor
400 North Main
Bristol, CT 06010-4923

July 5, 2007

The Honorable Joseph I. Lieberman
United States Senate
706 Hart Senate Office Building
Washington, DC 20510-0703

Dear Senator Lieberman:

As a provider of high-quality long-term care and a member of the American Association of Homes and Services for the Aging, I urge you to end the user fee that will be imposed on all nursing home survey revisits according to provisions of the fiscal 2007 continuing resolution, PL 110-5. Please do not allow this fee to continue beyond the end of this fiscal year.

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Sincerely,

Linda A. Urbanski, Ph.D.
860-584-3400
Ingraham Manor

This message has been verified by CapwizXC as authentic and sent by this individual.
Authentication ID: [e7986RXR]