

Submitter : Mr. Fred Waddle
Organization : EasterSeals UCP North Carolina
Category : Health Care Provider/Association

Date: 08/13/2007

Issue Areas/Comments

Background

Background

Page 25 - 26 explains limiting a type of Therapeutic Foster Care to the medically necessary part of the treatment regimen.

Collections of Information Requirements

Collections of Information Requirements

Therapeutic Foster Care is a successful model of care and treatment for children who have significant emotional and mental health issues. These issues can be treated quite successfully by placing children in highly trained licensed families who can provide safe nurturing living environments while progress is being made on dealing with the emotional and behavioral issues that resulted from abuse, neglect, and mental illness.

GENERAL

GENERAL

Therapeutic Foster Care is a best practice service that will in most cases ameliorate the presenting conditions and allow children to work through their emotional and behavioral issues and exit foster care into homes of relatives, natural homes, or adoptive homes. The proposed rules seem to indicate that the recruitment, training, licensing, and supervision should come from a source other than Medicaid. The basis of success for Therapeutic Foster Care is the amount of time and effort that is spent recruiting highly qualified families and training for the specific type of child with difficult behaviors to manage or mental illness. Just as Medicaid pays for ICF and Nursing care which includes facility costs, staff recruitment, training, and supervision, those of basic components of those services as well. This level of care provision is very different than regular foster care system which we agree is a state services responsibility. If Medicaid wants to support children in communities and move away from other forms of residential care then it is very important to cover the full cost of the treatment service. Compare it to hospital care you do not get one half of an operation or get the operation but no followup care, or someone else to pay to recruit doctors and nurses.

Submitter : Dr. Dimitrios Kostopoulos
Organization : Hands-On Physical Therapy
Category : Physical Therapist

Date: 08/15/2007

Issue Areas/Comments

Background

Background

The potential for fraud and abuse exists whenever physicians are able to refer Medicare beneficiaries to entities in which they have a financial interest, especially in the case of physician-owned physical therapy services. Physicians who own practices that provide physical therapy services have an inherent financial incentive to refer their patients to the practices they have invested in and to overutilize those services for financial reasons. By eliminating physical therapy as a designated health service (DHS) furnished under the in-office ancillary services exception, CMS would reduce a significant amount of programmatic abuse, overutilization of physical therapy services under the Medicare program, and enhance the quality of patient care.

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Submitter : Mrs. MARIA OULID-AISSA
Organization : ACHIEVE REHAB AND WELLNESS
Category : Physical Therapist

Date: 08/15/2007

Issue Areas/Comments

Background

Background

BY ALLOWING PHYSICIANS TO BILL FOR THERAPY SERVICES IN THEIR OFFICES THE MOST AFFECTED ARE THE PATIENT THEMSELVES BECAUSE THEY ARE FORCED TO DRIVE FURTHER DISTANCES WHEN THEY CAN RECEIVE THE SAME SERVICE CLOSED TO HOME. NEW GRADS A LOWER PAY RATE ARE HIRED BY THESE DOCTORS WHOSE PRIMARY OBJECTIVE IS MONETARY SINCE THEY ARE NOT GIVING THEIR PATIENTS FREEDOM OF CHOICE.

Collections of Information

Requirements

Collections of Information Requirements

I PROVIDE PHYSICAL THERAPY IN HOME HEALTH (PATIENTS'S RESIDENCE) AND ALSO AN OUTPATIENT PRACTICE. I HAVE BEEN A PHYSICAL THERAPIST FOR 12 YEARS IN SOUTH FLORIDA. I WORK AS AN INDEPENDENT CONTRACTOR WITH DIFFERENT AGENCIES.

GENERAL

GENERAL

THE THERAPISTS WORK FOR A FULL HOUR WITH THEIR PATIENTS AND VACATION ON KEY WEST WHILE THE PHYSICIANS MAKE YOU WAIT FOR AN HOUR, SEE YOU FOR 5 MINUTES AND SPEND A MONTH OFF IN ITALY, WHILE THE NEW GRAD IS MAINTAINING THE FORT.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

MY EXPERIENCE IN SOUTH FLORIDA IS THAT MANY ORTHOPEDIC DOCTORS THAT PERFORM HIPS AND KNEE SURGERIES ARE CONNECTED WITH HOME HEALTH AGENCIES, THE AGENCY GETS THE 10 VISITS AND REFERS THE PATIENT BACK TO THE MD FOR USE OF THEIR THERAPY CAP. SOME OF THESE PATIENTS CAN NOT DRIVE AND REQUIRE SPECIAL TRANSPORTATION, THAT COULD BE AVOIDED IF THEY CAN JUST HAVE A NEIGHBOR TAKE THEM ACROSS THE STREET TO A LONG TIME EXPERIENCE ONE TO ONE THERAPY PRACTICE.

Regulatory Impact Analysis

Regulatory Impact Analysis

THERAPISTS GO TO SCHOOL LONG ENOUGH TO BE ABLE TO PROVIDE SAFE CARE WITHOUT DIRECT SUPERVISION BY AN M.D

Response to Comments

Response to Comments

THE PT /OT PROFESSIONALS WILL DECLINE IN NUMBERS SINCE OTHER COLLEGE STUDENTS ARE NOT GOING TO BE MOTIVATED TO ELECT THERAPY AS A CAREER REQUIRING AGAIN RECRUITING THERAPISTS FROM OVERSEAS.

Submitter : Dr. Giovanni Meli
Organization : Dr. Giovanni Meli
Category : Physical Therapist

Date: 08/15/2007

Issue Areas/Comments

Background

Background

It should be illegal for any profession to be held hostage by another profession. PT services should be rendered by legally owned and licensed Physical Therapists with no referral incentive for the referral source. Anything else

Collections of Information

Requirements

Collections of Information Requirements

MD referral to PT services

Provisions of the Proposed Rule

Provisions of the Proposed Rule

You need to listen from every Physical Therapist in America.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

Currently, MD's can open their own ancillary "Physical Therapy office" and refer patients to themselves for a legal financial incentive.

Submitter :

Date: 08/16/2007

Organization :

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

The loophole in the stark law is being taken advantage of by physicians in our area. More and more physicians are seeing in house services as an additional "source of revenue" vs the idea of it improving access to care. This has led to overutilization of services (as seen with the increasing number of MRI's ordered by MD's with their own magnet) as well as poor quality of care. Since physicians control the point of entry for their patients they do not feel the need to compete on quality and therefore that patients are the ones that receive substandard care at a higher price. Please close this loophole to ensure that patients and third party payers are not prescribed unnecessary services for the financial benefit of the physician.

Submitter : Mr. Phillip Hanson

Date: 08/16/2007

Organization : Mr. Phillip Hanson

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Distinguished Colleagues,

I write in support of efforts to eliminate language and classification of Physical Therapy as an "in-office ancillary service". While the American Academy of Orthopedic Surgeons (AAOS) is right in its origins of Physical Therapists as rehabilitation aides, much has changed within the American healthcare landscape since 1918. Most Physical Therapy programs are now transitioning over to Doctorate level and the clinical expertise and curriculum far exceed the mantle of an ancillary service. Physical Therapy programs now receive their accreditation from the American Physical Therapy Association (APTA) vice the American Medical Association since the mid 1970's. Healthcare has evolved from a physician driven to a patient driven entity in regards to delivery and choices of services to be delivered and accepted by the buyer and health care agent. Physician owned Physical Therapy Services (POPTS) run counter to these trends. It stifles free choice by the Physical Therapist to evaluate and treat a patient independent of any influences: financial and employer. It cultivates a culture where Physical Therapists and the employing Physicians are rewarded not on quality or relevance of services, but its frequency. Finally, it puts Physicians, not Physical Therapists, in control of their professional fate. The State Supreme Court of South Carolina has set precedence that language in its practice act for Physical Therapists was constitutional in regards to barring any Physical Therapists from working in a POPTS. Other states have similar wording in their respective acts as well. It is respectfully submitted that eliminating Physical Therapy from the designation as an "Ancillary Care" would only allow a further evolution, not devolution, in the delivery of prudent, cost-effective, and ethical patient-centered care.

Respectfully Submitted,

Phillip J. Hanson

Submitter : Mr. James Clarke
Organization : Catholic Charities of Lenawee
Category : Comprehensive Outpatient Rehabilitation Facility

Date: 08/16/2007

Issue Areas/Comments

Background

Background

This proposed rule would amend the definition of Medicaid rehabilitative services in order to provide for important beneficiary protections such as a person-centered written rehabilitation plan and maintenance of case records. The proposed rule would also ensure the fiscal integrity of claimed Medicaid expenditures by clarifying the service definition and providing that Medicaid rehabilitative services must be coordinated with but do not include services furnished by other programs that are focused on social or educational development goals and available as part of other services or programs. These services and programs include, but are not limited to, foster care, child welfare, education, child care, prevocational and vocational services, housing, parole and probation, juvenile justice, public guardianship, and any other non-Medicaid services from Federal, State, or local programs.

GENERAL

GENERAL

How it is necessary to provide rehabilitative services to the Mental Health Population that suffers from a variety of disorders. When treatment is provided properly with evidenced based treatment they maintain a level of health that reduces In-Patient stays that cost thousands of dollars and therapy cost approximately \$50 per week, the cost per year would be \$2500. Which is just one Emergency Room Admit. Let this Great Country Provide what is necessary to those who need it the most. This population does need this type of provision. We have heard countless of Fraud being committed by Physicians and nothing happens to them. This population gets the short end of the stick and are informed - too bad. Chronic disorders...Chronic illness...people treat people better when they hear "Cancer", Diabetes, COPD oh I'm sorry to hear that, let's get you some help. I have a mental illness...oooooh is it catchy. Some will ask, What's wrong with you? Ya crazy!! Just snap out of it you'll be alright, just get over it. I would love to hear a Physician say that to their patient who has cancer. Please help and keep the rehabilitative provision in the Medicaid Proposal

Submitter : Dr. Deepak Bagwandas

Date: 08/16/2007

Organization : med info unlimited

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Please please stop the stark physician self referral for profits loophole
law. it is unethical practice in the eyes of medicine

Submitter : Mrs. Destiny Hebert

Date: 08/16/2007

Organization : Mrs. Destiny Hebert

Category : Physical Therapist

Issue Areas/Comments

Background

Background

physical therapy services should not be allowed under the in-office ancillary services exception. This is a conflict of interest on many levels.

Collections of Information

Requirements

Collections of Information Requirements

I believe in the invested interest of the patient a more comprehensive objective perspective comes from a physical therapist outside of the physician practice. I have treated patients that the doctor has become upset with the patient and refused care options because the patient choose to go outside the doctor's practice. Often this is medicare or worker's comp.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

physical therapy services should not be allowed under the in-office ancillary services exception but performed by physical therapists that are free from physician profit in patient care of physical therapy services.

Submitter : Dr. Daniel Murphy
Organization : Tampa Orthopaedic and Sports Medicine
Category : Physician

Date: 08/16/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS,

I am an orthopaedic surgeon who provides physical therapy services to my patients. I am writing to you to explain why this practice is best for the patients, and to prevent any changes to the "in office" physical therapy rules.

First, I would like to explain why you have received so many letters from physical therapists. "In office" physical therapy is a direct threat to the autonomy of physical therapists. It is not an issue of patient care, it is an issue of power and control. The physical therapists for years have been lobbying for the ability to diagnose and treat patients without the need for a physician's prescription. We both know this is not good medicine (for example, there are many causes of neck and back pain, and physical therapists are trained to treat certain conditions, not diagnose them). Physical therapists realize they cannot use their "loss of autonomy" to convince CMS to change the rules. However, they have devised a way to make CMS listen to them. The therapists have decided that physicians are greedy, and that in-office PT causes over-utilization. This is their strategy. They have also threatened to deny licenses to physical therapists who work in physician offices.

To help sort out the truth, you should talk to physicians, as well as therapists who work in physician offices (although these therapists may be pressured by their lobbying groups to speak against physician in office therapy). It may also be useful to discuss the issue with patients who have used the in office therapy.

My patients enjoy the convenience of being able to have therapy in my office. Many times a day, I have interaction with patients who are going to, or coming from therapy in my office. I obviously do not charge for the "hello, how are you doing?", but I think this interaction is good for the overall recovery of the patient. In addition, often the therapist will come to ask me questions about patients, or to look at an x-ray. These activities are impossible if the patient receives therapy outside the office. I rarely receive calls from outside physical therapists regarding my patients. Often, outside physical therapists are too busy. They are often pressured by their companies to see a large number of patients, and often do not have the time to call the physician to ask a question. When we do get calls from outside therapists, frequently we call back and the therapists are busy. This is inefficient. It is much more efficient for the therapist to walk up to me and ask me a question directly.

In office physical therapy is good for patient care.

In terms of overutilization, I rely on my patient's progress as well as my physical therapist's recommendations as to whether the patient needs more PT.

Frequently, I will send the patient for one visit with the therapist to learn a home exercise program. Certainly this is not over-utilization.

Thank you for your time.

Kind regards,

Daniel Murphy, M.D.

CMS-2261-P-11 Rehabilitation Services: State Plan Option**Submitter :** Mr. Phil Emory**Date & Time:** 08/17/2007**Organization :** Gateway House, Inc.**Category :** Health Care Provider/Association**Issue Areas/Comments****GENERAL**

GENERAL

The proposed medicaid changes in the area of rehabilitation services if approved, will devastate the mental health service delivery system. Persons living with a serious mental illness need a variety of services not only to improve level of functioning but also to sustain level of functioning in order to remain in the community and out of psychiatric institutions or jail. The mental health system needs to be responsive to the needs of the seriously mentally ill and must be able to provide medicaid reimbursable services in a variety of settings including on-the-job support and assistance. If we are truly going to provide recovery oriented services we need to include employment support services and educational support. We must be able to focus on the services that work and programs that are evidence based such as the Clubhouse Model of Psychiatric Rehabilitation. There are now over 150 Clubhouse Model Programs in the United States that are certified by the International Center for Clubhouse Development. Clubhouse Model Programs focus on providing services that help the mentally ill be able to live and function in the community with dignity. Helping Clubhouse members return to work and/or school is important if we are truly interested in providing recovery oriented services. There needs to be more flexibility in medicaid system to promote and reinforce the delivery of these supports and services. I urge you to please not approve the changes in the rehabilitation services as they relate to medicaid reimbursement.

CMS-2261-P-12 Rehabilitation Services: State Plan Option

Submitter : Ms. Alice Tsai

Date & Time: 08/20/2007

Organization : Janet Wattles Center

Category : Consumer Group

Issue Areas/Comments

GENERAL

GENERAL

A friend of mine told me that homemaker services are at jeopardy in the near future because of dwindling funding from DRS offices. She fears that a lot of people with disabilities who can live fine in their own apartments may be restricted to nursing homes if they cannot have the help they need from homemakers, if the funding is eliminated. This is a Medicaid service. Please protect and fund the Medicaid homemaker services for people with disabilities so that they do not have to live in a more restrictive environment, namely nursing homes. To do so would be keeping with the spirit of the Olmstead Law. Thank you.

CMS-2261-P-13 Rehabilitation Services: State Plan Option

Submitter : Ms. Linda Robinson

Date & Time: 08/21/2007

Organization : Ms. Linda Robinson

Category : Individual

Issue Areas/Comments

Background

Background

I don't think that Medicate should pay for Peer Specialist to lead the classes. I know that here in Ohio in some of the counties they do a great job, but here in Summit County they are not doing a good job. The leaders fight among themselves and they make up names so they can hold classes when they only have one person and they know they can't have a class with one person in it, and that one person drops out after one week. It might be different if we had people who were consumers that have worked in the area of mental health dealing with other consumers for a couple of years before they became Peer Specialist leaders.

Collections of Information

Requirements

Collections of Information Requirements

I am a consumer. I am also active in NAMI. I work in a consumer run library. I am president of a consumer run support group. I am very active in communicating with Ohio Senators and Congressmen in Washington D C. I try to go to as many consumer conferences as I can go to so I can learn as much as I can so I can help other consumers.

CMS-2261-P-14 Rehabilitation Services: State Plan Option

Submitter : Dr. Bryan Reuss

Date & Time: 08/21/2007

Organization : Orlando Orthopaedic Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I have been very pleased with the care my patients have received from the physical therapists that practice under our direction. It is very beneficial to the patients to be treated in an environment where the therapists and physicians can easily discuss their care and progress. Please do not take away this asset to the patients. Allow us to maintain in-office PT for the benefit of our patients.