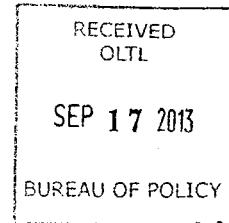




14-535-4

3019

September 11, 2013



Marilyn Yocum  
Department of Public Welfare  
Office of Long-Term Living  
Bureau of Policy and Regulatory Management  
P. O. Box 8025  
Harrisburg, PA 17805-8025

2013 SEP 18 PM 3:14

RECEIVED  
IRRC

**Re: Regulation No. 14-535 (Supplemental Ventilator Care  
Payment for Medical Assistance Nursing Facilities)**

Dear Ms Yocum:

I am the Administrator of Fox Subacute at Clara Burke, Inc. a 60 bed skilled care nursing facility located in Plymouth Meeting, Montgomery County, PA which specializes exclusively on ventilator dependent patients and others with severe pulmonary diseases. I have been the Administrator for the better part of 10 years and have taken great pride in the quality of care and comfort given to this delicate resident population by our dedicated staff of nurses, respiratory therapists, aides and other ancillary personnel.

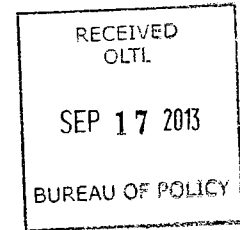
I am writing in response to your request for public comment on the proposed regulation above referenced.

During my tenure as Administrator, I have been asked, year after year, to continue to provide our excellent care with fewer and fewer financial resources as our reimbursement for Medical Assistance residents has decreased virtually every quarter for the last 7 years. To further exacerbate the problem, changes in the commercial insurance marketplace have resulted in a marked change in our payor mix, as Medical Assistance residents have climbed from 32% in 2002 to 84% today. To see that the Department is reacting to our dilemma and proposing the additional reimbursement for those facilities that serve a large number of ventilator patients, is very gratifying and extremely appreciated. It certainly will help in our effort to continue to provide the highest level of quality care while competitively compensating our outstanding caregivers and to meet the continuing increase in other healthcare costs.

I would like to point out however, that your proposal, as written, omits from consideration for the additional reimbursement, those patients who are virtually identical to ventilator dependent patients but for the reliance on a mechanical device and who are an integral portion of the pulmonary



The leader in care and services for ventilator patients




distressed resident population in the Commonwealth. I refer to patients who have undergone a tracheostomy whereby a hole is created in their throat and tubes are inserted from outside the body which are used to provide necessary supplemental oxygen to aide in life sustaining breathing. These residents are commonly referred to as "trach collar patients." Trach collar patients are individuals who were on a ventilator for a period of time, were weaned from the machine, but are unable to maintain their airway and require the trach collar for breathing assistance. In almost all cases, those patients require care in a nursing home as they are unable to be cared for at home due to the serious nature of their underlying illness and the demands of the trach collar maintenance. Our facility currently provides care to 13 of these types of residents, 11 of whom are paid for by Medical Assistance. Most of these patients came to us on a ventilator and as a result of our proficient medical staff, were successfully weaned off the machine. While this is an improvement for the quality of life of the patient, it does not result in any significant decrease in the type or amount of care required by the patient or create any meaningful decrease in the cost of care for the patient. Thus, an unintended result of the new regulation, as written, is to in effect "punish" a provider for providing good care, as once an MA patient is removed from the ventilator, the reimbursement for all other MA residents is decreased by virtue of the formula contained in the proposed regulation.

I feel confident in stating that I am certain that the Department did not intend for this anomaly to result from their well founded effort to help nursing home providers care for ventilator patients in the lower cost setting of a nursing home rather than having those patients languish in high priced hospitals solely because MA nursing home reimbursement is insufficient to allow providers to meet the challenges associated with the ventilator population.

Therefore, I would like to respectfully request that the Department consider including trach collar patients in the calculations set forth in the proposed regulation and treating them as equal to a ventilator patient so that a provider does not suffer a negative financial consequence for providing excellent care. I have included with this letter a letter from the Chief Executive Officer of Chestnut Hill Hospital, our local hospital which supports the need for continuing the vitality of the Fox centers.

Your consideration to this request is indeed appreciated. If you should require any clarification or further information concerning this matter, please feel free to contact me.

Respectfully yours,  
  
(Ann Marie Mims, NHA)  
Administrator

AM/wd

MANAGEMENT, INC.  
251 Stenton Avenue  
Plymouth Meeting, PA 19462  
610 828.2272

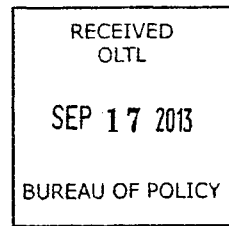
AT CLARA BURKE  
251 Stenton Avenue  
Plymouth Meeting, PA 19462  
610 828.2272

AT WARRINGTON  
2644 Bristol Road  
Warrington, PA 18976  
215 343.2700

AT MECHANICSBURG  
120 S. Filbert Street  
Mechanicsburg, PA 17055  
717 458.0930

# CHESTNUT HILL HOSPITAL

UNIVERSITY of PENNSYLVANIA  
COMMUNITY HEALTH NETWORK



September 10, 2013

To Whom It May Concern:

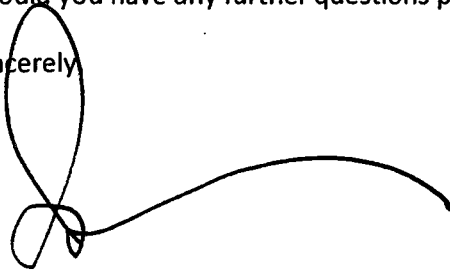
As a community hospital in Philadelphia, Chestnut Hill Hospital is centralized to a large patient base, including a disproportionately high long-term care and nursing home population. One of those facilities is Fox Subacute at Clara Burke, who specializes in the care of ventilator dependent and respiratory failure patients with high assistance needs. This type of patient is becoming more prevalent as patients are living longer and medical care improves.

Fox Subacute provides a tremendous service to the hospital as without them patients who require mechanical ventilation for the long term at the subacute level would be destined to remain in the hospital with no outlet for outpatient placement. This would cause a tremendous drain and strain on the system both financially, as well as causing a bottleneck with critical care bed availability, potentially causing issues with delivery of care.

Facilities such as Fox Subacute should be both applauded and rewarded for their efforts and mission, as well as for the services they provide to the patients, hospitals, and medical community in general.

Should you have any further questions please feel free to contact me.

Sincerely



John Cacciamani, MD, MBA

Chief Executive Officer, Chestnut Hill Hospital