

Long-Term Care Survey Alert

Survey Trends: A Survey Revisit Fee Looms For FY 2007 -- But Will It Stay?

Nursing facilities haven't escaped a survey revisit fee for FY 2007 — but almost. The looming question is whether Congress will implement the fee for FY 2008.

The **Centers for Medicare & Medicaid Services** published a proposed rule implementing the survey revisit fee in the June 29 Federal Register, with a comment period until Aug. 27. The rule implements legislation enacted as part of a fiscal 2007 spending bill that expires Sept. 30, notes **Evvie Munley**, senior health policy analyst for the **American Association of Homes & Services for the Aging**. But "if Congress gives CMS the authority to impose user fees for FY 08, the impact will be far greater."

The \$\$ add up: The proposed rule says that CMS expects the average length fee (at \$112 per hour) per onsite revisits would be \$2,072 for SNFs and nursing facilities. Offsite reviews would come to \$168, on average, reflecting 1.5 hours of time. Some types of revisits escape the fee requirement, including ones involving Life Safety Code requirements or a federal look-behind survey.

At a proposed survey revisit fee of \$112 per hour, the proposed rule would remove \$37.3 million annually from resources needed by nursing homes for resident care and services, says Munley. "The user fee constitutes an add-on de facto penalty for facilities ...," she says.

"Even facilities with minor deficiencies will be affected because the user fee would apply to telephone and paper reviews as well as actual onsite revisits," she says.

Fate of Fee in Congress' Hands

At press time, the Senate appropriations committee's fiscal 2008 bill contained language specifically authorizing the user fee for survey revisits, while the House bill didn't. The chambers will have to reconcile the bills in conference.

And industry trade groups are working hard to ensure the survey revisit fee goes away.

But explaining the impact of the survey revisit fee to people outside the industry isn't easy, notes **MaryAnne Sapio**, director of government relations for the **American Health Care Association**.

"AHCA has been educating lawmakers that CMS has other tools in its arsenal as deterrents for deficiencies, including civil monetary penalties and denial of payment to new admissions," Sapio said in an interview with **Eli**.