July 30, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted via regulations.gov

Re: CMS-10599 Pre-Claim Review Demonstration for Home Health Services

Dear Administrator Verma:

ElevatingHOME and Visiting Nurse Associations of America (VNAA) appreciate the opportunity to comment on the Notice entitled Agency Information Collection Activities: Submission for OMB Review; Comment Request (the "Notice") published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on May 31, 2018, regarding the Pre-Claim Review Demonstration (PCRD) For Home Health Services (Form Number: CMS-10599). As part of the proposed revisions to this demonstration, CMS has renamed the demonstration the Home Health Review Choice Demonstration (RCD).

ElevatingHOME and VNAA advance quality, value and innovation in home-based care and represents mission-driven providers of home and community-based health care, including hospice, across the United States. Our members provide high-quality, patient-centered care at home, as well as offer support for family caregivers. ElevatingHOME is an industry organization launched to unify America's for-profit and not-for-profit home-based health (home health and hospice) care providers and to advocate for high-quality, affordable care. ElevatingHOME was formed by the leadership of the Visiting Nurse Associations of America (VNAA) with leaders and stakeholders from across the country. ElevatingHOME's mission is to align, unify, and strengthen the home-based care industry.

They primarily serve the most clinically complex and vulnerable patients, who are by definition homebound and who will benefit from having closely integrated health exchange between all members of the care team—regardless of the severity of their illness—and serve a mixture of Medicare, Medicaid, privately-insured and uninsured patients. Home health providers continue to provide value and innovation in home-based care and care coordination. Home-based care providers work to improve the management of patients with chronic conditions, thus addressing some of the greatest challenges in health care today, including medication management, uncoordinated transitions of care and high rates of unnecessary hospital and emergency department utilization. In addition, home health provides medically necessary, skilled services in an incredibly efficient manner, providing care at a fraction of the cost of institutional care.

We appreciate CMS listening to the feedback we provided during PCRD and incorporating some of this feedback into RCD. ElevatingHOME and VNAA support home-based care reforms and innovations that

balance the goals of improving the quality of patient care, access to care, the efficiency of care delivery, and the integrity of the Medicare program. Additionally, efficiency of care should include implementations that do not add burden and potentially shift focus from patients and quality to administrative burden.

Within the RCD demonstration there are the provisions for a "Gold Standard," for providers who achieve a 90% or greater affirmation rate during initial review. While we believe that RCD is a step in the right direction, we request that CMS work with us to help ensure that RCD is not implemented before policies, guidance, and training have been fully developed and implemented. We appreciate the Administration's dedication to placing patients over paperwork—RCD should be implemented in a manner consistent with this goal.

Our hope is that CMS will take proactive steps to work with us to ensure the RCD is successful for home healthcare patients, their families, providers, and CMS.

I. Issues of Concern with Review Choice Demonstration

Regardless of the lack of success in curbing waste, fraud and abuse in the Pre-Claim Review Demonstration, CMS seems to be determined to move forward with minor modifications in the Review Choice Demonstration. ElevatingHOME and VNAA continue to stand ready to assist in this manner *and* have volunteered guardrails to both CMS and the HHS Office of Inspector General. We believe that there are many avenues that can be pursued to reduce waste, fraud and abuse and RCD and PCRD are just focused on documentation processing. With regulations that continue to minimize the role of home health records (regardless of recent passage of legislation), home health agencies are continually in the crosshairs for documentation. However, despite the slow progress in improving the reporting process, the improper payment rate continues to drop.

This demonstration sadly seems to be in complete opposition to the Administration's claim of wanting to place patients over paperwork. This sadly requires highly qualified and trained clinicians to focus on paperwork over patients. The following comments are provided in the hopes of improving the RCD. However, it is our fervent belief that CMS and HHS could achieve much more with a collaborative effort amongst the home health industry and their representatives. No one wants there to be waste, fraud and abuse in the industry; it lowers the standing of the vital services provided to the current and future patients and their families.

II. Comments for Improvement

a. Timeline

With such a tight timeline, it is imperative that CMS provide all stakeholders with sufficient advance notice setting forth the implementation dates in order to make sure RCD is implemented with the least complications. CMS has released a FAQ which provides that the rollout will be staggered with Illinois going first, followed by Ohio and North Carolina, and later Texas and Florida. We request information on what CMS's expected timeline is for the rollout of RCD to each state.

In order to ensure the highest quality patient care and efficient business operations, we request that CMS engage in a transparent discussion with providers and their representatives as plans are made for rolling out RCD to additional states. We would like to know how much advance notice will be provided between rollouts and how much advance notice will each state receive prior to RCD being

implemented? In addition, the FAQ references RCD being potentially implemented in additional Palmetto/JM jurisdiction states in later years. What is the expected timeline for each of these states?

We note that RCD falls under CMS's demonstration authority, as such, will CMS be providing guidance letters on additional parameters of the demonstration prior to October 1, 2018?

When will providers be able to view the forms for pre-claim versus post-claim so that they can make appropriate decisions regarding the model they will participate in?

There has been some confusion about being locked-in once a decision is made about the version of review is selected – pre-claim, post, or reduction of rate. Is a provider locked into a version of anytime period and if so, how long and importantly – why?

b. Gold Standard

We deeply appreciate CMS incorporating our request for a Gold Standard Exemption in the RCD. We believe that the Gold Standard is consistent with CMS's "Patients Over Paperwork" mission and will help alleviate administrative burdens for all stakeholders without compromising program integrity.
We concur with the thoughts of the Partnership for Quality Home Healthcare (PQHH) and request CMS provide additional information regarding the Gold Standard, specifically:

1. Does the 90% affirmation rate apply to cases after the first level of review or after the review has been completed?

2. In cases where a provider is not afforded the Gold Standard Exemption, what appeals process will be provided to providers who believe their claims successfully achieve a 90% affirmation rate?

3. Once an HHA achieves a 90% affirmation rate from a minimum of 10 claims, how will providers be notified of their qualification for the Gold Standard Exemption?

4. Will providers achieving a 90% affirmation rate continue to submit pre or post-claim review until they are formally notified of qualifying for Gold Standard Exemption? What is the time period to be between the time a provider achieves a 90% affirmation rate and notification by CMS to the provider of the qualification for exemption?

5. For what time period does an HHA achieving Gold Standard Exemption qualify for such exemption? We believe that HHAs achieving the Gold Standard Exemption should qualify for such exemption for the entire five-year duration of the demonstration.

6. Once a provider qualifies for and opts for Gold Standard Exemption, what standard will be applied to a provider during the spot checks? Will a provider be required to maintain an affirmation rate of at least 90% under the spot checks?

7. What review and appeals process will apply to the Gold Standard Exemption providers who fall below the prescribed affirmation rate requirement during the spot checks?

c. Parity

Not all providers in planned PRD states have the same Medicare Administrative Contractor. How will CMS ensure that physicians - who will have a greater administrative burden with providers in the RCD -

don’t cease referrals to those providers in the demo and shift to providers in the same state who are not required to participate? This is of significant concern and seems to provide an unintended preference to the providers who are not participating. We are happy to discuss this in greater detail and provide examples.

III. Closing

We appreciate you taking the time and consideration to review these comments. We again offer to come to the table and collaborate on a better answer that truly places the needs of patients over paperwork. If you have any questions or concerns, please contact Joy Cameron, VP of Policy and Innovation at 571-527-1536 or jcameron@vnaa.org.

Best regards,

Joy Cameron
VP of Policy and Innovation