September 25, 2017

Seema Verma
Administrator
Centers for Medicare and Medicaid
Department of Health and Human Services
Attn: CMS-1672-P
P.O. Box 8016
7500 Security Blvd.
Baltimore, Maryland 21244-8016

RE: CMS-1672-P - Medicare and Medicaid Programs; CY 2018 Home Health Prospective Payment System Rate Update and Proposed CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements (82 Fed. Reg. 35270, July 28, 2017)

The American Association of Nurse Practitioners (AANP), representing more than 234,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the CY 2018 Home Health Prospective System Rate Update (82 FR 35270).

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health (HH). NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

As we examine the proposed rule, we are disappointed to find that no effort has been made to facilitate the cost-effective use of nurse practitioners in the home health care system. We urge CMS to be more inclusive of nurse practitioners who have a proven track record of providing high-quality cost-effective health care. The proposals contained in the rule are untested. If implemented as proposed, they would be applied to the entire Home Health Program without pilot or demonstration to test their efficacy. While CMS seeks to make changes to the home health program, we suggest making cost-effective changes to the program by removing administrative burdens from agencies, nurse practitioners and physicians.

Of particular concern is the outdated requirement that physicians document face-to-face patient assessments and certify home health plans of care for nurse practitioners' patients. Under the current structure, nurse practitioners must find a physician to document that a face-to-face assessment has taken place, and have the physician certify the plan of care. These administrative burdens will be exacerbated under this proposed rule, leading to increased cost and reduced access to care, particularly in rural and underserved communities. This will make it exceedingly difficult for nurse practitioners to provide care to their patients.

Under the proposed structure HH providers must bill every 30 days as opposed to every 60 days.[1] Doubling billing frequency is burdensome for any clinician, but this is particularly true for nurse practitioners who already must deal with financially onerous collaborative agreements and spend valuable time and resources obtaining physician signatures. CMS states that they are revising the plan of care regulations to reflect the new 30-day payment period, but that the plan of care and certification time frames themselves will remain unchanged. However, this will undo the current alignment of payment and care coordination which has eased administrative burdens for home health care, causing confusion among providers as they create plans of care for their patients. This stands in direct contradiction to CMS' statements in the proposed rule that there will be no additional burden on clinicians.

The Home Health Groupings Model (HHGM) represents a major overhaul of HH reimbursement, but it has never been tested. CMS estimates that the proposed model would lead to a cut in HH reimbursement of between $480-$950 million (depending on budget neutrality)[2] in 2019. We ask that CMS reevaluate the decision to implement the HHGM and test a model that will help create timely access to care for patients with less burdens for providers. It is important to have a full and comprehensive understanding of any tangible effects of any new models that are developed. This will create an opportunity for patients and providers to adjust accordingly before permanent changes are made. In that vein, we highly encourage CMS to use its regulatory authority to waive the requirements that physicians must document the face-to-face assessments performed by nurse practitioners and certify their plans of care. Removing these barriers would create cost savings for the program, increase efficiency and allow a patient's provider of choice to certify their need for HH care.

CMS has several tools at its disposal to enact these necessary changes: 1) it can issue an enforcement moratorium, such as that applied to supervision of outpatient therapy in critical access hospitals; 2) it can use its regulatory authority to expand the definition of physician utilized in this regulation to include nurse practitioners, similar to the diabetes outpatient self-management training program, recognizing that the language of the home health legislation is outdated and not reflective of how care is currently delivered in the home health program; 3) it can ensure that any state waivers or future care models allow clinicians, including nurse practitioners, to practice to the full extent of their education and clinical training. In fact, the Secretary can use his authority to do that with the Home Health Value-Based Purchasing model that is running right now. These changes are necessary to ensure that nurse practitioners can most effectively and efficiently utilize their clinical skills in the best interests of their patients and help the Medicare Program create greater efficiency in both cost and use of providers.

[1] 82 FR 35270, 35301.
[2] 82 FR 35270, 35273.

The proposals put forth by CMS underscore the need for changes in the home health regulations related to nurse practitioners. In this proposed rule, CMS has asked for input on how to decrease administrative burdens on providers. As we have stated, the rule itself would increase burdens on nurse practitioners and their patients. Nurse practitioners are forced to deal with burdensome, outdated and unnecessary regulations in order to provide home health care, despite the fact that they are the largest provider type delivering home health care over the largest geographic service area, and are qualified to perform these duties in their own practice settings. Nurse practitioners are authorized to provide home health care in the Medicare program and they should be able to do so to the full extent of their education and clinical training without undue burden.

As you seek to collect data or convene panels of experts to amass information to make your decisions in regards to the HH program, we implore you to involve nurse practitioners. We cannot stress enough the importance of including feedback from all providers, including NPs, as you are standardizing and utilizing data regarding patient care in home health programs.

We thank you for the opportunity to comment on this proposed regulation. We look forward to discussing these issues with you. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert
Chief Executive Officer