



September 9, 2019

Ms. Seema Verma

Administrator

Centers for Medicare & Medicaid Services Department of Health and Human Services

Attention: CMS -1711-P

Mail Stop C4-26-05

7500 Security Boulevard

Baltimore, MD 21244-1850

Comments Submitted Electronically to <http://www.regulations.gov>

Re: Medicare and Medicaid Programs: CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements

Dear Administrator Verma:

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), I am pleased to submit comments in response to the proposed CY 2020 Home Health Agency PPS. The Alliance is a nonprofit multidisciplinary trade association of physician specialty societies, clinical and patient associations whose mission is to promote evidence-based quality care and access to products and services for people with chronic wounds (diabetic foot ulcers, venous stasis ulcers, pressure ulcers and arterial ulcers) through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. These comments were written with the advice of Alliance clinical specialty societies and organizations who not only possess expert knowledge in treating complex chronic wounds, but also in wound care research. A list of our members can be found on our website: <http://www.woundcarestakeholders.org/about/members>. Our specific comments follow.

Requests for Anticipated Payment (RAP)

We have concerns with CMS’ proposal to reduce the RAP split percentage payment to 20% for existing HHAs beginning in CY 2020 with elimination of split percentage payments for all HHAs in CY 2021. The Alliance would like to recommend that CMS continue the practice of RAP payments for existing home health agencies as well as consider the cash flow requirements of new home health agencies who also have capitalization needs. Should CMS move forward with the elimination of RAPs, the Alliance supports the proposal of one of our member organizations comments. They stated the following:

We recommend that CMS phase out the RAP split percentage payment approach over a period of 3-4 years. Alternatively, or in conjunction with this transition, CMS could consider phasing out the split-percentage payment approach with bi-annual or quarterly reductions, allowing for a smooth transition until the split percentage payment approach is completely phased out. Smaller agencies and those in rural areas have a

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significant need for cash flow support; therefore, instituting a longer transition period will help agencies continue to remain financially viable, particularly with implementation of the 30-day unit of payment under the PDGM and the behavioral adjustment of 8.01%. With each transitional year, we urge CMS to monitor utilization patterns and trends of home health admissions, discharges, and delivery of therapy services, particularly in rural and underserved areas, and to examine whether any policy changes may be necessary to ensure continued beneficiary access.

Removal of Pain Measure and Survey Question

The Alliance strongly opposes the removal of pain measures from HH QRP and HHCAHPS. Citing the removal factor for measures that can lead to negative unintended consequences other than patient harm, the proposal seeks to remove the “Improvement of Pain Interfering with Activity” Measure starting in 2022 as an effort to “mitigate any potential unintended, over-prescription of opioid medications inadvertently driven by these measures”. CMS reports the elimination of the measure is in line with the agency’s broader efforts to address the opioid epidemic.

Pain is a valid issue and pain management is essential to quality of life for a wound care patient. Wounds are painful. The treatment to help a patient with a chronic wound is painful. The goal of optimal functioning to attain and maintain the highest practicable quality of life is embedded in post-acute care policies. We appreciate CMS’ recognition that pain management is a vital part of achieving that optimal functioning. However, there is no evidence to suggest that the use of these measure or any other pain measures is linked to opioid misuse.

The Alliance strongly disagrees with CMS’ proposal to eliminate pain measures from the HH QRP as well as the removal of Question 10 from all HHCAHPS Surveys. HHCAHPS reflects patient experience, and pain remains an issue that is important to patients served in the home health setting. Regardless of the use of opioids, it is important for a provider to have a discussion with the beneficiary regarding whether he or she has pain, to ensure that the beneficiary receives appropriate care. As such, the Alliance **strongly recommends that HHCAHPS Surveys continue to include this question and CMS NOT remove pain measures from the HH QRP.**

CONCLUSION

On behalf of the Alliance of Wound Care Stakeholders, we appreciate the opportunity to submit these comments. If you have any questions or would like further information, please do not hesitate to contact me.

Sincerely,



Marcia Nusgart R.Ph.

Executive Director