



August 25, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services (CMS)
CMS-1648-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically to www.regulations.gov

RE: CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements

Dear Acting Administrator Slavitt:

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), we are pleased to submit the following comments in response to the proposed changes to the Medicare and Medicaid Programs; CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements. The Alliance is a nonprofit multidisciplinary trade association of physician medical specialty societies and clinical associations whose mission is to promote quality care and access to products and services for people with wounds 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 that not only possess expert knowledge in complex chronic wounds, but also in wound care research. Since many of our members do treat patients in the home health care setting, we have a vested interest in this policy. A list of our members can be found at: www.woundcarestakeholders.org.

The focus of our comments on this proposed rule is in regards to the implementation of the newly created statutory benefit to pay home health agencies separately for disposable Negative Pressure Wound Therapy (NPWT). We request that the Agency clarify the section regarding payment for the time that the home health agency provides the disposable NPWT since the language is confusing. As we state below, our recommendation is that in addition to paying for the disposable NPWT device, CMS also pay the home health agency the nursing time and travel for initial and subsequent visits to those patients requiring home health services who can benefit for the use of disposable NPWT.

More specifically, CMS is proposing when only a new disposable NPWT device is applied during a home health visit, that neither the travel nor the nursing/therapist visits will be counted in the HHA

report. However, when the statutory benefit for disposable NPWT was created, it specified separate payment for the disposable NPWT device, but did not state that the separate payment included the travel and nursing/therapist time for the home health visit.

The Alliance believes that it is appropriate for the home health agency to report all visits relating to the beneficiary's wound care on bill type 32x and report the provision of the disposable NPWT device on bill type 34x. In other words, the home health agency should report a home health visit to account for the time it took to travel to the patient and provide all aspects of wound care to that patient, even if the visit is conducted exclusively for the provision of wound care with a disposable NPWT device. Because the statutory benefit for disposable NPWT sets a separate home health payment for the disposable NPWT device only, it is inappropriate for CMS to propose to have a home health agency not include the necessary nursing/therapist time and travel to treat a patient requiring home health services who can benefit from the use of disposable NPWT.

In other words, we believe that a home health agency will be significantly impacted by the non-representation of the actual time, effort and resources that were used in not only traveling to a patient's home but also in providing all aspects evaluation and treatment of the patient's wound before application and instruction for receiving disposable NPWT. We do not believe home health agencies should absorb the cost of that care.

Along these lines, the Alliance does not believe that the current proposed OPSS rate is adequate to cover all nursing/therapist time related to the care of a patient requiring disposable NPWT and the cost of the product. While the OPSS rate may cover the initial cost of the nursing/therapist time for the cost of the disposable NPWT device, the Alliance recommends that CMS permit the nursing/therapist time to be included on the home health claim for all visits related to the patient's wound care using a disposable NPWT.

Therefore, the Alliance recommends that any nursing/therapist time and travel for the provision of disposable NPWT for initial and subsequent visits be reported on bill type 32x and the disposable NPWT device reported on bill type 34x. This will ensure that the home health agency is paid for the actual time, effort and resources it will expend in having a nurse or physical and/or occupational therapist travel to a patient's home and provide all aspects of wound care to their patients receiving disposable NPWT for both the initial and subsequent visits.

The Alliance has other concerns regarding this proposal, but we defer to the comments submitted by our member organizations including but not limited to the Visiting Nurses Association of America (VNAA), American Physical Therapist Association (APTA) and the Wound Ostomy Continence Nurses Society (WOCN). The Alliance urges CMS to consider the recommendations of these organizations and adopt them prior to this proposed rule becoming finalized.

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.

Marcia Nusgart R.Ph.
Executive Director