

August 29, 2014

Ms. Marilyn Tavenner, Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services Attention: CMS-1611-P Mail Stop C4-26-05 7500 Security Blvd. Baltimore, MD 21244-1850

Re: CMS – 1611-P: CY 2015 update to the Home Health Agency PPS

Dear Administrator Tavenner;

On behalf of the Alliance of Wound Care Stakeholders ("Alliance"), I am pleased to submit the following comments in response to the proposed regulation on the Home Health Agency Prospective Payment Update for CY 2015 and specifically within this proposed rule – the Face-to-Face Requirement. The Alliance is a nonprofit multidisciplinary trade association of health care professional organizations 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. Our clinical specialty societies and organizations not only possess expert knowledge in complex chronic wounds, but also in wound care research. A list of our members can be found at www.woundcarestakeholders.org.

The Alliance appreciates and strongly supports the elimination of the required physician narrative for the face-to-face encounter. Our physician providers have been reluctant to refer patients to necessary home health services due to the significant operational challenges presented under the prior face-to-face requirements. We support the clarification of the face-to-face encounter documentation requirement to ensure eligible beneficiaries can quickly receive necessary home health services and that home health providers will be reimbursed for such services.

However, in the proposed rule, CMS assumes that physician patient records or notes will be examined to find evidence of homebound status but does not offer specific guidance, nor does CMS provide any guidance to assist physicians in understanding what constitutes "sufficient" documentation of the patients eligibility to receive home health services. We urge CMS to further clarify the reporting of the face-to-face encounter by proactively indicating that home health provider agencies may utilize existing documents such as the plan of care that can incorporate a field for the physician encounter date.

Furthermore, in its report entitled, "Limited Compliance With Medicare's Home Health Face-to-Face Documentation Requirements (OEI-01-12-00390, April 2014)", the OIG identified several concerns regarding the home health face-to-face requirement. Specifically, the OIG recommended that CMS develop a standardized form to clarify the required elements for documenting the face-to-face requirement and that CMS

include a strategy to communicate the face-to-face encounter documentation requirements directly with physicians. The Alliance supports these recommendations and would urge CMS to adopt them prior to this rule becoming final.

Moreover, the proposed rule does not provide home health agencies with any relief or clarity regarding claims that have been submitted or will be submitted before the proposed changes would go into effect in January 2015. Similarly, the proposed rule does not provide any relief or clarity for claims that are currently under review and appeal. As such, the Alliance urges CMS to direct Medicare auditors to immediately accept the new CMS guidance rather than require implementation of the final rule on January 1, 2015.

Finally, one of our Alliance participating organizations, the American Physical Therapy Association, has submitted comments with respect to this proposed rule. Within their comments, APTA urges CMS to extend the current proposal of therapy reassessment from every 14-calendar days to every 30-calendar days. The Alliance agrees with this recommendation and urges CMS to adopt this extension of the current policy.

The Alliance appreciates the opportunity to provide our comments. If you need more information or have any questions, please do not hesitate to contact me.

Sincerely,

Marcia Nusgart, R.Ph

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**Executive Director**