



August 26, 2016

Honorable Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically to regulations.gov

Re: CMS-1648-P, [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 American Nurses Association (ANA), we are pleased to comment on the proposed rule concerning the calendar year (CY) 2017 [Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements](#). As the only full-service professional organization representing the interests of the nation's 3.6 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, and outcomes and advance access to health care across the health care continuum.

ANA encourages the Centers for Medicare & Medicaid Services (CMS) to carefully evaluate the concerns expressed by the Alliance for Home Health Quality and Innovation (the Alliance) regarding the potential impact of payment reductions on vulnerable populations including older, sicker and poorer patients, home health users with mental illness/behavioral health issues, and racial and ethnic minorities that experience disparities in care outcomes. Further, in light of the potential impact on the delivery of clinically appropriate care critical to quality outcomes, and access to

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

8515 Georgia Ave., Suite 400
Silver Spring, MD 20910
www.nursingworld.org

comprehensive, effective care for vulnerable populations, ANA urges CMS to carefully consider the Alliance's recommendation to eliminate the per day and per week caps on certain patient groups, and to further evaluate the impact of outlier policy changes on insulin-dependent diabetic patients.

CMS seeks comments on the proposed use of a Linear Exchange Function (LEF) to translate a home health agency's Total Performance Score into a value-based payment adjustment percentage, with the LEF computed separately for smaller volume and larger volume cohorts. To avoid having one outlier skew payment adjustments, CMS proposes to require smaller volume cohorts to have at least eight submissions in order to conduct a comparison for purposes of the payment methodology. ANA supports the Alliance's call for additional information on this analysis to determine the impact of the proposed number for determining small volume cohorts.

ANA supports CMS' efforts to streamline measures to develop a parsimonious set of high-impact Home Health Value Based Purchasing (HHVBP) measures, as well as the rationale to remove four measures (Care Management: Types and Sources of Assistance; Prior Functioning ADL/IADL; Influenza Vaccine Data Collection Period; and Reason Pneumococcal Vaccine not Received).

The Alliance has also identified concerns with a number of proposed measures under consideration. ANA agrees with the Alliance's concerns and supports the Alliance's recommendations regarding the IMPACT Act measures. These include a proposed measure to hold home health providers accountable for Medicare payments within an episode of care, Medicare Spending per Beneficiary (MSPB), in post-acute care settings, and a measure concerning discharge of patients to community care (both areas where CMS reports that they could not identify a National Quality Forum (NQF)-endorsed resource use measure). The Alliance also identifies concerns with the potentially preventable 30-day post-discharge readmission measure and the medication reconciliation measure. Again, ANA encourages CMS to carefully consider these comments and modify the measures accordingly. ANA also supports the Alliance's request that CMS use further testing, validating, and self-reporting of each of these measures and submit for NQF endorsement.

ANA also wants to emphasize and support a number of comments and recommendations set forth in the comment letter submitted by the Visiting Nurse Associations of America (VNAA). As discussed by VNAA, the proposed negative payment reduction (by 1.0 percent, or \$180 million based on the proposed policies) could devastate the ability of home health agencies to provide critically needed services. We also request that CMS carefully consider VNAA's comments concerning the four-year phase-in of rebasing, the proposal to implement a 0.97 percent reduction to the national, standardized 60-day episode rate in CY 2017 to account for nominal case-mix growth from 2012 to 2014 (prior to rebasing), the proposed adjustments to the case mix weights, and the comments regarding the proposed reduction of the estimated market basket adjustment. With regard to the Home Health Conditions of Participations (CoP) and the requirement that home health agencies submit OASIS assessments as a condition of payment and for quality measurement purpose, we agree with VNAA's request that CMS carefully monitor this implementation and provide notice when agencies are falling short of the requirements to ensure time to implement remedies. We also reiterate VNAA's request that CMS publish the revised CoP as soon as possible.

In summary, ANA supports the Alliance's request that CMS consider the role and value of home health care in the overall health care system as it makes changes to the home health prospective payment system, as well as the VNAA comments noted above. Home health is an essential current and future hub for access to patient-centered skilled nursing care based on patient needs, including care coordination and access to nurses with specialty certifications and advanced practice nurses, and to broader interprofessional team-based care that focus on meeting patient-driven goals in vulnerable populations that require complex care.

We appreciate the opportunity to share our views on this proposed rule and support some of the concerns identified by the Alliance and VNAA. If you have questions, please contact Maureen Dailey, PhD, RN, WOCN, Senior Policy Advisor, Health Policy (Maureen.Dailey@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director / Executive Vice President

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer