

August 31, 2020

Ms. Seema Verma  
Administrator, Centers for Medicare and Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Medicare and Medicaid Programs; CY 2021 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Home Infusion Therapy Services Requirements**

Dear Ms. Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule in regard to its effects on those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is composed of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

**The Use of Technology under the Medicare Home Health Benefit**

We support the use of telehealth for those living with advanced illness as a way to improve access to care and provide more ongoing monitoring of chronic conditions. The need for such access and monitoring will continue even after the COVID-19 pandemic ends and, for that reason, we are in agreement with the permanent changes this proposed rule makes for those beneficiaries receiving home health services. We also appreciate the proposed rule's clarification that, "the use of telecommunications technology would be determined based on patient needs identified during the comprehensive assessment and would be included as part of the individualized plan of care established and reviewed by the physician who establishes the plan of care." Home Health agencies (HHA's) should determine which type of visit is called for based on the patient's plan of care. While some follow up can easily be done remotely, the whole purpose of home health services is to provide hands on care in the home. We feel telehealth services can be complimentary for home health services, not a replacement. Our only recommended change be that you substitute "nonphysician provider" for physician since other providers seen patients for home health.

Additionally, we ask that you provide clarification or revise the proposed rule to allow telehealth visits to take place via audio only for those beneficiaries who lack video technology, broadband, or cell phone coverage. As CMS has so eloquently articulated in other rules, audio-only is a necessary option for some beneficiaries as a way to ensure equitable access to needed medical services.

### **CY 2022 HH Quality Reporting Program (QRP)**

We suggest the addition of the following two measures to this program:

- Advance Care Plan -NQF #0326; CMS Quality ID #047- Advance care planning is a key activity for those with advanced illness, as identifying their goals and values should result in more personalized care plans. (For that reason, this measure should be included in *all* Medicare programs.) Of course, patients have every right to decline to participate in advance care planning, but that refusal could be noted, and the participating HHA should not be penalized as a result.
- Timely and appropriate referral to hospice. The eligibility requirements for home health services mean HHA's provide care to patients with advanced illness. As such, there is often a time when the transition to hospice should be considered. Adding a required measure about timely and appropriate referral to hospice would ensure that hospice is considered and that the patient's eligibility for hospice is evaluated and offered when appropriate. The existing NQF measure #457 (NQF 0216): Proportion Admitted to Hospice for less than 3 days- National Quality Strategy Domain: Effective Clinical Care, could be used for this purpose.

An additional concern we want to highlight for the QRP is the steady decline in CAHPS responses, from a not very high 33% in 2014 to the current 27%. At some point, these results will no longer be meaningful, if they are already now. We would encourage you to work with the CAHPS vendors to find ways to continue to get adequate response rates so this data can fully inform home health programs going forward.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact Dr. Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or [mgrant@thectac.org](mailto:mgrant@thectac.org).

Sincerely,

*Marian Grant*

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