



January 25, 2022

William N. Parham, III
Director
Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Paperwork Reduction Staff
Attention: CMS-10599
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted via regulations.gov

Re: Renewal of Collection of Information: Review Choice Demonstration for Home Health Services (CMS-10599)

Dear Director Parham:

The Partnership for Quality Home Healthcare (the “Partnership”), a national coalition of skilled home healthcare providers dedicated to serving homebound seniors and disabled Americans, appreciates the opportunity to comment on the notice entitled Agency Information Collection Activities: Proposed Collect; Comment Request (the “notice”) published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on November 26, 2021, regarding the Review Choice Demonstration for Home Health Services (Form Number: CMS - 10599)¹.

We appreciated CMS’ openness to the input of home health providers as part of the implementation of this demonstration in 2018 and for incorporating a number of our recommendations into the policy and process for the Review Choices Demonstration (RCD). As we commented at that time, the Partnership supports home health policy reforms that balance the goals of improving the quality of patient care, access to care, the efficiency of care delivery, and the integrity of the Medicare program. We continue to believe that home health policy and process reforms should be implemented in a way that is least burdensome for stakeholders and supports high quality patient care. However, our experience with the Home

¹ 86 Fed. Reg. 67473 (November 26, 2021),

Health RCD has been that the overall burden and complexity of the demonstration continues to provide significant challenges for home health providers, particularly as they face the ongoing demands of the COVID-19 pandemic, staffing shortages, and other difficulties in delivering care to patients. We recognize that CMS intends to move forward with the demonstration but believe that improvements to address administrative burden, transparency and oversight, and IT infrastructure are needed and must be implemented before any expansion of the Home Health RCD occurs.

We are providing our comments on the RCD with the hope that CMS will take steps to streamline the demonstration and make it work more effective in the significantly more challenging health system that providers, patients, and other stakeholders face today.

I. Issues of Concern with Review Choice Demonstration

As noted above, home health providers continue to experience a wide range of challenges associated with the COVID-19 pandemic, like other sectors of the health system. These include well documented staffing shortages and significantly higher labor costs, shortages of critical supplies, enhanced infection control, and other changes in care delivery necessitated by the pandemic. These challenges place extraordinary demands on providers both administratively and in the delivery of care.

The Partnership believes that CMS can incorporate changes to reduce the burden of RCD, improve efficiency, and make the demonstration work more effective for both providers and patients while continuing to address CMS' program integrity needs. These improvements are needed now and certainly prior to any further expansion of the Home Health RCD to other states. Such changes will have benefits both during the current public health emergency and beyond.

We offer the following recommendations for CMS' consideration in three general areas.

Administrative Burden

We believe the administrative burden of the Home Health RCD is dramatically underestimated by CMS. For example, some Partnership members have reported that the impact of the initial roll-out of the demonstration in Texas caused an increase in overall administrative and general expenses for their home healthcare providers of up to 20 percent. The enhanced administrative effort and related cost is incurred regardless of whether individual providers are subject to pre-claim review or have graduated to spot checks due to achieving a 90 percent affirmation rate. This requires a close examination of Home Health RCD requirements. The Partnership has the following recommendations with respect to administrative burden and encourages CMS to seek other efficiencies in its processes:

- As a result of the implementation of the Patient-Driven Groupings Model (PDGM) and moving from a 60-day episode to a 30-day period, the second submission packet for admission affirmation under the Home Health RCD contains the same clinical documentation sent during the initial period for the first submission packet. This requirement creates an unnecessary and burdensome step for providers and should be eliminated.
- The Home Health RCD continues to create a significant burden on home health agencies as they work with their referral sources, such as physicians and non-physician practitioners, who must provide documentation of a face-to-face (“F2F”) encounter to certify a beneficiary’s eligibility for home health. These referral sources are not at risk of payment denials, like home health providers, but their documentation is a frequent cause of non-affirmation for RCD submissions. The burden on the home health agency to go back and clarify documentation with the referral sources is considerable. In addition, it can cause significant delays in payment. We recommend that CMS do more to educate referral sources in RCD states and refine its processes to address this concern.
- There is considerable ambiguity in the process for transitioning between stages of the RCD which creates challenges for providers. Understanding which patients will still be required to undergo the pre-claim review and which will be eligible for spot check after the six-month window lacks clarity. This is particularly challenging where providers experience delays in receiving signed orders or other documentation. CMS relies on a cut-off date to begin a new stage of the RCD; however, this often does not align with the actual claim submission. As a result, providers are forced to submit claims to the portal then wait and see which form is accepted. This often leads to delays in payment and unnecessary burden through duplicate submissions. We recommend CMS take steps to address this ambiguity and ensure this transition phase is seamless for providers.
- Providers also report that claims that have been submitted through the RCD process and received approval are still subject to additional post-payment review, often from a different Medicare contractor (e.g., Uniform Program Integrity Contractor) even for providers that have a 90 percent affirmation rate. These duplicate reviews place a significant administrative burden on providers, are unnecessary, and defeat the purpose of the RCD. We recommend that CMS eliminate duplicate reviews for RCD claims.

Education and Transparency

The Partnership believes that comprehensive education of review staff at the Medicare Administrative Contractors (“MACs”) on the requirements of the home health benefit is critical to the effective operation of the RCD and ensuring the confidence of providers and access for patients. In addition, more comprehensive monitoring and transparency of the Home Health RCD results would help inform patients, providers, and other stakeholders about the impact of demonstration and the need for refinements. Specific recommendations are below:

- Based on our members' experience, during the initial months after expansion into a new RCD state, there are increased non-affirmation rates due to new review staff at the MACs having a lack of familiarity with the Medicare coverage criteria for the home health benefit. This occurred as the RCD expanded from Illinois to Ohio, Texas, and Florida, where new staff were added by the MACs to deal with the increased number of claims subject to review. This results in additional burden on home health providers who must go back and forth with the MACs to clarify existing policy and resolve claims issues. We recommend more comprehensive training for MAC reviewers on Medicare coverage criteria, particularly as CMS expands the Home Health RCD into a new state.
- The Partnership also recommends that education be standardized and that there be ongoing oversight by CMS to ensure that review criteria are applied consistently. Our members' experience has been that similar and even identical submissions may be approved by one reviewer and denied by another at the same MAC. For example, subsequent submission packets after approval of an initial submission (i.e., the second 30-day period submission within a 60-day episode), which contain the exact same information as the initial approved submission, have been denied affirmation due to differing interpretations of the home health benefit requirements by MAC reviewers. This creates disruption in payments and burden as home health providers engage the MAC to resolve issues.
- We recommend that CMS and the MACs release more data on the impact of the Home Health RCD on both patients and home health providers. This will help inform stakeholders on the effectiveness of the demonstration, its impact on patient access, and the need for improvements to the Home Health RCD. Specifically, our members are interested in seeing the total number of claims submitted for affirmation; the number of partial and fully affirmed claims under RCD; and the number of patients who were unable to access home health services due to non-affirmation of a claim. The data should be organized by state; type of patient (PDGM clinical classification); and year.

Information Technology (IT) Infrastructure

CMS' IT infrastructure for the Home Health RCD could be updated and improved to reduce burden and work more efficiently for providers. Under the RCD, many agencies have staff who are solely responsible for tracking submissions to ensure they are making it to the correct destination and that responses are received prior to billing. This represents a significant burden and cost for providers. We note the following specific concerns and recommendations.

- The process for submitting affirmation packets to the MAC for review is not fully automated. There is only one interface, *e-solutions*, which works with the MACs' platform and home health providers must still manually upload/download each file and

piece of documentation into the portal. This process is very time consuming, not scalable, and creates a significant burden for providers and their staff.

- CMS and the MACs should eliminate duplicate submission requirements within the automated system. For example, a standard eligibility questionnaire is imbedded into a cover document which providers must complete. However, all of this information is already included in the plan of care and other documentation submitted to the MAC. In addition, in order to successfully submit through the current portal, providers must submit seven attachments that are no longer required as part of the demonstration.
- Our members note that there is no Application Programming Interface (API) option in the system for the Home Health RCD. This creates heightened risk with respect to Protected Health Information (PHI). The Partnership recommends that CMS address this concern.

II. Conclusion and Recommendations

Thank you for the opportunity to comment on this notice of collection for the Home Health RCD. The Partnership appreciates the steps that CMS has taken in recent years to address many of our concerns and comments around this demonstration program as it has evolved. As an important segment of the health system comprised of skilled caregivers and dedicated administrators committed to serving Medicare patients, we support CMS' efforts to enhance the integrity of the Medicare program. As CMS seeks to continue and expand this demonstration, we urge the agency to take steps to reduce the burden it imposes and provide greater transparency around its impact on providers and patients before such expansion occurs. Given the numerous challenges currently faced by home health providers related to the pandemic and work force constraints, we urge you to consider our comments to the notice carefully and take action.

Again, the Partnership very much appreciates CMS' past efforts to address our concerns with the Home Health RCD as well as this opportunity to respond to this notice to renew Agency Information Collection Activities. Please do not hesitate to let me know if you have any questions or if we can ever be of assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joanne Cunningham", with a stylized flourish at the end.

Joanne E. Cunningham
Executive Director
Partnership for Quality Home Healthcare

CC:

Dara Corrigan
Deputy Administrator and Director, Center for Program Integrity

Connie Leonard
Director, Provider Compliance Group