August 15, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Medicare Program; Calendar Year (CY) 2023 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Expanded Model Requirements; and Home Infusion Therapy Services Requirements [CMS-1766-P]

Dear Administrator Brooks-LaSure:

The National Association of Rehabilitation Providers and Agencies (NARA) represents over 80,000 physical therapists, occupational therapists and speech language pathologists through our member organizations who provide therapy across the United States to Medicare beneficiaries. They provide therapy in all settings across the continuum such as outpatient clinics, skilled nursing facilities, assisted living facilities, retirement communities, hospital inpatient and outpatient, and in the beneficiary's home. As a member-driven organization, NARA promotes best practice and business success of physical therapy, occupational therapy, and speech-language pathology providers through education, support, and advocacy. NARA's membership demographics give us a unique insight into payment and quality programs for home health providers. We appreciate the opportunity to provide the following comments related to the above proposed rule.

Market Basket Payment Update

We appreciate the market basket update especially as health care providers particularly physical, occupational and speech language pathology providers continue to struggle with staffing shortages, year over year reimbursement decreases and continued impact of the pandemic. The net market basket increase of 2.9% does not even begin to touch the increase in staffing expenses, general expenses and inflation. We are most severely concerned with the overall payment reduction of 4.2% including the behavioral changes permanent adjustment to PDGM base rates of 7.69%. This is a very aggressive cut to home health providers and will have disastrous results not only for providers but for access to care for Medicare beneficiaries.

Patient-Driven Groupings Model (PDGM) and Behavioral Assumptions Permanent Adjustment
Comparing simulated data from CY 2018 and CY 2019 to data from CY 2020 and CY 2021 is not comparing like data – it is basically comparing apples to oranges. During the COVID-19 outbreak, there were many functions within healthcare systems impacted because of providers taking measures to keep beneficiaries and staff safe. These measures are still being taken today as we continue to see outbreaks from the emergence of variants. The proposed rule noted that more beneficiaries were classified in the high impairment category than was originally projected. We believe this is directly related to the public health emergency (PHE), rather than provider behavior. Beneficiaries who typically would have been discharged from the hospital to a skilled nursing facility were discharged to their homes or the homes of family members with home health services. These patients demonstrated a higher acuity resulting in a higher functional impairment and less tolerance for therapy services. This coupled with a shortage of therapists and the inability for home health providers to utilize telehealth as a tool to meet patient needs or to provide supervision to therapy assistants when a therapist was unable to provide the service directly has made it difficult to provide the full range of services home health providers provided pre-PHE.

NARA strongly disagrees with the CMS' decision to permanently adjust 7.69% to the 30-day payment rate in CY 2023. When PDGM was initially introduced, CMS acknowledged there would be behavioral changes. However, CMS also indicated that there would be program utilized to determine where their behavioral changes occurred to maintain program integrity. NARA recommends CMS analyze individual provider behavior compared to the functional impairment levels to determine the root cause of the changes in care delivery. Also, CMS should consider the following when reviewing the PDGM data in consideration of making such a deep and paralyzing cut to providers:

- Were the changes in amount of therapy provided based on the higher acuity of the patient?
- Were the outcomes of the services provided in line with the plans of care?
- Was the number of rehospitalizations impacted by the behavioral changes?

In our comment letter dated September 19, 2019, we expressed concern that the change in payment models would cause a drop in the amount of therapy provided. While NARA members know the benefits therapy has in preventing rehospitalizations, it may not always be forefront in all agency minds with higher acuity level patients, which has been consistently higher than before the pandemic. NARA strongly encourages CMS to reconsider this adjustment until such time when CMS has actual evidence of provider behavior change. and CMS can substantiate and identify those providers who are displaying these assumed behaviors.

Home Health Value-Based Purchasing Model

NARA is supportive of updating the HHA baseline year from CY 2019 to CY 2022 for existing HHAs. Patient profiles have changed significantly from CY 2019 to CY 2022 thus this is a better refection of the beneficiaries HHAs are treating.

Collection of Data on Use of Telecommunications Technology

NARA greatly appreciates CMS soliciting comments on the collection of data on the use of services furnished using telecommunications technology. While CMS made it possible for most other provider types to provide occupational therapy, physical therapy, and speech-language pathology practitioners via telehealth during the COVID-19 PHE; home health agencies (HHA) have not able to report therapy services provided via telehealth on claims. While this tool was utilized in the early days of COVID, the use has dropped significantly because it is not considered a reimbursable visit; however, NARA and our members believe it could be a valuable tool to prevent patients from declining especially during a pandemic and due to the healthcare staffing shortage crisis.

During the PHE and outbreaks, patients have been unwilling to have multiple health care practitioners in their homes due to concerns of exposure to COVID-19. Therefore, patients are limiting or declining therapy services to reduce the risk of exposure to, contracting or spreading the virus. By limiting therapy, patients are at an increased risk for major falls in the home, declining functional status and reduced abilities to complete activities of daily living (ADLs), and creating significant risk for hospital admissions. NARA strongly urges CMS to allow telehealth visits to contribute to the episode payment and allow providers to replace some of the required in-person home visits under the Home Health Prospective Payment System. This telehealth solution would help ensure that beneficiaries continue to have access to the complete continuum of care expected from home health practitioners under a HHA plan of care and ensure that HHAs are appropriately reimbursed for these medically necessary services.

Telehealth services have been an especially useful tool in meeting the needs of beneficiaries in rural and underserved areas. During the ongoing staffing shortage, it has been especially difficult to find therapists in these areas to provide care in line with the plans of care. If HHA were able to utilize telecommunications when appropriate, like in other settings, beneficiaries' length of stay may be able to be decreased as they would progress quicker to their goals. The inability of HHA to utilize telehealth tools in rural and underserved areas especially creates an issue to access to services beneficiaries have been referred to by their physicians.

NARA members have found their patients receiving telehealth services in other settings have expressed satisfaction and appreciation of the ability to participate in care remotely during the PHE. Specifically, patients have expressed appreciation of the ease of use of many of the telehealth platforms through which providers have developed or subscribed. In addition, most patients have reported that their needs were met through telehealth in a similar way to their in-

person care experience. Many have commented on the convenience of accessing care remotely while maintaining social distancing during the PHE and expressed the desire to continue to have telehealth as an option even after the COVID-19 pandemic emergency is over. Others have highlighted increased access to care especially in more rural areas and underserved regions. NARA sees the opportunity to recognize all these benefits in the home health setting if telehealth was expanded.

NARA strongly urges CMS to consider all possibilities for making the current telehealth waivers permanent and expanding to the home health setting. This would not only help support containing the spread of COVID-19 but also allow providers to better serve the therapy needs of patients in rural or underserved communities who would need to travel great distances to receive timely, effective care. Therapy interventions delivered through an electronic or digital medium have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions or readmissions. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the therapist can evaluate and treat the patient within the real-life context of the home environment.

NARA does not recommend implementing 3 new G-codes to track this on claims as this would be an administrative burden to providers with staffing training and software updates. We recommend CMS utilize existing codes with the -95 modifier to track on the claims.

Thank you for the opportunity to comment on these vital areas. Should you have any questions concerning these comments, please contact Christie Sheets, NARA Executive Director at 765-730-9757 or via email at christie.sheets@naranet.org.

Respectfully submitted,

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