



April 17, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

On behalf of the Partnership for Quality Home Healthcare (PQHH), a coalition of national home health care providers focused on improving and enhancing the Medicare home health care program, we write to first and foremost, thank you for your ongoing leadership in combatting the COVID19 public health crisis. The Partnership is very grateful for your highly engaged presence in the nation's response to COVID19, your efforts to work collaboratively with home health care providers, and your receptiveness and leadership in designing a response to COVID19 that is focused on problem solving, effective care delivery, and aggressive mitigation of COVID19. In addition, the Partnership would also like to extend a special appreciation for the work of your staff at CMS, who have been unwavering in their hard work and dedication in the COVID19 response. You and your team at CMS are true public servants.

The Partnership appreciates the many Medicare waivers, flexibilities, and guidance that CMS has already issued through the Interim Final Rulemaking process as well through guidance and other CMS documents to address the unprecedented public health emergency (PHE). These flexibilities have been necessary and have gone far toward helping to mitigate the upheaval that the home health provider community and our patients have experienced. As you know, the nature of this crisis is like nothing the nation has ever experienced and the entire health care sector (including the home health provider community) has been challenged in ways that were not imaginable. Home health providers are experiencing significant difficulties in providing critically needed care to existing Medicare patients (whose fears about COVID19 infection cause them to restrict access to the home), a severe reduction in referrals from hospitals, nursing homes and physicians, and a significant increase in low utilization payments (LUPA payments) in place of full episode payments for existing patients. In addition, staffing challenges are widespread, with personal protective equipment (PPE) in short supply and increased costs for training, screening and other activities related to COVID19. In short, patient census is significantly down, costs are up and the usual processes for addressing concerns and challenges in the home health field are ill suited for the COVID19 environment.

To assist in meeting some of the most persistent challenges we face in providing care to patients during this PHE, we respectfully request that CMS extend the additional flexibilities described below for the

duration of the PHE. We believe these actions would go far in providing the necessary tools to the home health provider community to effectively care for our patients:

Payment for Telehealth: As you know, new federal waiver authority has encouraged and expanded the use of telehealth by many provider groups and allowed payment for it. This is welcome news and goes far to recognize the challenges of patient care in the current crisis, and the need for greater use of telehealth in care delivery. CMS provided additional guidance to home health providers, encouraging providers to utilize telehealth and maximize opportunities to care for patients using telehealth but indicated that it would not allow these telehealth encounters to count as in-person visits for purposes of payment. The lack of payment for these telehealth visits is causing extreme hardship for providers by dramatically increasing their LUPA visits (our early data indicates that most providers are experiencing at least a doubling of their 2019 LUPA visits). While telehealth visits certainly do not take the place of in-person visits, during the PHE, it would make policy and public health sense to facilitate telehealth for home health providers by instituting a temporary payment mechanism to count them as in-person visits. To that end, the following are some suggestions regarding mechanisms to accomplish this:

1. CMS could grant enforcement discretion with respect to Section 1895(e) to allow visits using technology to replace in person visits under the home health payment system.
2. CMS could use an Administrative Order to provide some level of payment for virtual home health visits.
3. CMS could establish through an interim final regulation the ability for home health agencies (HHAs) to be paid directly for an episode of virtual visits provided in conjunction with an established care plan.

Flexibilities Surrounding Signed Orders and Certifications: As you know physicians or nurse practitioners must sign written orders and certify in writing that patients are eligible for home care in order for HHAs to bill for services. The COVID19 crisis has resulted in significant disruptions in our existing physician and practitioner communications systems and processes. In some instances, with the complete shutdown of physician offices, it is nearly impossible to obtain signed orders, including by fax, courier, staff outreaches and portals. This is highly disruptive to patient care. Obtaining timely physician orders has always been a challenging part of the home health documentation requirements but the current environment has made this an untenable situation and one that requires a whole new level of administrative burden, including a renewed and persistent effort to encourage the use of electronic portals. During a PHE of this nature, our efforts are compounded by additional pressures on physician offices which are challenged in managing their patient populations despite stay at home orders, staff health and safety concerns, and office closures. Providing needed flexibility surrounding signed physician orders would provide relief to HHAs, our physician partners, and help ensure access to care for our patients. The following are some suggested approaches that would offer needed relief and ensure continuity of care, expedited safe discharges, and reduce unnecessary and costly staff administrative burden resulting from by COVID19:

1. CMS could waive or suspend the requirement that HHAs secure signed and dated physician orders and eligibility certifications during the Covid19 pandemic emergency. Medicare billings based on verbal orders and certifications should be permitted for the period of the PHE,

provided the HHA maintains detailed documentation of the orders and certifications by professional staff at the HHA.

2. CMS could provide clarification surrounding the new plan of care (POC) requirement that required documented care plan changes (signed by physicians) to allow for the incorporation of telehealth visits. CMS could allow for the POC change to be done with verbal physician orders, with appropriate documentation by HHA clinical staff (without additional new documentation required from the physician).

Again, we appreciate your leadership and the work of CMS in providing assistance to both providers and patients during this crisis. We look to your continued leadership to provide additional flexibilities that will address the remaining critical challenges facing home health providers in this crisis. We also appreciate your awareness of home health providers maintaining a place in the prioritization of PPE, particularly as our homebound populations with COVID19 or suspected of COVID19 infection will continue to grow and we must keep these patients safely in the home as long as possible.

Finally, the home health industry is committed to playing an even larger role in the health care system's response to mitigating and combatting the COVID19 crisis. We stand ready to assist in every way possible to help solve existing and emerging problems in the health care delivery system. We would be happy to talk more about innovative ways that we can continue to assist you and your colleagues in the White House COVID19 Task Force in combatting COVID19.

Thank you for your consideration and we look forward to continuing to work together.

Sincerely,

The Partnership for Quality Home Healthcare

LHC Group

Encompass Health - Home Health & Hospice

Kindred at Home

Pruitt Health

Elara Caring

Bayada Home Health Care

VNA Health Group

Abode Hospice and Home Health

Alternate Solutions Health Network

Traditions Health

Team Select Home Care

Graham Healthcare Group