April 5, 2016

***VIA ELECTRONIC FILING:***

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Centers for Medicare and Medicaid Services

Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850

Re: Home Health Prior Authorization

Dear Sir/Madam:

The undersigned organizations appreciate the opportunity to comment on the Paperwork Reduction Act notice of information collection activity for the Centers for Medicare and Medicaid Services’ proposed home health prior authorization demonstration. We are deeply concerned that prior authorization would delay beneficiaries’ access to services, increase costs to the Medicare program and taxpayers, and place burdensome requirements on providers. In light of these factors and the specific issues detailed below, we urge you to rescind this proposal and instead engage stakeholders in a process to develop targeted solutions to protect and strengthen Medicare program integrity.

Prior authorization for home health and, indeed, all Medicare-covered services would create a barrier to the time-sensitive delivery of physician-ordered care. Due to their advanced age and complex conditions, millions of Medicare beneficiaries are not in a position to wait for prior authorization to be processed. Indeed, we note that prior authorization would violate the prompt delivery of care that is a Condition of Participation for home health agencies and numerous other providers. Further, the resulting delay in care initiation may lead to a number of avoidable, clinically risky, and costly outcomes, including longer lengths of stay (LOS) and higher readmission rates.

We also are concerned by the heightened administrative burden that prior authorization would impose on physicians, HHAs and, if extended to other Medicare-covered services, a wide array of other medical professionals and institutions, each of which are already required to provide extensive documentation to CMS and its carriers. Moreover, we note that prior authorization also would substantially increase the Medicare program’s administrative costs due to the review process required of prior authorization as well as the appeals that we anticipate would result from it.

Further, we are gravely concerned that prior authorization would not advance the cause of identifying and eradicating fraud and abuse. Those with criminal intent to defraud the Medicare program will find little in prior authorization to impede their efforts, since nothing in prior authorization would prevent payment based on false documentation from occurring. We think it revealing that private payers have expressed that prior authorization is a utilization control mechanism, not a fraud control measure. We concur – such a mechanism will certainly reduce the ability of patients to access and receive the home healthcare services they need, but it will do nothing to dissuade bad actors from taking advantage of weaknesses in the Medicare program.

For these reasons, the undersigned urge CMS to withdraw its proposed prior authorization demonstration and instead initiate a collaborative process with stakeholders to develop and implement appropriate and targeted program integrity measures that fall within CMS’s authority and that would effectively identify and eradicate fraud and abuse.

Sincerely,

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| Alliance for Home Health Quality and Innovation | Texas Medical Association |
| California Association for Health Services at Home | The Veterans Health Council |
| Caregiver Action Network | Utah Association for Home Care |
| Connecticut Association for Healthcare at Home | Vietnam Veterans of America |
| Council of State Home Care Associations | Virginia Association for Home Care and Hospice |
| Healthcare Association of Hawaii | Visiting Nurse Associations of America |
| Home Care & Hospice Alliance of Maine | VNA of Vermont |
| Home Care Alliance of Massachusetts | West Virginia Council of Home Care Agencies, Inc. |
| Home Care and Hospice of New Jersey |  |
| Home Care Association of Florida |  |
| Home Care Association of New Hampshire |  |
| Home Care Association of New York State |  |
| Home Care Association of Washington |  |
| HomeCare Association of Arkansas |  |
| HomeCare Association of Louisiana |  |
| Illinois HomeCare & Hospice Council |  |
| Kansas Home Care Association |  |
| Michigan Association for Home Care |  |
| Minnesota HomeCare Association |  |
| Missouri Alliance for Home Care |  |
| Montana Hospital Association |  |
| NAHC Forum of State Associations |  |
| National Association for Home Care and Hospice |  |
| Nebraska Home Care Association |  |
| New Mexico Association for Home and Hospice Care |  |
| Oklahoma Association for Home Care and Hospice |  |
| Oregon Association for Home Care |  |
| Partnership for Quality Home Healthcare |  |
| Pennsylvania Homecare Association |  |
| Rhode Island Partnership for Home Care |  |
| Tennessee Hospital Association Home Care Alliance |  |
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