



August 13, 2024

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1803-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Calendar Year (CY) 2025 Home Health Prospective Payment System (HH PPS) Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin (IVIG) Items and Services Rate Update; and Other Medicare Policies

The Honorable Secretary Xavier Becerra:

LeadingAge Illinois is a statewide association, representing not-for-profit aging services providers throughout Illinois. Our mission-focused members strive to provide high quality care and services to older adults based on their needs and preferences.

Despite need for additional providers in the state, many established aging services providers are limited in their ability to add Medicare certified home health services due to the substantial initial costs of certification and the low reimbursement once established. CMS is proposing to further decrease these payments in the Calendar Year 2025, which will continue to deter potential non-profit, mission-driven health care providers from expanding their services into Medicare certified home health. This seems counterintuitive to nationwide efforts, particularly in rural areas like parts of Illinois, to provide more health care in home settings where the patients want to remain and is the most cost-efficient method for delivering care. We encourage CMS to consider increasing the payment rates to a sufficient level that will at least cover the costs of services. This may draw more mission-driven not-for-profit providers into the Home Health space.

In addition, members express concerns about the increasing utilization of Medicare Advantage (MA) plans throughout the country. Members share stories of struggles locating home health providers that will accept residents with MA coverage when skilled nursing services are complete. Many providers report that reimbursement from MA plans do not cover the costs of service, limiting availability of services. Traditionally, MA reimbursement is less than traditional Medicare. If CMS continues to reduce reimbursement to providers and allow MA plans to contract for rates less than Medicare, more providers will not accept Medicare and/or Medicaid services, which will leave more patients without services in rural areas.

The majority of LeadingAge Illinois members include nursing homes as part of their care continuum. CMS included an indefinite extension of the reporting requirements in the Center for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) as well as expanding CMS' authority to require additional reporting during public health emergencies. While we understand the importance of data collection during a public health emergency, the significant ongoing burden that weekly reporting requires takes valuable time away from direct care that staff could be providing. Certain elements included in the current weekly reporting remain valuable to CMS' goals of transparency such as the percentage of residents and health care professionals who are vaccinated for COVID-19. However, reducing the frequency and mechanism of data collection could reduce the administrative burden for nursing home staff and still provide the necessary information. As an example, the resident COVID-19 vaccination data will be collected via the Minimum Data Set (MDS) beginning October 1, 2024. Duplicate reporting in both the resident's MDS and in NHSN is overly burdensome and unnecessary as the information will already be collected. Similarly, CMS has required as part of the Skilled Nursing Facility Quality Reporting Program (SNF QRP) that nursing homes report at least annually on health care providers influenza vaccination status. In the last few years, the Centers for Disease Control and Prevention have recommended typically one COVID-19 vaccine annually. Annually reporting health care providers COVID-19 vaccination information, like influenza, would provide the same transparency with reduced burden achieving both CMS' goals and the administrative time for nursing home providers.

To continue with CMS' goal of transparency while balancing the burden on nursing home providers, CMS should amend the NHSN reporting requirements to only apply when an outbreak occurs, rather than weekly when there is often no activity. LeadingAge Illinois is willing to participate in stakeholder discussions with CMS to discuss alternate reporting options in lieu of continued weekly reporting requirements to reach the overall goals of improving the quality care in nursing homes and maintaining public transparency.

Thank you for the opportunity to submit comments on the proposed rule.

Sincerely,



Kellie Van Ree, RN, LNHA
Director of Clinical Services
LeadingAge Illinois
kvanree@leadingageil.org