

August 25, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1631-P
P.O. Box 8013
Baltimore, MD 21244-8016

RE: Medicare Programs: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

Dear Acting Administrator Slavitt,

On behalf of the Visiting Nurse Associations of America (VNAA) thank you for the opportunity to comment on the 2016 proposed physician fee schedule.

VNAA is a national organization that supports, promotes and advances mission-driven, nonprofit providers of home and community-based health care, hospice and health promotion services to ensure access and quality care for their communities. As safety net providers, VNAA members provide care to all patients regardless of their ability to pay or the severity of their illness and serve a mixture of Medicare, Medicaid privately insured and uninsured patients. VNAA members provide high quality patient-centered care at home as well as offer support for family caregivers. They primarily serve the most clinically complex and vulnerable patients who will benefit from care delivered in their homes, and play a critical role in coordinate medical and social services for patients.

Advanced Care Planning

We write today in strong support of the proposed rule to reimburse physicians and other eligible providers for discussions with Medicare beneficiaries and their caregivers about advanced illness and end of life care. Improvements in Advanced Care Planning (ACP) and the process of making informed choices about options and patient wishes are supported by the Institute of Medicine's report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. VNAA's membership understands the need to provide patients and caregivers a full understanding of and control over the type of care they would like to receive at the end of their life, and when and where they would like to receive it. VNAA offers the following recommendations:

- **Ensure all Medicare providers are eligible for reimbursement for providing Advance Care Planning.** Home health and hospice providers are uniquely poised to provide ACP services. These providers are particularly experienced in working with individuals with advanced illness, including those who are near the end of life. They use multi-disciplinary teams that include nurses and social workers who have significant training in emotional and behavioral health counseling. They also engage with patients and their caregivers more frequently than many other providers. They are often in patients' homes multiple times per week and therefore have a unique knowledge of patients' lives and goals for care. However, because these providers are not paid under the physician fee schedule, they will not be eligible to be reimbursed for providing these services. We recommend that CMS extend reimbursement to ACP codes to other providers in future rulemaking, and acknowledge the intent to do so in this final rule.
- **Encourage ACP at the annual Medicare wellness exam.** Beneficiaries should be offered the opportunity to discuss ACP at every annual Medicare wellness exam. Routinely offering these services will help ensure that beneficiaries know they are entitled to receive the services and will give them control over when they choose to take advantage of the service.
- **Ensure that the ACP codes are location-agnostic.** ACP should be provided in the location of a patient's choosing. This could include at a trusted providers office—or in their home with their caregivers. Nothing in the rule should prohibit the home or community-based setting from being the location of care.
- **Allow for multiple counseling services.** The proposed rule provides codes for an initial ACP visit as well as an add-on code for additional visits. We recommend that the guidance make clear that there is no upper limit on how frequently a beneficiary can be provided these services, and that they may receive the service from a wide range of providers.
- **Allow for stand-alone ACP visits.** Advanced care planning does not need to happen on the same day as evaluation and management (such as for the short-term planning of illness treatment)—it could take place at a different time or on a separate visit. We encourage CMS to clarify and codify in guidance that stand-alone visits for purposes of providing ACP services are allowable.

Telehealth: End-stage Renal Disease

This rule proposes Medicare reimbursement for certain dialysis-related services for patients with ESRD that are delivered in the home via telehealth. Examples of such services include monitoring the adequacy of nutrition and assessment of growth and development for patients ages 19 or younger. While the Social Security Act does not recognize a patient's home as an originating site for telehealth services, CMS proposes to cover these services because components of the services would be furnished from an authorizing site. VNAA supports this addition to Medicare's reimbursable telehealth services list and offers the following comments:

- **A patient's home should always be considered an originating site for the purposes of telehealth.** When medically necessary services can safely and effectively be provided at home, a patient's home should be considered an originating site for purposes of telehealth reimbursement. Patients who receive home health services are, by definition, homebound

and an in-person visit to a provider's office may be difficult and put the individual at greater risk for injury or infection.

- **Home health providers should be included in the list of eligible providers for reimbursement for telehealth services that are provided in the home.** VNAA members use technology to help identify changes in patients' conditions; identify patients in distress; allow patients or family caregivers to consult with a provider instead of immediately heading to the emergency department; and provide follow-up monitoring that can help prevent readmissions.

We appreciate the opportunity to submit these comments. Please contact me if you have any additional questions at 571-527-1527 or msmith1@vnaa.org.

Sincerely,

/s/

Molly Smith
Vice President for Policy and Innovation