



Maryland
Hospital Association

April 4, 2016

Mr. Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

SUBMITTED VIA REGULATIONS.GOV

RE: Home Health Prior Authorization — CMS 10599

Dear Administrator Slavitt:

On behalf of the 64 member hospitals and health systems of the Maryland Hospital Association and the more than 800,000 Medicare beneficiaries we serve, I am writing this letter to ask for your help in ensuring that patients treated by Maryland's hospitals have adequate and timely access to inpatient and home-based post-acute care services.

We are concerned about efforts by the Centers for Medicare & Medicaid Services ("CMS") to establish a prior authorization process for all home health services.¹ While CMS has indicated its intention to establish such a policy in Texas, Florida, Illinois, Michigan and Massachusetts, hospitals in Maryland worry about the negative ramifications such an approach would have on patients and their care needs. Our member hospitals rely on home health agencies to provide critical nursing and therapy services in patients' homes. We believe that the use of prior authorization for time-sensitive, hands-on nursing and therapy services furnished by home care providers unnecessarily risks the safety and well-being of patients being discharged to home from hospitals. Further, such a policy holds the potential to inhibit Maryland's ability to achieve success under the terms of the state's all-payer model.

Accordingly, we oppose efforts or proposals that would require home health services, regardless of context, to be subject to a prior authorization policy. Even if CMS moves forward with further efforts in this area, we believe that home health services directly following an inpatient stay — whether that stay be in an acute care hospital, post-acute care hospital, nursing home or long-term care facility — should be exempt from any prior authorization policy or process.

¹ CMS, Agency Information Collection Request, CMS-10599 Medicare Prior Authorization of Home Health Services Demonstration (Feb. 5, 2016), <https://www.regulations.gov/contentStreamer?documentId=CMS-2016-0011-0001&disposition=attachment&contentType=pdf>.

PATIENT ACCESS AND QUALITY OF CARE

Prior authorization for home health and any “hands-on” services for patients creates a barrier to the time-sensitive delivery of needed care.

Many Medicare beneficiaries in Maryland leave the hospital with physician orders to receive home health care to help them transition to the home environment with the critical medical support needed during that transition. Due to the advanced age and multiple chronic conditions of many Medicare patients, home health is an essential extension of care and helps patients stay connected to the health system while remaining in their home environment. When home health care follow an inpatient stay, these services often begin immediately. Beneficiaries leaving the hospital typically are not able to wait multiple days for prior authorization before receiving home health services. Any delay in the initiation of home health care and services resulting from this process may lead to an increase in avoidable, clinically risky and costly outcomes, including longer lengths of stay in hospitals and higher readmission rates.

BARRIER TO SUCCESS UNDER THE MARYLAND ALL-PAYER MODEL

The Maryland all-payer model places a significant focus on care transitions, including the utilization of post-acute care, its quality and cost. The general effects of prior authorization run counter to the inherent elements needed to succeed under this model, which is intended to encourage greater focus on efficient post-acute care utilization. Indeed, the motivations of the all-payer model — to challenge hospitals to find more cost-effective, high-quality discharge destinations for their patients — should be embraced, not bogged down by policies that delay cost-effective care at the risk of unnecessary hospital stays. It is worth noting that many hospitals are succeeding at reducing program costs by working with home health providers to do more.

We question the need to implement any policy, such as prior authorization, that would counteract the patient care goals sought under Maryland’s all-payer model and other programs that encourage greater care coordination and collaboration among hospitals, patients, other providers, and their caregivers. For the above reasons, we respectfully ask that CMS reconsider its efforts to implement a prior authorization policy for home health care services. If you have any questions, please contact me at the association.

Sincerely,



Michael B. Robbins,
Senior Vice President