

CMS Response to Public Comments Received for CMS-10201

The Centers for Medicare & Medicaid Services (CMS) received comments on CMS-10201 from Beacon Health of Mequon, Wisconsin, a consultant to the home health industry. We have made changes in response to each comment. Below is our detailed explanation of the changes.

Comment:

Regarding question 2 of the survey instrument, the commenter wrote that during an earlier period, the working definition of “infrequent” for purposes of the homebound definition would be less than once per week on a regular basis. The survey response categories for question 2 could offer a new response category consistent with this definition, such as two to three times per month.

Response:

CMS appreciates the suggestion. The original response categories for Question 2 were:

- 1 Once a month
- 2 Once a week
- 3 Two or three times a week
- 4 Four or five times a week
- 5 More than five times a week
- 6 Can't leave the house for any other activities

We have added a new response category to Question 2, shown in bold:

- 1 Once a month
- 2 **Once every other week**
- 3 Once a week
- 4 Two or three times a week
- 5 Four or five times a week
- 6 More than five times a week
- 7 Can't leave the house for any other activities

Comment:

Regarding question 3, the commenter wrote that several earlier proposals for a definition of “short duration” were “two to three hours.” Intermediary memoranda also cited this definition.

Response:

Again, we appreciate the suggestion. We have revised Question 3 to add two to three hours as a new response category. The original response categories were:

- 1 Less than 30 minutes
- 2 30-59 minutes
- 3 1-2 hours
- 4 3-4 hours
- 5 More than 5 hours
- 6 Can't leave the house for any other activities

The revised response categories (with added one shown in bold) are:

- 1 Less than 30 minutes
- 2 30-59 minutes
- 3 1-2 hours
- 4 2-3 hours**
- 5 3-4 hours
- 6 More than 5 hours
- 7 Can't leave the house for any other activities

Comment:

Regarding question 10, the commenter said that patients in this demonstration project would have received services under Part A in the PPS (traditional home health benefit). That is not a choice in this question. The commenter suggested the question be reworded to clarify the coverage under Medicare.

Response:

We have revised the question to remove any ambiguity. The original response categories were:

h. Medicare coverage: (CHECK ALL THAT APPLY)

- 1. Part B
- 2. Medicare Advantage
- 3. Hospice Benefit

The revised response categories are:

h. Medicare coverage: (CHECK ALL THAT APPLY)

- 1. Part A**
- 2. Part B

3. Medicare Advantage

4. Hospice Benefit