

CMS Response to Public Comments Received for CMS-10390

The Centers for Medicare and Medicaid Services (CMS) received comments from a national home health and hospice association and anonymous persons related to CMS-10390. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from an anonymous individual regarding the President of the United States and did not comment on CMS-10390.

Response:

This comment is out of scope.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a national home health and hospice organization that also included their May 2020 letter to the CMS Administrator to emphasize their support for telehealth.

Response:

CMS thanks the commenter for the support of telehealth.

Comment:

CMS received a comment from a national home health and hospice organization relating data analysis. The data comment discussed CMS using one year of data for analyses and questioned if the same issues with Measure 2 of the HVWDII persist with more years of data.

Response:

CMS thanks the commenter. The data analyzed, regardless of year, shows that visits by hospice disciplines other than RN and MSW do not correlate with CAHPS. Further, as we described in the FY 2016 Hospice Payment Rate & Wage Index Rule, we are limited from collecting quality data that we cannot publicly report. Consequently, we must end that data collection and through our analyses found that the claim-based measure overcomes the issues found with the HIS-based measure. Our analysis coincidentally aligns with the Service Intensity Add-on payment policy and the effect of removing Section O will reduce provider burden.

Comment:

CMS received a comment from a national home health and hospice organization relating to telehealth. Their telehealth comment relates to claims data, supports the continued use of telehealth, with those visits included in the measure.

Response:

We agree that there are times when telehealth visits are needed, such as during a public health emergency when in-person visits would not be safe for patients, their families, and caregivers and the plan of care supports such visits. If claims data are revised to include other fields, including telehealth, we may consider whether to include them in this measure. As with all quality measures, we are encouraging quality of care and as such hospices are encouraged to use in-person visits during these critical last days of life when supported by the plan of care, (CMS-1744-IFC & CMS-5531-IFC).

Comment:

CMS received a comment from a national home health and hospice organization relating to vendor readiness. Their comment expressed concerns regarding vendors having adequate time to implement the Hospice Item Set v3.00.

Response:

The vendor issue raised for timely implementation is something CMS also carefully considers. We have sought vendor feedback on implementation and they have not raised concerns with the early January 2021 implementation date.