



ASHA
American
Speech-Language-Hearing
Association

August 21, 2020

Seema Verma, MPH
Administrator
Centers for Medicare and Medicare Services
U.S. Department of Health and Human Services
Attention: CMS-1730-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare and Medicaid Programs; CY 2021 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Home Infusion Therapy Services Requirements

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the home health prospective payment system proposed rule for 2021.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA's comments focus on three primary areas:

1. allowing for reimbursement of telehealth services;
2. collecting data to ensure appropriate refinements to the patient-driven groupings model; and
3. maintaining the flexibility for therapy assistants to provide maintenance therapy under Part B beyond the public health emergency.

Allowing for Reimbursement of Telehealth Services

Under federal law, Part A home health services cannot be provided via telehealth. However, in response to the public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) provided several helpful flexibilities to help maintain beneficiary access, which includes allowing for telehealth services provided by home health agencies under the Part B benefit. In addition, it allowed Part A home health services to be provided via telehealth when part of the plan of care. However, CMS clarified that these services cannot take the place of in-person services and are not eligible for payment as a result of the limitations of federal law.

ASHA appreciates CMS's proposal to extend permanently the flexibility to provide telehealth services when incorporated in the plan of care. However, given the limitations of federal law, this flexibility has limited practical utility. ASHA encourages CMS to work with Congress to allow for a full telehealth benefit under the home health prospective payment system beyond the PHE to enable meaningful access to these services. ASHA recommends that CMS consider applying a PHE policy that was established for skilled nursing facilities to the Part A home health benefit,

which would allow services provided on the premises, though not necessarily in the same room as the patient, to be considered in-person services.

Collecting Data to Ensure Appropriate Refinements to the Patient-Driven Groupings Model

Within one month of implementing the patient-driven groupings model (PDGM), the U.S. Secretary of Health & Human Services declared the federal PHE. The Coronavirus Disease 2019 has impacted the provision of health care, including therapy services, in all settings. Under normal circumstances, ASHA would ask CMS to provide data regarding potentially inappropriate changes in service delivery that stemmed from PDGM implementation. While we recognize that CMS does not have sufficient data at this time, ASHA remains committed to understanding the impact of PDGM on quality, outcomes, and service delivery. As noted in previous letters to CMS on PDGM, ASHA continues to request information on key features of the payment system including:¹

1. number of discharges within the first 30-day payment period;
2. changes in the source of admission (community vs. institutional);
3. changes in quality and outcomes of care; and
4. changes in the number of therapy visits provided to home health beneficiaries.

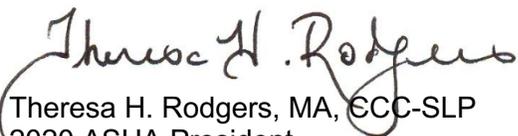
Maintaining the Flexibility for Therapy Assistants to Provide Maintenance Therapy Under Part B Beyond the PHE

While Medicare does not recognize speech-language pathology assistants (SLPAs) as qualified providers, ASHA has begun certifying SLPAs and has a future interest in the Medicare regulation of assistants providing therapy services. CMS has maintained different maintenance therapy policies for therapy assistants based on practice setting. For example, assistants may provide maintenance therapy in skilled nursing facilities and for home health services that bill Part A; however, this is not allowed for clinics or facilities that bill Part B, such as private practices. A lack of a clear and consistent policy creates confusion and jeopardizes access to care.

During the PHE, CMS waived restrictions on the provision of maintenance therapy provided by assistants under Part B. ASHA maintains that this flexibility should be extended permanently.

Thank you for the opportunity to share ASHA's perspective on the 2021 home health proposed rules and for your consideration of our comments. If you have any questions, please contact Sarah Warren, MA, ASHA's director of health care policy, Medicare, at swarren@asha.org.

Sincerely,


Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ American Speech-Language-Hearing Association. (2019). *ASHA Comments to CMS on Home Health Prospective Payment System for CY2020*. <https://www.asha.org/uploadedFiles/ASHA-Comments-About-HH-PPS-NPRM-CY2020-090519.pdf>.