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April 5, 2016

Acting Administrator Andy Slavitt
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number 0938-NEW
Room C4-26—05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-10599, Medicare Prior Authorization of Home Health Services Demonstration; OMB Control Number 0938-NEW

Dear Acting Administrator Slavitt:

AARP, with its nearly 38 million members in all 50 States and the District of Columbia, Puerto Rico, and U.S. Virgin Islands, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. AARP appreciates the opportunity to comment on this important information collection request regarding the Centers for Medicare and Medicaid Services' (CMS) proposed Medicare Prior Authorization of Home Health Services Demonstration. CMS proposes a three year demonstration in Florida, Texas, Illinois, Michigan, and Massachusetts in which CMS would perform prior authorization before processing claims for Medicare home health services. While AARP supports CMS' proposed goals of developing improved methods to identify, investigate, and prosecute fraud to protect and extend the Medicare Trust Fund, AARP is very concerned about the impact of this proposed demonstration on Medicare beneficiaries and their families and urges CMS to reconsider this demonstration.

AARP is concerned that the proposed prior authorization demonstration will reduce or delay necessary home health services for Medicare beneficiaries, which could result in increasing hospital lengths of stay and readmissions. Medicare beneficiaries receiving

home health care must have it ordered by a physician, be homebound, need part-time or intermittent skilled nursing care or therapy services, and meet other criteria. Beneficiaries commonly receive home health care after an inpatient hospitalization and they need timely access to care.

However, prior hospitalization is not a requirement for Medicare home health services. In fact, many beneficiaries may find these services allow them to stay in their homes while avoiding hospitalization.
Medicare beneficiaries who need home health are most often not in a position where they can wait for prior authorization for these services. Without timely access to necessary care, they may risk adverse consequences that reduce their quality of care and also cost Medicare more money. While prior authorization may be an appropriate tool for some services, it is not an appropriate tool for use in Medicare home health, given that Medicare home health beneficiaries tend to be older and sicker and are often at critical points in their care when they need home health services.

In addition, adding prior authorization for home health for all Medicare beneficiaries in these five states would increase paperwork and administrative burdens on Medicare beneficiaries and their family caregivers, often at a vulnerable and stressful time when the focus should be on receiving necessary care, ensuring smooth care transitions, and enabling the beneficiary to live in their own home.

Prior authorization also does not seem to be the best tool to achieve CMS' objective of improving methods of identifying, investigating, and prosecuting fraud. Prior authorization is more commonly used to control utilization, rather than as a fraud prevention and detection tool. While CMS is proposing the demonstration in states it notes have evidence of home health fraud and abuse, we suggest CMS consider a different approach, such as focusing more on certain providers or engaging stakeholders to help develop appropriate tactics to combating fraud and abuse, rather than prior authorization for all Medicare beneficiaries in these five states. We urge CMS to not move forward with this demonstration and instead consider other ways to achieve its objective.

Thank you for the opportunity to comment on this information collection notice and for your consideration of our comments. The proposed demonstration could have adverse consequences for Medicare beneficiaries and their family caregivers in Florida, Texas, Illinois, Michigan and Massachusetts. If you have any questions, please contact me or Rhonda Richards on our Government Affairs staff at rrichards@aarp.org or (202) 434-3770.

Sincerely,

David Certner
Legislative Counsel & Legislative Policy Director
Government Affairs