



POST-ACUTE AND LONG-TERM CARE
MEDICAL ASSOCIATION

9891 Broken Land Pkwy, Ste 101
Columbia, MD 21146
(410) 740-9743 paltmed.org

August 26, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1803-P
P.O. Box 1803
Baltimore, MD 21244-8016

RE: Medicare Program: Calendar Year 2024 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; etc. (CMS-1803-P)

Dear Administrator Brooks-LaSure:

The Post-Acute and Long-Term Care Medical Association (PALTmed) (formerly known as AMDA-The Society for Post-Acute and Long-Term Care Medicine) appreciates the opportunity to provide input to the Centers for Medicare & Medicaid Services (CMS) on the Calendar Year (CY) 2025 Home Health Prospective Payment System (HH PPS) proposed rule.

PALTmed is the only medical association representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PALTC) settings. PALTmed's members work in skilled nursing facilities, long-term care and assisted living communities, continuing care retirement communities (CCRC), home care, hospice, PACE programs, and other settings. In serving this population, these clinicians care for the most high-risk and costly group of beneficiaries covered by Medicare and Medicaid programs.

Long-Term Care Requirements for Acute Respiratory Illness Reporting

Our comments focus on the long-term care requirements for acute respiratory illness reporting provision in the proposed rule. CMS proposes to extend requirements for nursing homes to report COVID data to the Centers for Disease Control & Prevention (CDC) through the National Healthcare Safety Network (NHSN) system. These reporting requirements were first implemented through an interim final rule in May 2020, then extended through December 31, 2024, in the CY 22 Home Health payment rule. In this proposed rule, CMS goes even further in making these reporting requirements permanent and to now included on other respiratory viruses, including influenza and respiratory syncytial virus (RSV). CMS proposes that the data elements for which reporting would be required

Our Vision:

A world in which all post-acute and long-term care patients and residents receive the highest- quality, compassionate care for optimum health, function, and quality of life.

include facility census; resident vaccination status for COVID-19, influenza, and RSV; confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status); and hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status).

At the onset of the COVID-19 pandemic public health emergency reporting provided valuable information to examine the impact COVID had on specific groups such as older adults with common comorbidities, older adults in residential settings, and health care workers within the PALTC setting. PALTmed supports reporting of important data to help support rapid detection of emerging and evolving respiratory illnesses to inform outbreak response and control activities to keep at risk LTC residents safe. We are concerned however that these new reporting requirements add to an already exhaustive list of required information, far more than other sectors of health care.

Nursing homes are currently the only setting required to report COVID-19 data to CMS through NHSN. Reporting requirements for hospitals were recently terminated, ending on May 1, 2024, and reporting requirements for dialysis centers ended with the PHE in May 2023. Nursing homes are required to report surveillance data on communicable diseases to public health as part of Infection Control requirements. Even if NHSN reporting requirements ended, CMS could still access surveillance data on communicable diseases in nursing homes by collaborating with public health officials. Public health activities are local activities, not federal response efforts, and these public health entities would continue to have access to data on respiratory illness outbreaks, even without NHSN data, due to separate existing requirements to report outbreaks to public health authorities. Even without NHSN reporting requirements, nursing homes would continue to report clusters of respiratory virus symptoms and confirmed cases to public health, allowing for continued support and outreach.

Many of the proposed data elements are also reported to CMS through the Minimum Data Set (MDS) such as:

- Facility census is determined via the MDS currently and utilized for the various Staffing Measures within the Five-Star Quality Rating Program.
- Resident influenza vaccination status is currently reported on the MDS in item O0250, making additional reporting via NHSN redundant and unnecessary. This information from the MDS is currently utilized for several quality measures for both short and long-stay residents and is publicly reported on Nursing Home Care Compare.
- Resident COVID-19 vaccination status will be required on the MDS for all residents beginning 10/1/2024 in MDS v1.19.1. This data element was added for the measure COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date under the Skilled Nursing Facility Quality Reporting Program (SNF QRP) for the FY 2026 program year, making additional reporting via NHSN redundant and unnecessary.
- Many resident demographics are reported in Section A of the MDS, including Race (A1005), Ethnicity (A1010) and Language (A1110).

Reporting of RSV vaccine for residents would be better collected via MDS than NHSN as the MDS collects information on other vaccinations such as influenza and COVID-19 vaccination status. Reporting this information via the MDS allows it to be part of the comprehensive assessment and informs the resident's care plan, whereas reporting to NHSN causes separation of this information from the person-centered assessment.

To further complicate this duplicative reporting, NHSN has separate guidelines for reporting data which are different than the directions in reporting the same data via the MDS. The changes proposed in this rule would result not only in duplicative and unnecessary reporting, but the proposed reported information to NHSN would differ from the data submitted via the MDS. This would result in confusion for all who use this data, and especially for the consumer.

As with any new requirements, if finalized, many PALTC facilities will need assistance to address challenges and be provided necessary resources and support to enable facilities to provide information in response to the breadth of data elements proposed in the rule on an ongoing basis. It is imperative that CMS provide simple, clear and straightforward guidance to facilities around desired data elements to ensure that PALTC facilities can provide meaningful data that is comparable across sites, geographic areas, and populations. Additionally, any additional reporting elements added during a PHE would only add to the burden placed on PALTC facilities.

PALTmed's [Moving Needles](#) cooperative agreement with the CDC has produced tangible results and identified challenges to providing vaccines in this vulnerable population and the staff that serve them. One of the primary challenges is the health IT and staff capabilities of nursing facilities to report data to NHSN and other sources. The project has developed comprehensive [recommendations](#) for achieve three specific goals:

- Ensure awareness and understanding of connectivity benefits to strengthen and monitor collaborative action
- Positively incentivize connectivity
- Reduce the operational and technical burden of connectivity

CMS must address these challenges to improve reporting of such data prior to extending reporting requirements that may overburden facilities.

PALTmed thanks you for the opportunity to comment on the CY 2025 Home Health proposed rule. If you have any questions please contact Alex Bardakh, Senior Director of Advocacy and Strategic Partnerships at abardakh@paltmed.org.

Sincerely,



Rajeev Kumar, MD, CMD, FACP
President