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Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1611-P
P.O. Box 8016
Baltimore, MD 21244-8016

Sent via email to: <http://www.regulations.gov>

Re: Medicare Program; CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies

Dear Administrator Tavenner:

ANA welcomes the opportunity to provide comments with respect to this Request for Information. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of healthcare settings. ANA members include advanced practice registered nurses (APRNs) such as nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs), and certified nurse-midwives (CNMs).

ANA's comments on the HHA NPRM focus on section B. Proposed Changes to the Face-to-Face Documentation Requirements.

Section 6407 of the Affordable Care Act requires physician documentation of a face-to-face encounter prior to certifying a patient's eligibility for the Medicare home health benefit. ANA agrees with the CMS proposal to eliminate the narrative requirement as there is sufficient evidence in the patient's medical record to demonstrate that the patient meets the Medicare home health eligibility criteria. ANA also agrees with the CMS clarification that the face-to-face encounter requirement is applicable for certification when a new start of care form is completed. ANA reminds CMS that although statute requires physician certification of home health services, the Institute of Medicine report [The Future of Nursing: Leading Change, Advancing Health](#) recommends that APRNs be authorized to certify home health services. Ordering home health services is within the scope of practice of a nurse practitioner, clinical nurse specialist, and certified nurse midwife. These APRNs have advanced education and training and are capable of

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determining if a Medicare beneficiary is homebound and in need of skilled nursing or therapy services in the home. Allowing APRNs to certify home health services could increase beneficiary access and reduce costs. In addition, allowing APRNs to sign off on face-to-face encounters would reduce the paperwork backlogs in medical offices throughout the country. In a public meeting held on January 15, 2010, MedPAC discussed the face-to-face encounter as a way to reduce home health service overuse and to prevent Medicare fraud. MedPAC commissioner, William Scanlon, recommended that nurse practitioners not only perform the face-to-face encounter but also be able to certify patients for home health services. Dr. Scanlon advised that NPs were capable of making certification decisions and that this would increase efficiency and “take a burden off physicians.”

ANA looks forward to continuing activities with CMS related to improving the quality of home health care provided to all in America. We appreciate the opportunity to share our views on this matter. We would be happy to speak with HHS and/or CMS leadership and staff further. Please contact Peter McMenamin, PhD, Senior Policy Fellow, ANA Department of Health Policy, at peter.mcmenamin@ana.org, or (301) 628-5073.

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer