

July 25, 2018

Seema Verma MPH,
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7400 Security Boulevard, Baltimore MD

Laurence Wilson
Director
Chronic Condition Policy Group, Center for Medicare
Centers of Medicare & Medicaid Services
7400 Security Boulevard, Baltimore MD

Dear Administrator Verma and Mr. Wilson,

The undersigned organizations appreciate the Centers for Medicare & Medicaid Services' (CMS) efforts to modernize and improve the existing skilled nursing facility prospective payment system (SNF PPS). All of the undersigned organizations submitted Patient-Driven Payment Model (PDPM) comments highlighting their unique concerns and proposed solutions via the comment period associated with the SNF PPS Notice of Proposed Rulemaking (CMS-1696-P). In addition to such formal input, the undersigned organizations collectively offer an additional comment we all believe is critical to successful PDPM implementation – a PDPM Work Group composed of stakeholders to partner with CMS staff and its contractors. We believe such work group aligns with CMS' framework for flexibility, accountability, and transparency in Medicare and Medicaid policy, operations, and efforts.

During the transition from skilled nursing facility (SNF) cost-based reimbursement to the existing prospective payment system (PPS), CMS organized and maintained a stakeholder work group to provide beneficiary and provider technical and operational input on preparations for transition planning, transition and post-transition problem solving. In the transition from the existing Resource Utilization Group (RUG) PPS to PDPM, we strongly believe CMS should replicate this model and develop, as well as meaningfully engage in an ongoing manner, a PDPM Work Group composed of SNF stakeholder groups. Such a work group would offer a venue for real time dialogue rather than burdensome formal written communication which would consume valuable CMS staff time as well as for SNF stakeholder groups.

PDPM is a new payment system requiring SNFs to adapt to significant changes in payment policy and operations including but not limited to: a) a shift away from therapy minutes as a key factor for payment to patient characteristics; b) collection of medical information defining patient characteristic in more detail than required in past; and c) use of the Minimum Data Set (MDS) assessment both as a care planning tool as well as now serving as the basis for payment. Regarding the latter point, MDS items and clinical information imputed on the MDS classify patients into component case-mix groups which, in turn assign payment rates, is a major change which will require substantial education to prevent access to care challenges and payment error rates.

A PDPM Work Group could aid CMS with proactively addressing PDPM transition and post-transition challenge issues. Specifically, an expert stakeholder group could aid in an array of pre-transition areas including, but not limited to information technology development and testing, MDS redesign, in particular the Interim Payment Assessment, strategies for liaison with other payers, including Medicaid and Medicare Advantage, education for beneficiaries, and providers and other SNF stakeholders. Regarding the latter, CMS likely will receive a *crushing* number of questions and requests for technical assistance. A work group composed of stakeholders could aid with education as well as with dissemination of CMS guidance.

Such a group also could aid CMS as unexpected challenges arise over the course of PDPM ramp up, implementation, and operations. Possibilities include challenges with MDS coding, use of the interrupted stay policy, and any possible short-term recalibration which might be needed.

Like CMS, we want to ensure PDPM is implemented with as few complications as possible, issues are addressed expeditiously, and, most importantly, to ensure beneficiary access is not impacted as we transition from RUGs to PDPM. We would like to convene a meeting with CMS officials to discuss possible development, composition, and the roles of such a group. We greatly would appreciate a response with possible meeting dates by August 3, 2018. Thank you for your valuable time and we look forward to a discussion on this important topic.

Sincerely,

American Society of Consultant Pharmacists

American Academy of Physical Medicine and Rehabilitation

American Association of Nurse Assessment Coordination

American Health Care Association

American Occupational Therapy Association

American Physical Therapy Association

American Speech-Language-Hearing Association

LeadingAge

National Association of Rehabilitation Agencies

National Association for the Support of Long Term Care

The Society for Post-Acute and Long-Term Care Medicine

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