COALITION OF

Wound Care Manufacturers

August 26, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services (CMS)
CMS-1648-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244–1850

Submitted Electronically to www.regulations.gov

RE: CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements

Dear Acting Administrator Slavitt,

On behalf of the Coalition of Wound Care Manufacturers ("Coalition"), I am pleased to submit the following comments in response to the proposed rule regarding the CY 2017 Home Health Prospective Payment System Update. The Coalition represents leading manufacturers of wound care products used by Medicare beneficiaries for the treatment of wounds. This proposed regulation is of particular interest and concern to us as many of our members were intimately involved in the creation of the Patient Access to Disposable Medical Technology Act of 2015 – which became Section 504 of the Consolidated Appropriations Act of 2016. As such we not only have a vested interest in the proposed rule, we are also keenly aware of what the congressional intent was when passing this statute.

As you are aware, prior to the passage of the Consolidated Appropriations Act of 2016 (the statute), Medicare beneficiaries received durable negative pressure wound therapy (NPWT), to promote wound healing. If a home health agency (HHA) furnished a beneficiary with durable NPWT, Medicare made a payment to the HHA for the visit and a separate payment to a DME supplier for the NPWT. If the HHA used a disposable NPWT device, Medicare did not make additional payments and therefore the HHA absorbed the cost of the disposable NPWT device.

Congress specifically addressed this concern in Section 504 of the statute and provided for a new add-on payment to home health agencies (HHAs) that furnish disposable NPWT equipment to Medicare beneficiaries, in the home setting so that the home health agency does not have to absorb the cost of the disposable device.

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The statute did not intend for the home health agency to absorb the cost of all the nursing/therapy time that is needed to provide care to a patient requiring disposable negative pressure in the home. However, that is exactly what will happen under this proposal.

Specifically, CMS has now proposed that both the nursing/therapy time and the disposable negative pressure wound therapy device be part of the hospital outpatient payment rate and represented on bill type 34x. The statute however requires separate payment for the device only. Thus the disposable negative pressure wound therapy device should be represented on bill type 34x while all nursing/therapy time to care for a wound care patient – including disposable negative pressure wound therapy - should be represented on bill type 32x. We urge CMS to correct this prior to this proposal becoming final. As the proposal is written now, the OPPS rate will not cover the travel time or any of the time required for the home health agency to care for a patient who needs disposable negative pressure wound therapy device including but not limited to the assessment of the wound, wound bed preparation and cleansing of the wound prior to the disposable device being applied.

The Coalition urges CMS to create a proposal that is in alignment with Congressional intent and the specific language of the statute: disposable negative pressure wound therapy devices require a separate add on payment when provided in a home health setting and should be reported on bill type 34x. All travel and nursing/therapy time related to the care of a patient requiring wound care – including disposable negative pressure wound therapy – should continue to be reported on bill type 32x.

Conclusion

The Coalition appreciates the opportunity to provide our comments. If you need further information or have any questions, please do not hesitate to contact me.

Sincerely,

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