



September 11, 2023

Submitted electronically via: <http://regulations.gov/>

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: CMS-1784-P; Medicare Program: CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; etc.**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to submit comments on the proposed rule for the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) and Other Changes to Part B Payment Policy.

[Moving Health Home \(MHH\)](#) is a coalition of health care organizations with a bold vision to make the home a site of clinical service. Our members share the belief that the experience during the pandemic has accelerated the day when care in the home is an option for patients.

For our members, clinical care in the home refers to a spectrum of health services provided in the home or place of dwelling outside of a facility, such as hospital-level or acute care, primary care office, skilled nursing and therapy services, and hospice. It can mean a house call from a primary care doctor or nurse, a physical therapy session, a laboratory and diagnostic service, a home infusion, or a full complement of hospital-level services.

At the core, we want to remove regulatory barriers to ensure all patients may choose to receive clinical care in the home and take advantage of the convenient, high-quality care that comes when patients receive home-based care. Importantly, we believe that care in the home contributes to health equity by giving historically disenfranchised populations the option to receive care on their own terms. Providers will be guests in the homes of patients with the institutional aspects of the health care 'system' taken away, which promotes trust and communication.

Going back to pre-pandemic institutional norms will waste the experience generated by the pandemic. No longer can the United States lag behind comparable countries in options for patients to receive primary care at home.<sup>1</sup> A recent survey shows that a majority (70 percent) of Americans are comfortable receiving care in the home, 73 percent are confident in the quality of receiving care in the home, and a bipartisan majority of adults (73 percent of Democrats and 61 percent of Republicans) say it should be a priority for the federal government to increase access to clinical care in the home.<sup>2</sup> Research confirms that home-

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<sup>1</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2022/mar/primary-care-high-income-countries-how-united-states-compares>

<sup>2</sup> <https://movinghealthhome.org/national-survey>

based models are at least as safe as facility-based care and result in improved clinical outcomes, higher rates of patient satisfaction, and reduced health care costs.<sup>3</sup>

In our response, we discuss the proposed payment for caregiver training services and policies related to continuing the additional payment for at-home COVID-19 vaccinations and other preventive vaccinations, both of which MHH is pleased to support.

**A. Payment for Caregiver Training Services (CTS) (section XXVI.B.)**

In CY 2022, CMS received recommendations for a new code family (CPT codes 96202 and 96203) to describe group CTS, which could be applied without the patient in attendance. In CY 2023, CMS received an additional recommendation for three caregiver training codes (CPY codes 9X015, 9X016 and 9X017). In the past, CMS has not furnished payment for services provided without the patient's presence. Given this, in the CY 2023 PFS, CMS indicated there may be circumstances where payment for CTS could be appropriate and requested public comment on how a patient may benefit medically from proper CTS. Following consideration of public comments, which emphasized the importance of a caregiver's role in a patient's treatment, CMS is proposing to cover payment for CTS, and includes a proposed definition of caregiver for purposes of CTS.

**MHH is supportive of CMS's proposed coverage of CTS, and applauds CMS's efforts to encourage patient-centric care through involving caregivers in the treatment plan and process.** Though uncompensated and at times without training, caregivers often play an irreplaceable role in a patient's treatment process and ability to recover in the home. Currently, without a caregiver, many patients are not able to recover in the home, prolonging care in medical facilities, and resulting in high costs. With the ability to reimburse training for caregivers on appropriate care for patients, shorter stays in medical facilities and lowered costs are possible. Further, patients will be more likely to be able to recover where they are most comfortable: in the home.

Caregivers provide a large economic benefit to the United States each year; it is estimated that the value of family caregiving in 2021 was \$600 billion.<sup>4</sup> Beyond this tangible value, caregivers provide a host of services to loved ones, including personal care and assistance with activities of daily living, wound care and injections, and advocating for a patient's needs.<sup>5</sup> Currently, most caregivers are not fully trained on providing these services to patients, often leading to high stress and caregiver burden. With proper caregiver training, patients will receive higher quality care and caregivers will feel more confident and equipped as they are assisting in a patient's treatment plan. Importantly to MHH, reimbursement for CTS will further incentivize care in the home, as caregivers will be prepared to properly assist patients, allowing for patient discharge to the home.

Again, we applaud CMS for taking initiative towards improving caregiver burden and overall patient care by proposing reimbursement for CTS.

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<sup>3</sup> <https://www.hahusersgroup.org/about-hah/research/>

<sup>4</sup> <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>

<sup>5</sup> Ibid.

**B. Medicare Part B Payment for Preventive Vaccine Administration Services (section III.H.)**

On June 9, 2021, CMS announced a new add-on payment with a national rate of approximately \$35.00 for administration of a COVID-19 vaccine in the home, and on August 24, 2021, CMS expanded the circumstances under which the in-home add-on payment is available. In the CY 2023 PFS, CMS continued the in-home additional payment of \$35.50 for administering COVID-19 vaccines, independent of the end of the declaration. CMS noted that continuing the additional payment for at-home COVID-19 vaccinations for another year would provide time to track utilization and trends associated with its use to inform the policy for CY 2024. Although many commenters expressed support for extending the add-on payment to other preventative vaccines, CMS did not extend the policy to include other vaccines.

Over the past year, CMS has studied in-home vaccination rates, finding that the related HCPCS code was used at a disproportionately high rate among underserved populations, and that between June 2021-June 2022, individuals aged 85 and over were three times more likely to have received an in-home COVID-19 vaccination. Given the learning that in-home vaccinations improved health care access to vaccines for underserved populations, in the CY 2024 PFS, CMS is proposing to maintain the in-home additional payment for COVID-19 vaccines under the Part B preventive vaccine benefit.

In addition, CMS is proposing to extend the additional payment to the in-home administration of the pneumococcal, influenza and hepatitis B vaccines. Should one in-home visit include the administration of multiple preventive vaccines, the payment is limited to one payment per home visit, though each vaccine dose would receive its own administration payment.

**MHH was supportive of CMS's policy to increase and maintain payment for at-home COVID-19 vaccines for Medicare beneficiaries in previous rulemaking cycles. We support continuing additional payment for at-home COVID-19 vaccinations and the extension of additional payment to other preventive vaccines in the home.** It is crucial that patients can receive care where they are, regardless of whether that is in the community or in the home. MHH applauds CMS for proposing extension of in-home additional payments to other preventive vaccines. As you know, vaccine-preventable diseases, such as the flu, pneumonia, and shingles, cost our health care systems billions of dollars annually, and more importantly, thousands of lives each year.<sup>6</sup>

Additionally, we should work diligently to remove all barriers to access to vaccines, ranging from cost to transportation. CMS should consider further incentivizing access to home-based care by extending reimbursement to travel-related expenses, including urban and suburban transportation, and consideration of geographic distance, traffic, and public transport systems. The rate should also take into consideration geographic variation in costs of transportation (e.g., gas, public transport access, etc.). Additionally, CMS should think critically about the types of providers that are able to furnish vaccines, provided that they have the appropriate training and scope of practice in the state. For example, CMS should consider allowing eligibility for Emergency Medical Services (EMS) Providers, Nursing Technicians, Pharmacy Technicians, and other provider types in order to further expand access to preventive care.

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<sup>6</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0462>



Again, we applaud CMS for its continued efforts in the administration of preventative vaccines in the home and look forward to working with you on related policies in the future. We also urge CMS to move forward with efforts beyond only vaccines, including (but not limited to) incentivizing primary care, dialysis and infusion in the home.

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Thank you for considering our comments. We look forward to working with CMS and welcome the opportunity to provide further feedback. Please do not hesitate to reach out to Elizabeth Simpson at [esimpson@movinghealthhome.org](mailto:esimpson@movinghealthhome.org) with any questions regarding our comments or if we can be a resource to you in any way.

Sincerely,

Krista Drobac  
Moving Health Home

