Moving Health Home
An Alliance to Advance Home-based Care Policy

September 6, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Comments on CY 2025 Physician Fee Schedule Proposed Rule (CMS-1807-P)

Dear Administrator Brooks-LaSure,

Moving Health Home ("MHH") welcomes the opportunity to provide feedback on the Centers for Medicare & Medicaid Services ("CMS") Medicare Physician Fee Schedule (PFS) proposed rule, which updates the schedule for Calendar Year ("CY") 2025 and includes important proposals to lay the groundwork for moving care into the home. We look forward to working with you to continue efforts to ensure permanent access to home-based services.

MHH is a coalition of health care organizations with a bold vision to make the home a site of clinical services. 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.[1] A 2021 survey shows that a majority 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 Democratic and 61 percent of Republicans) say it should be a priority for the federal

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

government to increase access to clinical care in the home.[2] Research confirms that home-based models are at least safe as facility-based care and result in improved clinical outcomes, higher rates of patient satisfaction, and reduced health care costs.[3]

In our response, we discuss the proposed payment for caregiver training for direct care services and supports and policies related to telehealth proposals that build the future of care in the home.

A. Proposed Direct Care Caregiver Training Services

In the CY 2024 PFS final rule, CMS finalized payment for caregiver training services (CTS), which allow treating practitioners to report the training furnished to a caregiver, in tandem with the diagnostic and treatment services furnished directly to the patient, in strategies and specific activities to assist the patient in carrying out the treatment plan. CMS continues to receive questions and requests from interested parties about how it can refine payment for these services. CMS is proposing to establish new coding and payment for caregiver training for direct care services and supports. These proposed new codes would reflect the training furnished to a caregiver, in tandem with the diagnostic and treatment services furnished directly to the patient, in strategies and specific activities to assist the patient to carry out the treatment plan.

MHH is supportive of CMS' proposed new coding and payment for caregiver training for direct care services and supports. Caregivers play an irreplaceable role in a patient's treatment process and ability to recover in the home. 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 direct care services and supports, reduced readmissions after discharge and care transition are possible. Our members have heard from caregivers that providing training to reduce UTIs and bedsores were critical after a loved one underwent surgery.

Additionally, 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.[4] 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.[5] With propose 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. Additionally, reimbursement for CTS will further incentivize care in the home, as caregivers will be prepared to properly assist patients, allowing for patients to recover at home.

B. Addition of Caregiver Training to the Medicare Telehealth Services List

CMS is proposing to add several caregiver training services codes to the Medicare Telehealth List with provisional status for CY 2025. CMS indicates that adding these services on a provisional basis will allow additional time for the development of evidence of clinical benefit when these services are furnished via

[2] https://movinghealthhome.org/national-survey
[3] https://www.hahusersgroup.org/about-hah/research/
[4] https://press.aarp.org/2023-03-08-New-Report-Highlights-Increasing-Cost-of-Family-Caregiving-in-the-US
[5] https://www.ncbi.nlm.nih.gov/books/NBK2665/

telehealth for CMS to consider when evaluating these services for potential permanent addition to the Medicare Telehealth Services List.

MHH applauds CMS for considering the addition of caregiver training services codes to the Medicare Telehealth Services List. Several studies indicate the feasibility of delivering caregiver education remotely. In particular, one study found that 89% of caregivers reported high satisfaction using a remote caregiver education program.[6] Caregivers completed an average of 8 hours of learning over a 30-day training, with a majority of participants reporting using at least one skill learned from the online platform.

While MHH supports the proposal to add these codes to the Medicare Telehealth Services List, we urge CMS to expand the types of providers that are permitted to provide caregiver training services via telehealth. MHH believes expanding types of providers permitted to provide caregiver training services via telehealth can reduce barriers to accessing these services. Several providers work to ensure caregivers of Medicare beneficiaries feel confident and well supported to provide the care necessary to their loved ones. Ensuring these providers are able to bill caregiver training services via telehealth will increase communication between patient and provider and enhance care coordination and efficiency.

C. Individual Behavior Management/Modification Caregiver Training Services

Behavior management/modification training for caregivers of Medicare beneficiaries should be directly relevant to the person-centered treatment plan for the patient in order for the services to be considered reasonable and necessary under the Medicare program. CMS continues to believe that CTS may be reasonable and necessary when they are integral to a patient's overall treatment and furnished after the treatment plan is established. CMS is proposing to establish new coding and payment for caregiver behavior management and modification training that could be furnished to the caregiver(s) of an individual patient.

MHH supports this proposed payment for behavior management/modification CTS. In topics related to behavior management, particularly with cognitive decline, it can be stressful for caregivers to manage as they aim to ensure the patient's needs are met. A study found that providing caregivers adaptive strategies for managing behaviors can improve caregiver wellbeing.[7] Preparing caregivers with skills in responding to the complexity of their patient's behavior can help lower levels of stress.[8] Additionally, it can be difficult for caregivers to discuss in a group setting. We applaud CMS for ensuring CTS for behavioral management/modification to be for individual caregivers, rather than in a group setting. There are sensitive topics about difficult behaviors that often require one-on-one conversations.

D. Audio-Only Communication Technology

CMS is proposing to state that an interactive telecommunications system may also include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system as defined as multimedia communications equipment that includes, at a

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8293668/
[7] https://pubmed.ncbi.nlm.nih.gov/38408276/
[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080236/

minimum, audio and video equipment permitting two-way, real-time interactive communication, but the patient is not capable of, or does not consent to, the use of video technology.

MHH applauds CMS for its action to ensure access to widespread audio-only telehealth services, further incentivizing care in the home. While we do believe that audio-video communication is the preferred modality for most telehealth MHH strongly supports continued access for audio-only telehealth – when clinically appropriate and when meeting the need or request of the patient. We believe that this proposal will reduce the care gaps that disproportionately affect the Medicare population. We encourage CMS to ensure that any steps around documentation of patient need for audio-only telehealth represent as small of a burden on providers as possible.

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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 Rikki Cheung at rcheung@movinghealthhome.org with any questions regarding out comments or if we can be a resource to you in any way.

Sincerely,

Krista Drobac

Krista Drobac
Executive Director
Moving Health Home