American Association
of Colleges of Nursing

August 8, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-6082-NC, P.O. Box 8016
Baltimore, MD 21244-8016

Re: Request for Information; Reducing Administrative Burden To Put Patients Over Paperwork (CMS-6082-NC)

Dear Administrator Verma,

The American Association of Colleges of Nursing (AACN) offers the following comments on *Request for Information; Reducing Administrative Burden To Put Patients Over Paperwork*, a Proposed Rule by the Centers for Medicare and Medicaid Services (CMS).

As the national voice for baccalaureate and graduate nursing education programs, AACN has a vested interest in improving health and health care throughout the nation. For more than five decades, AACN has established quality standards for professional nursing education to ensure that Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN; which include Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists (CNSs)) are prepared to provide evidence-based and cost-effective care. Within AACN member schools, more than 100,000 nursing students are currently enrolled in APRN programs and will serve as our nation's next generation of providers.[1]

AACN applauds the CMS Patients Over Paperwork initiative and the commitment to taking a patient-centered, innovative, and outcomes-based approach to the transformation of the healthcare delivery system. A perfect example of the importance and impact of this initiative is the proposed rules for Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule: *We (CMS) propose to establish a general principle to allow the physician, the PA, or the APRN who furnishes and bills for their professional services to review and verify, rather than re-document, information included in the medical record by physicians, residents, nurses, students or other members of the medical team. This principle would apply across the spectrum of all Medicare-covered services paid under the PFS.* This principle is inclusive and forward thinking and, as such, reduces burdens by eliminating disparities in clinical training opportunities.

AACN also appreciates the opportunity to provide comment on other changes that will reduce unnecessary burden on clinicians and increase patients' access to affordable, high-quality care.

AACN strongly recommends four actions that CMS can take to truly innovate care delivery:

[1] American Association of Colleges of Nursing. (2018). *Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC.

- Adopt provider-neutral language in all regulatory interpretations of the law where appropriate;
- Correct provider attestation to accurately document services billed and remove "incident to" billing;
- Allow for greater choice of providers in Accountable Care Organizations (ACOs) and in the insurance marketplace; and
- Remove the administrative burden requiring physicians to provide face-to-face documentation for Home Health services;

Adopt Provider-Neutral Language

AACN requests use of provider-neutral language in all regulatory rulemaking. The December 2018 HHS report "Reforming America's Healthcare System through Choice and Competition" and the Medicare Access and CHIP Reauthorization Act (MACRA) (H.R. 2, Pub. L. 114-10) both defined the Merit-based Incentive Payment System (MIPS)-eligible professionals to include physicians, physician assistants (PAs), NPs, CNSs, and CRNAs.[2,3] According to the March 2019 Medicare Payment Advisory Commission (MedPAC) report, which utilizes and highlights Fee For Service (FFS) claims data for years 2015 to 2017, the number of primary care physicians billing Medicare grew by one percent. Comparatively, the number of APRNs and PAs billing Medicare grew by 10 percent.[4] Healthcare professionals representing disciplines beyond medicine continue to be on the frontlines, not only providing, but increasing access to high-quality care for the Medicare population. CMS should update all regulatory language to reflect the full spectrum of healthcare providers delivering high-quality care to their communities. The next step is to recommend equitable representation of MIPS-eligible providers on all federal committees, councils, and task forces.

Correct Provider Attestation and Remove "Incident-To" Billing

As CMS seeks to reduce barriers to beneficiaries' access to care and find cost-effective solutions to improve coding and documentation requirements for Medicare and Medicaid payment, AACN recommends correcting provider attestation and removing "incident-to" billing.

Requiring each MIPS-eligible provider to be identified by a unique virtual group participant identifier, Tax Identification Number (TIN), and National Provider Identifier (NPI) would lead to administrative simplification and more accurate attestation of providers caring for patients. These identification numbers can be used in recognizing and eliminating redundancies in the payer system, such as "incident-to" billing.

In its June 2019 report to Congress, MedPAC recommends requiring APRNs and PAs to bill directly for services provided, thus eliminating "incident-to" billing. In addition, MedPAC recommends that the Secretary refine specialty designations for APRNs and PAs to give

[2] U.S. Department of Health and Human Services, U.S. Department of the Treasury, and U.S. Department of Labor. (December 3, 2018). Reforming America's Healthcare System Through Choice and Competition. Retrieved from https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf
[3] Medicare Access and CHIP Reauthorization Act of 2015, Pub. L. 114-10, 129 Stat. 128.
[4] Medicare Payment Advisory Commission. (March 15, 2019). March 2019 Report to Congress: Medicare Payment Policy. Retrieved from http://www.medpac.gov/docs/default-source/reports/mar19_medpac_entirereport_sec_rev.pdf?sfvrsn=0

Medicare a greater account of the services provided by these clinicians, giving Congress the ability to target resources toward primary care.[5]

Allow for Greater Choice of Providers in Accountable Care Organizations (ACOs)
National trends, as reported by MedPAC in its March 2019 report to Congress, show that the supply of APRNs and PAs per beneficiary has increased while the number of physicians per beneficiary has decreased (pg. 98). The number of beneficiaries seeing an NP or PA for all or some of their primary care has continued to grow, especially in rural areas.[4]

Given that nearly all Medicare beneficiaries have a regular source of primary care, with more seeing NPs and PAs in rural areas, we request that CMS allow for greater choice of providers in ACOs and in the insurance marketplace. AACN applauds CMS for finalizing policies to expand telehealth access for patients, reaching more patients in isolated communities across the country. In order to continue to improve patient access, we recommend that CMS use its authority to support amending Section 1899(c) of the Social Security Act, which excludes the patients of NPs from assignment to Medicare Shared Savings Programs (MSSP). Eliminating this restriction and enabling NPs and their patients to fully participate in the MSSP would provide a cost-saving solution by eliminating the need for a physician visit while maintaining high-quality, accessible care.

Remove Barriers to Home Health
CMS should remove the outdated and unnecessary requirement that NPs must locate a physician to document that a face-to-face patient assessment has occurred and certify or recertify the home health plan of care. NPs are primary care providers in the Home Health Care Program, and yet they are not able to initiate or make necessary modifications to medication or treatment without obtaining a physician's signature. This causes a delay in treatment and puts patients at risk for avoidable complications. Delays in care are entirely problematic for home health care patients who suffer from more chronic conditions and report more limitations on activities of daily living.[6] Moreover, the redundant structure where multiple providers are billing for repetitive services increases costs for taxpayers and patients.

This barrier is especially significant now with the President's recent release of Executive Order 13879, Advancing American Kidney Health. As stated in Section 5, Payment Model to Increase Home Dialysis and Kidney Transplants, a payment model will be selected by the Secretary in the next 30 days. It is important to note that the majority of the 86.6 percent of NPs certified in primary care see Medicare and Medicaid patients.[7] NPs complete more than one billion patient visits annually. It does not benefit the American people for CMS to block allied health professionals from being able to care for a chronically ill population, given that, according to the Administration," *37 million patients suffer from chronic kidney disease and more than 726,000 have end-stage renal disease."* Removing the administrative burden of requiring physician face-to-face documentation for home health services would ensure continuity of care and help achieve the goals sought under this Executive Order.

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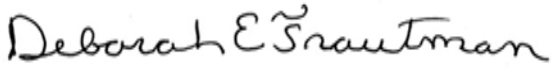
[5] Medicare Payment Advisory Commission. (June 14, 2019). Report to Congress: Medicare and the Health Care Delivery System. Retrieved from http://www.medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf?sfvrsn=0
[6] Avalere Health. (September 2018). Home Health Chartbook 2018: Prepared for the Alliance for Home Health Quality and Innovation. Retrieved from http://ahhqi.org/images/uploads/AHHQI_2018_Chartbook_09.21.2018.pdf
[7] Centers for Medicare & Medicaid Services. Medicare Providers: Number of Medicare Non-Institutional Providers by Specialty, Calendar Years 2012-2016. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2016/Downloads/PROVIDERS/2016_CPS_MDCR_PROVIDERS_6.pdf

Thank you for considering these comments in response to the *Request for Information; Reducing Administrative Burden To Put Patients Over Paperwork*. AACN strongly believes in putting patients first in a healthcare system that supports a diverse workforce able to provide high-quality, accessible, and affordable care. We recommend taking the four actions outlined in this letter to continue working toward reducing unnecessary burdens for clinicians, providers, patients, and their families.

Please consider AACN an ally in this endeavor. If our organization can be of any assistance, please contact AACN's Director of Policy, Dr. Colleen Leners at cleners@aacnnursing.org.

Sincerely,



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