

Congress of the United States
Washington, DC 20510

September 19, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland, 21244

RE: Review Choice Demonstration for Home Health Services

Dear Administrator Verma,

We are interested in learning more about the proposed “Review Choice Demonstration (RCD) for Home Health Services” program as it will impact home health patients and providers in five states, including Florida. While we fully support the agency’s efforts to address Medicare fraud and abuse, the RCD program is similar to the Pre-Claim Review Demonstration (PCRD) that was ultimately suspended.

Home health patients are among the most vulnerable. They are typically older, of lower socioeconomic status, and more likely to be disabled, a minority, or female than all other Medicare populations. These patients require appropriate access to care and coverage in a timely manner.

In August 2016, CMS initiated the PCRD program in Illinois in an attempt to reduce fraud and improper payments among home health agencies. However, initial plans to expand PCRD to Florida and three other states were postponed after the Illinois demonstration resulted in reduced patient access to care. Illinois’ experience indicates that home health agencies will likely incur significant costs in order to meet the demonstration’s administrative requirements.

For these reasons, we are concerned about the potential negative impact the RCD could have on seniors and disabled Floridians who rely on these critical services and whether necessary steps were taken to address the consequences Illinois experienced with similar policies. We respectfully request that CMS provide the following information about the RCD and PCRD programs by October 5, 2018:

1. What types and incidences of fraud or improper payments were uncovered through PCRD in Illinois from its initiation in August 2016 until its suspension in March 2017? Please provide separate responses on fraud and improper payments.

2. How did the PCRCD program impact patients' access to home health care, including the number of patients served and their ability to quickly receive care? How do these result compare to the 12 months prior to PCRCD's implementation in Illinois?
3. What other information from the PCRCD program did CMS use in developing RCD program integrity measures in home health services? Please specify these measures.
4. How did CMS use the PCRCD program results to determine the need for implementation of an RCD program?
5. Which alternative program integrity measures to RCD were considered by the agency and why were these programs not selected?
6. Which stakeholder groups and/or representatives, if any, were consulted in the consideration of the RCD program?
7. Has CMS considered whether other regulatory requirements, such as the face-to-face requirements, or a lack of clarity surrounding existing policies could be revised to improve efficiency and reduce improper payments?

We ask CMS to work with Congress, patients, providers and other stakeholders to address remaining questions and concerns before moving forward with the demonstration. We agree it is important to respond to Medicare fraud and abuse within the home health industry and guarantee timely patient access to services, but this should not come at the detriment to home health patients.

Sincerely,



BILL NELSON
United States Senator



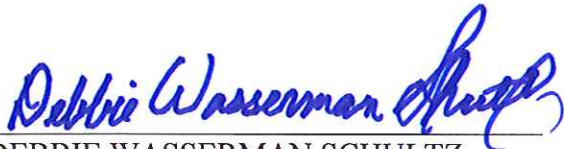
MARCO RUBIO
United States Senator



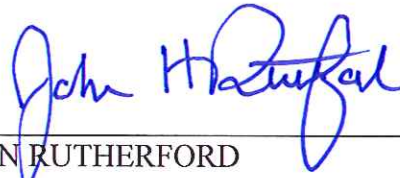
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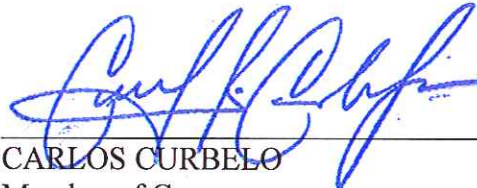
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Member of Congress



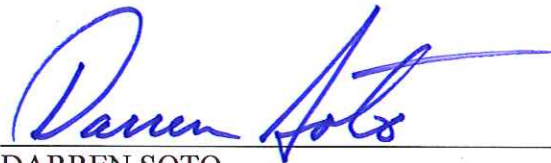
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CARLOS CURBELO
Member of Congress



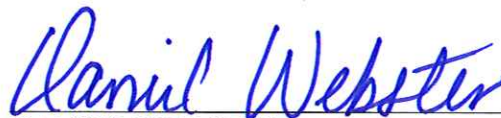
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