



May 15, 2020

[Name]

[Title]

[Organization's Name]

[Address]

[City, State Zip]

Dear :

On behalf of the American Speech-Language-Hearing Association (ASHA), the American Physical Therapy Association (APTA), and the American Occupational Therapy Association (AOTA), we write to share with you concerns from our members regarding the implementation of the new Medicare payment system for home health, known as the Patient-Driven Groupings Model (PDGM).

ASHA is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists, speech-language pathologists (SLPs), speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students.

APTA is an individual membership professional organization representing more than 100,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

AOTA is the national professional association representing more than 213,000 occupational therapy practitioners and students of occupational therapy. The science-driven, evidence-based practice of occupational therapy enables people of all ages to live life to its fullest by promoting participation in daily occupations or activities.

The Centers for Medicare & Medicaid Services (CMS) implemented PDGM in home health on January 1, 2020. The payment system reimburses for services provided by home health agencies (HHAs) based on patient characteristics rather than utilization. Since its implementation, members across all three of our national associations report that some HHAs are making care choices for patients based on the perceived financial incentives inherent in the payment system rather than the actual needs of patients or the plan of care developed by the interdisciplinary care team, which includes physicians and therapists. Because your members must designate a patient as homebound and develop orders for patients admitted to home health, we call to your attention the examples from our members showing how the implementation of this requirement may be inappropriate.

Our members work in HHAs providing medically necessary care to Medicare beneficiaries and report that some HHAs ignore physician orders for therapy services or modify them to limit the provision of therapy. Further, some HHAs are relying on predictive analytic software programs to dictate the number of therapy (and nursing) visits a patient is "allowed," without accounting for the clinical judgment of the treating therapist(s). We are concerned that patient outcomes will be harmed as a result.

We recognize that CMS only implemented PDGM on January 1, 2020. However, we anticipate that as patients raise concerns with their physicians and outcomes data becomes available, the failure of some HHAs to provide the care that has been ordered as medically necessary for the patient will require your attention.

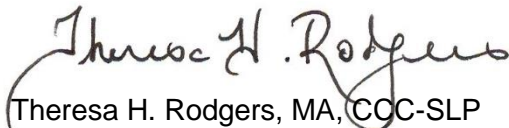
CMS has informed us that they will perform an extensive education campaign with physicians who order home health services to make them aware of the implications of the transition to PDGM and the importance of strong orders and documentation as a safeguard against the potential stinting on care by HHAs. CMS discussed this information at the January 29, 2020, Physician Open Door Forum. CMS also released MLN Matters article SE20005 on February 10, 2020, to inform HHAs about the continued role of therapy under PDGM.

We appreciate your attention to these concerns. We look forward to working with you to ensure HHAs implement physician orders for home health services appropriately to ensure patients retain access to medically necessary services and achieve quality functional outcomes.

If we can provide additional assistance and support, please do not hesitate to contact us.

- For questions related to speech-language pathology services, contact Sarah Warren, ASHA's director for health care policy for Medicare, at swarren@asha.org or 301-296-5696.
- For questions related to physical therapy, contact Kara Gainer, APTA's director of regulatory affairs, at karagainer@apta.org or 703-706-8547.
- For questions related to occupational therapy, contact Jennifer Bogenrief, AOTA's assistant director of regulatory affairs, at jbogenrief@aota.org or 240-482-4150.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President



Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
APTA President



Wendy C. Hildenbrand, PhD, MPH, OTR/L, FAOTA
AOTA President