June 26, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1696-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Sir or Madam:

LeadingAge PA, a statewide association representing nearly 350 not-for-profit providers of senior housing, healthcare and community services across the Commonwealth of Pennsylvania, appreciates the opportunity to submit comments on the Centers for Medicare & Medicaid Services’ (CMS’) proposed skilled nursing facility (SNF) Prospective Payment System (PPS) rule, CMS-1696-P.

Because nearly 200 of LeadingAge PA’s members provide nursing facilities, changes to the SNF PPS are of significant interest to LeadingAge PA and its members. LeadingAge PA’s vision of senior services includes the goal that financial sources and government regulations allow people of various financial means to access a choice of services facilitating their desired quality of life. Consumers should be able to access these services when they need them and, whenever possible, where they would like to receive them. Recognizing that access to nursing facility services when needed is important to seniors, LeadingAge PA observes that the majority of our members and the seniors they serve would seem to find the proposed Patient Driven Payment Model (PDPM) to be generally favorable, as it appears to be more responsive to the needs of the individual senior than is the RUG IV system.

We are supportive of the PDPM model in general, however, we do have members who may need to modify their practices at a time when reimbursement is already less than the cost of providing care, and the new nursing facility requirements of participation regulations continue to demand considerable time, energy, focus and financial resources. Therefore, we appreciate that the new system is proposed to begin October 1, 2019, so that education can be provided to allow nursing facilities to achieve a better understanding of the new payment system before it is implemented. We further recommend that CMS consider what changes to nursing facility information technology will be necessary and consider whether the implementation period may need to be extended to allow for such changes.

LeadingAge PA has some concerns about the proposed use of ICD-10 codes given that nursing facility staff typically are not ICD-10 coding experts. Further, because the ICD-10-CM or ICD-10-PCS codes would be based on procedures completed prior to admission to the nursing
facility, the burden of acquiring sufficient documentation is likely to be increased. We request that CMS conduct a pilot test comparing the ease, efficiency and accuracy of utilizing I8000 compared to I0020 prior to the effective date of the regulations to assess whether the proposal is practical.

Thank you again for the opportunity to provide comments. If you have any questions, please contact me.

Sincerely,

Beth Greenberg
Director of Regulatory Affairs
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