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Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1625-P
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically to www.regulations.gov

Re: CY 2016 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements, 80 Federal Register 39840 (July 10, 2015).

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the proposed rule referenced above, published in the Federal Register on July 10, 2015. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

ANA appreciates the opportunity to comment on the Medicare proposed rule concerning the Home Health Value-Based Purchasing Model and Home Health Quality Reporting Requirements. We fully support positions and recommendations set forth in the comment letter submitted by the Visiting Nurse Associations of America (VNAA), a national organization that supports, promotes and advances mission-driven, nonprofit providers of home and community-based health care, hospice and health promotion services to ensure access and quality care for their communities.

ANA supports VNAA's positions with regard to the proposed updates to the Home Health Prospective Payment System Rate (including comments on case-mix adjustment, the methodology for calculating the case-mix adjustment, and the impact of aggregate cuts on Home Health Providers). With regard to the proposed Home Health Value-Based Purchasing Program, ANA supports VNAA's comments on the methodology for selecting participants, the timeframe, the payment mechanism and incentive/penalty range and performance metrics. ANA supports the recommendation to extend the

¹The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

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period to review and notify CMS of any errors. We also support the recommendation that CMS enable all home health agencies to participate in any learning networks established to support participating agencies. Finally, ANA supports CMS' proposed revisions regarding the Home Health Quality Reporting Program, including the areas for measure development.

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Jane Clare Joyner, Senior Policy Fellow (janeclare.joyner@ana.org; 301.628.5083).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer