

Congress of the United States
Washington, DC 20510

July 30, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Administrator Verma:

We write to express our concern with the Centers for Medicare and Medicaid Services (CMS) decision to move forward with the Review Choice Demonstration (RCD) Program for home health services in the face of Florida's current battle against the COVID-19 pandemic.

On March 30, 2020, CMS announced a pause of expansion of the RCD into Florida, which had been scheduled to commence on May 4, 2020. This pause was planned for the extent of the COVID-19 Public Health Emergency (PHE) period. On July 7, 2020, CMS announced it would discontinue exercising enforcement discretion for the RCD beginning on August 3, 2020—initiating the RCD in Florida regardless of the status of the PHE.

Following the reinstatement announcement, numerous home health providers in Florida shared their concerns of being able to meet the RCD administrative requirements while simultaneously handling the many challenges of the coronavirus. These challenges include increased time securing vital personal protective equipment necessary to care for their patients, increased time in performing advanced infection prevention techniques, and limited ordering physician availability to provide necessary signatures. This is all in addition to decreased worker availability due to family and childcare demands resulting from the virus, staff contracting the virus, and additional workers needed to offset the demands of the pandemic.

Due to these challenges, providers find themselves stretched to their upper limits. Implementing the RCD currently is an unnecessary burden as home health agencies (HHAs) continue to provide high quality care in their communities in unprecedented circumstances. It is vital that clinicians focus on providing care and decreasing infection transmission as opposed to fulfilling administrative requirements during the PHE.

In addition to these challenges, HHAs are being given less than a month to prepare for RCD, and previous experience in Illinois, Ohio, and Texas indicates an initial steep learning curve that HHAs face in adjusting to the RCD program. This will only be exacerbated by the many HHA professionals working remotely without the full set of resources they may need to be successful in the RCD.

Thank you for your efforts to protect the integrity of the Medicare program—ensuring it is free from fraud and corruption and that beneficiaries receive the high-quality care they expect. We urge CMS to resume the position it took in March to pause the RCD until the PHE has been resolved. We look forward to your action on this important issue.

Sincerely,



Gus M. Bilirakis
Member of Congress



Kathy Castor
Member of Congress



Darren Soto
Member of Congress