



September 26, 2016

Honorable Andrew Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS–5519–P  
Mail Stop C4–26–05  
7500 Security Boulevard  
Baltimore, MD 21244–1850

Submitted electronically to [regulations.gov](http://regulations.gov)

Re: CMS–5519–P; [Advancing Care Coordination through Episode Payment Models \(EPMs\); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model \(CJR\); Proposed Rule](#)

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule, *Advancing Care Coordination through Episode Payment Models; Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model (CJR)*. As the only full-service professional organization representing the interests of the nation's 3.6 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.<sup>1</sup> ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes and access across the health care continuum.

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<sup>1</sup> The 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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ANA appreciates the opportunity to comment on this proposed rule, which would create three Episode Payment Models (EPMs) for care of acute myocardial infarction (AMI), coronary artery bypass graft (CABG), and surgical hip/femur fracture treatment (SHFFT) under its authority under Section 1115A of the Social Security Act. These proposed models would begin July 1, 2017. In addition, the proposed rule would modify the Comprehensive Care for Joint Replacement Model (CJR), to create a pathway for the CJR and the models proposed to qualify as Advanced Alternative Payment Models (APMs). CMS also proposes to create a new Cardiac Rehabilitation Incentive Payment Model (CR) where additional payments for CR and intensive cardiac rehabilitation (ICR) services will be made during the follow-up care of AMI and CABG patients. CMS seeks certain Medicare program requirement waivers (such as telehealth, post-discharge home nursing visits, and the 3-day qualifying inpatient stay prior to Skilled Nursing Facility (SNF) admission) for all proposals.

#### Support for comments from the Association of Rehabilitation Nurses

Care coordination, transitional care services and discharge planning are essential to advancing the delivery of health care and furthering the priorities of the National Strategy for Quality Improvement in Health Care: better care; better health; and reduced costs. ANA supports the comments submitted by the Association of Rehabilitation Nurses (ARN), an Organizational Affiliate of ANA, regarding these issues. As discussed by ARN and addressed in ARN's white paper, *The Essential Role of the Rehabilitation Nurse in Facilitating care Transitions*<sup>2</sup>, Clinicians responsible for care coordination must be client-centered, goal-oriented, and outcome-based which is important in the understanding of roles of all professionals and how each role impacts the long-term success in the patient's care.

#### Waivers

CMS seeks certain Medicare program requirement waivers (such as telehealth, post-discharge home nursing visits, and the 3-day qualifying inpatient stay prior to Skilled Nursing Facility (SNF) admission) for all proposals. ANA has previously recommended (with regard to the CCJR bundled payment for CCJR) that CMS include a waiver to allow APRNs to certify hospitalized patients for home health care services. We reiterate that the role of the APRN with regard to certification of home care services applies to all of the proposals set forth in this proposed rule.

In addition, when executing these demonstrations, ANA urges CMS to require more specific identification of all the clinicians whose services are billed incident to. There must be documentation of the specialties and roles of those clinicians. Some logical method of identifying those services must be developed for the evaluation of this aspect of the demonstration. These data are essential to inform a learning health system in the evaluation of quality outcomes. In response to previous issued proposed rules ANA has advocated for the development and use of specialty specific incident to modifiers to track services provided and billed as incident to a physician service.

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<sup>2</sup> ARN publication, "[Making the Right Decision for Rehabilitation Care](#)," is an important reference to assist patients and family/caregivers in identifying the appropriate facility following discharge.

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We appreciate the opportunity to share our views on this proposed rule. If you have questions, please contact Maureen Dailey PhD, RN, CWOCN at [Maureen.Dailey@ana.org](mailto:Maureen.Dailey@ana.org) or 301-628-5062.

Sincerely,

A handwritten signature in cursive script that reads "Debbie D. Hatmaker".

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

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