



Via Electronic Mail: regulations.gov

November 20, 2019

Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: OMB Control Number: 0938-0679
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

Re: Durable Medical Equipment Medicare Administrative Contractor Certificate of Medical Necessity and Supporting Documentation Requirements

To Whom It May Concern:

The American Association for Homecare (AAHomecare) is pleased to have the opportunity to submit comments on the Durable Medical Equipment Medicare Administrative Contractor Certificate of Medical Necessity and Supporting Documentation Requirements notice.

As the national organization representing durable medical equipment, respiratory therapy, infusion therapy, prosthetics, orthotics, and supplies (DMEPOS) suppliers, manufacturers, and other stakeholders in the homecare community, we are knowledgeable on the use of Certificate of Medical Necessities (CMNs). While this proposed collection does not announce any changes to the CMN form itself, we would like to take this opportunity to request CMS to eliminate the requirement of all CMNs and DME Information Forms (DIFs).

The CMN and DIF were originally developed as tools to document medical necessity, but over the past several years, they have been reduced to merely another administrative hurdle to claims payment. The time and resources necessary to obtain a properly completed CMN are significant because of the limitations placed on the completion of the documents. A supplier is prohibited by statute from completing Part B of the CMN, the section pertaining to medical necessity. Any supplier who completes a CMN or alters the CMN after the physician has signed it is subject to civil monetary penalties. The DIF is prepared by the supplier but since supplier-prepared

records are not considered part of the medical record, the DIF does not support medical necessity and serves no other purpose.

Not only is this process burdensome on the supplier and the physician, it ultimately affects beneficiary access to DMEPOS items as suppliers use time and resources to obtain paperwork that would otherwise be spent servicing beneficiaries. If the supplier does not produce additional documentation from the patient's file, the MACs will deny the claim for lack of medical necessity and deny or recoup payment, even though the equipment has already been provided to the beneficiary pursuant to the order of the treating physician and the signed CMN.

Over the last several years, CMS' Program Integrity Group has engaged the supplier community about potentially removing CMNs and DIFs. On May 27, 2015, CMS held an Open Door Forum to hear from the supplier and provider community on the potential impact of removing CMNs and DIFs. On the call, several suppliers voiced in support of removing CMNs and DIFs. In October 2018, CMS again expressed interest in potentially removing CMNs and DIFs at the Provider Compliance Focus Group Meeting in Baltimore. The suppliers present at the meeting again encouraged CMS to remove the forms, especially since it is consistent with CMS' current Patients Over Paperwork initiative.

Furthermore, if CMNs cannot be completely removed, we believe using electronic medical records and mandating the adoption of CMS' clinical data elements (CDEs) is an opportunity to replace CMN and DIFs. The CDEs include all Medicare documentation requirements to complete a DMEPOS order. It allows the process of collecting all the documentation requirements and communicating with the prescriber more efficient. If full elimination of CMN and DIFs is not possible, we recommend CMS to consider using electronic medical records and mandating CDEs to replace CMN and DIFs.

In conclusion, we request CMS eliminate all CMNs and DIFs as they are currently considered claims processing tools. CMS should alter claims processing requirements to eliminate them as they have done in the past with CPAP and hospital bed CMNs.

We appreciate the opportunity to submit these comments. Please feel free to contact me if you have any questions or concerns.

Sincerely,



Kimberley S. Brummett, MBA
Vice President of Regulatory Affairs
American Association for Homecare