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HOSPITAL
ASSOCIATION**

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Health Policy and Advocacy*

December 20, 2019

Michael Keane
Director, Division of DMEPOS Competitive Bidding
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Subject: Public Comments on Competitive Bidding Surveys

Dear Director Keane:

On behalf of our more than 400 member hospitals and health systems, as well as their related post-acute care providers, the California Hospital Association (CHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) development of a stakeholder survey that will be used to further strengthen the monitoring, outreach, and enforcement functions of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP).

CHA applauds CMS' efforts to complement its quantitative analysis with a qualitative approach – such as ongoing stakeholder surveys – to improve its efforts to monitor beneficiary access and health outcomes under the DMEPOS CBP. We believe this is the first of several steps the agency can take to ensure the program is working not only for beneficiaries, but for the providers that assist them in obtaining medically necessary DME.

Access to DME is essential to ensure that patients have the necessary support to address ongoing medical needs once leaving the hospital and returning home. In addition, DME keeps patients from having to return to the hospital to manage their chronic diseases and to remain active participants in their communities. While beneficiaries are able to obtain DME from Medicare participating suppliers on their own, hospital case managers play an important role as referral agents in submitting orders for medically necessary DME during the discharge planning process.

Despite the important role DME plays in managing the health and well-being of Medicare beneficiaries, access to DME in California – in particular timely access that supports safe hospital or post-acute care discharge – has been an ongoing challenge. CHA believes that many of the systemic challenges providers face in assisting beneficiaries can be resolved through a more rigorous data collection effort that will assist the agency in better identifying the problem so that appropriate policies can be developed and implemented.

As detailed in CHA's 2018 [issue brief](#) *Ensuring Medicare Beneficiaries Have Access to Medically Necessary Durable Medical Equipment*, we believe the current data collection efforts, including the paid administrative claims data used by CMS to monitor beneficiary access and outcomes, are inadequate. A significant contributing factor to the limitations is that important access issues are often masked by

actions that hospital case manager referral agents and beneficiaries take independently. CHA appreciates the agency's willingness to learn more about the current "work around" strategies providers and beneficiaries have used when suppliers have failed to provide DMEPOS in a timely manner to ensure a safe care transition from a hospital.

We believe that a carefully crafted stakeholder survey will allow CMS to better understand the steps taken by beneficiaries, their families, and referral agents, and help to unmask existing access issues. In addition, such a survey is an important tool to monitor DMEPOS supplier compliance with the DMEPOS Quality Standards (attached).

As you know, CHA conducted surveys of hospitals case managers in 2018 and 2019 to understand their experience obtaining DME for patients to support timely discharge. While the results of the 2018 survey are referenced in the above-mentioned issue brief, we recently re-surveyed case managers to understand the impact of the recent suspension and gap period of the DMEPOS CBP until at least 2021. During this gap period, Medicare beneficiaries can obtain DME from "any willing supplier," rather than being limited to those awarded contracts in their region. While hospital case managers have reported a slight improvement in the frequency of delays in obtaining medically necessary DME, they continue to be challenged.

In March 2018, 80% of California hospital case managers reported that when ordering basic DME items for Medicare beneficiaries, they encountered problems "always" or "often". When re-surveyed in November 2019, case managers report these issues at 56% of the time. In addition, when re-surveyed on the steps taken by hospitals to mitigate supplier failure, the rates of providing DME at hospital expense, loaning DME, or delaying discharge were not significantly changed. Despite the recent CMS change in policy, we anticipate that some providers are likely to continue to adhere to the "work around" processes that are working for their patients. This is all the more reason for the agency to think through a program-wide data strategy that complements current efforts and allows for a more focused monitoring of supplier compliance with the quality standards.

Below, CHA offers a number of considerations for the implementation of survey, as well as other methods for obtaining the type of qualitative and quantitative information that we believe will complement current program oversight efforts. Our comments are informed by conversations with hospital case managers across the state on effective methods for contacting referral agents. We welcome additional conversation with the agency and are happy to assist in referral agent outreach.

Finally, in Appendix A we provide a number of suggested survey questions for Medicare beneficiaries and referral agents. This is a preliminary list of questions we have used, but welcome additional discussion with the agency to ensure the survey questions meet the agency's objectives while minimizing administrative burden and costs.

SURVEY IMPLEMENTATION CONSIDERATIONS

CHA believes it is important that, prior to implementation of any survey – and prior to the use of survey data for informing Medicare policy – the survey be pilot tested with stakeholders and respondents, with survey questions tested for reliability and validity. Further discussion about the definition of a representative sample of the target population(s) is also something that should be informed by stakeholders.

CHA and CMS have shared goals in ensuring that data collection is meaningful for policy purposes and administratively feasible for CMS and providers/referral agents. CHA has experience in fielding these types of surveys and would like to be a resource for CMS. Informally convening stakeholders to inform this process generally will assist the agency in obtaining an accurate and consistent set of data for the policy and oversight process.

We believe there are likely a number of steps the agency can take to ensure meaningful survey question development and high response rates. They include but are not limited to the following:

- Convening of stakeholders to inform survey design and roll out
- Advance notification of survey release and clear deadlines for respondents
- Alignment of time periods with other Medicare beneficiary surveys or Medicare administrative contractor satisfaction surveys
- Use of technology to facilitate timely response rates and decrease costs
- Future consideration of survey response rates linked to specific DME supplier contract provisions; suppliers can be most helpful in ensuring referral agent and beneficiary response if appropriately incentivized.

For example, targeting a survey for the same time of year is important for consistent data collection over time. Alignment of timing of a survey of referral agents survey with a beneficiary survey would be ideal. One approach might be for CMS to add a narrow set of questions to the current the Medicare Current Beneficiary Survey (MCBS). The MCBS is conducted through computer-assisted personal interviews in households and facilities, and we believe CMS should consider multiple methods of collection — including electronic, U.S. Mail, and phone interviews. In addition, CMS could take steps to incentivize suppliers and providers to encourage Medicare beneficiaries, as well as their referral agents, to complete the surveys.

METHODS FOR CONTACTING REFERRAL AGENTS

In its solicitation for comment, CMS seeks input on effective methods for contacting referral agents. CHA is pleased to see this request, as referral agents – often hospital and post-acute care case managers – play a significant role in ensuring Medicare patients are discharged from the hospital or post-acute care facility with all of the necessary DMEPOS items to return to their homes and communities. We agree that ongoing surveys of referral agents will allow CMS to better understand the steps taken by providers to address suppliers' failure to comply with the DMEPOS quality standards.

CHA strongly encourages CMS to partner with state and national hospital associations, as well as professional associations such as the American Case Management Association and Case Management Society of America, to facilitate direct communication with referral agents. CHA welcomes the opportunity to assist CMS in connecting with the right individuals within these organizations.

CHA appreciates the opportunity to provide comments on the development of this important work, as we believe there is tremendous opportunity to partner with the agency going forward. Our comments are reflective of the short time period for responding during a very busy regulatory season for providers, but welcome additional dialogue at your convenience. We look forward to reviewing a proposed survey in the future, and welcome any additional conversations to ensure the survey's success.

If you have questions please do not hesitate to contact me at akeefe@calhospital.org or (202) 488-4688; or my colleague Pat Blaisdell, vice president continuum of care, at pblaisdell@calhospital.org or (916) 552-7553.

Sincerely,

/s/

Alyssa Keefe

Vice President, Federal Regulatory Affairs

Appendix A

SUGGESTED QUESTIONS FOR BENEFICIARIES

- Did your physician prescribe DMEPOS items to be delivered to the hospital or post-acute care facility prior to discharge?
 - Yes
 - No
- Were your prescribed DMEPOS items delivered to the hospital or post-acute care facility prior to discharge?
 - Yes
 - No
- Was your discharge delayed because your prescribed DMEPOS items were not delivered to the hospital or post-acute care facility?
 - Yes
 - No
- Was your discharge delayed because prescribed DMEPOS items were not delivered to your home prior to discharge?
 - Yes
 - No
- If your discharge was delayed, what was the length of your additional stay?
 - Less than one day
 - One day
 - More than one day
- Did you or your caregiver purchase DMEPOS items “off-the-shelf” (i.e. from CVS, Walgreens, Walmart, Amazon, etc.) rather than from a Medicare supplier to facilitate timely hospital or post-acute care discharge?
 - Yes
 - No
- Were you or your caregiver required to drive to pick-up your DMEPOS items from a Medicare supplier?
 - Yes
 - No
- If you were required to drive to pick-up a DMEPOS item from a Medicare supplier, how far did you have to drive?
 - Less than 5 miles
 - 5-15 miles
 - 15-30 miles
 - More than 30 miles
- For DMEPOS items delivered to your home, did the supplier deliver and set-up, or coordinate set-up with another supplier, all equipment and items in a timely manner as agreed upon by you or your caregiver, the supplier, and prescribing physician?
 - Yes
 - No

- How satisfied were you with the supplier's set-up of DMEPOS items at your home?
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Dissatisfied
 - N/A – Supplier did not set-up DMEPOS items
- For DMEPOS items delivered to your home, did the supplier provide, or coordinate the provision of, appropriate information related to the set-up (including preparation of enteral/parenteral nutrients), features, routine use, troubleshooting, cleaning, infection control practices, and maintenance of all equipment and items provided?
 - Yes
 - No
- How satisfied were you with the supplier's provision of information related to the set-up (including preparation of enteral/parenteral nutrients), features, routine use, troubleshooting, cleaning, infection control practices, and maintenance of all equipment and items provided?
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Dissatisfied
 - N/A – Supplier did not provide relevant information
- For DMEPOS items delivered to your home, did the supplier ensure that you or your caregivers were able to use all equipment and items provided safely and effectively in the settings of anticipated use?
 - Yes
 - No
- Did you use the Medicare Supplier Directory to identify DMEPOS suppliers in your area?
 - Yes
 - No
- Did you have to contact multiple suppliers listed in the Medicare Supplier Directory in order to find one to provide your prescribed DMEPOS items? If, yes how many?
 - N/A – Only contacted one supplier
 - 2
 - 3
 - 4
 - 5+
- Please describe your satisfaction with your experience using the Medicare Supplier Directory.
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Dissatisfied

SUGGESTED QUESTIONS FOR REFERRAL AGENTS

- When ordering basic items of DME for Medicare beneficiaries, how often do you experience issues in accessing needed DME?

-
- Sometimes
 - Often
 - Always
 - Never
 - Do you currently experience delays in obtaining the following DME equipment for Medicare beneficiaries? If yes, please check all that apply and indicate the frequency of delays. If you do not experience delays for an item, please check "N/A."
 - Walkers
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Standardized Wheelchairs
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Oxygen
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Beds
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Nebulizers
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Wound Vac
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Other item (please specify below)

-
- Sometimes
 - Often
 - Always
 - Never
 - N/A
 - When seeking a routine DME item, how often do you contact multiple suppliers listed in the supplier directory for your region?
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - On average, how much time do you spend per patient to obtain DME for Medicare beneficiaries?
 - 15-30 minutes
 - 30 minutes to one hour
 - One hour or more
 - One day or more
 - More than 2 days
 - What steps has your organization taken to facilitate discharge when DME delays occur? Check all that apply.
 - Provide equipment at hospital expense
 - Provide loaner equipment until order is delivered
 - Delay patient discharge
 - Obtain donated equipment
 - None/Not Applicable
 - Other (please specify)
 - If your organization is currently providing equipment to Medicare beneficiaries due to delays in obtaining items from suppliers, which of the following types of equipment does your organization provide, and how often? Check all that apply.
 - Walkers
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Standardized Wheelchairs
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Oxygen
 - Sometimes

-
- Often
 - Always
 - Never
 - N/A
 - Beds
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Nebulizers
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Wound Vac
 - Sometimes
 - Often
 - Always
 - Never
 - N/A
 - Other item (please specify below)
 - Sometimes
 - Often
 - Always
 - Never
 - Was the patient or patient's caregiver required to drive to pick-up DMEPOS items from a Medicare supplier?
 - Yes
 - No
 - If you are aware a patient was required to drive pick-up a DMEPOS item from a Medicare supplier, how far did the patient have to drive?
 - Less than 5 miles
 - 5-15 miles
 - 15-30 miles
 - More than 30 miles