

September 25, 2001

Michael F. Mangano
Principal Deputy Inspector General
HHS/Office of Inspector General
5246 Cohen Building
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear M r. Mangano:

The American College of Physicians–American Society of Internal Medicine (ACP–ASIM), representing over 115,000 physicians who practice internal medicine and medical students, is pleased to respond to your August 14, 2001 letter inviting us to comment on your draft inspection report, “The Physician’s Role in Medicare Home Health 2001.” As you know, the College worked with the Office of Inspector General (OIG) in identifying key issues this study should focus on from a physician’s perspective, as well as offering input on the physician survey instrument used by the OIG to gather data for this report.

Overall, ACP–ASIM finds the draft inspection report both accurate and troubling. Most physicians do indeed want to provide a high level of care and supervision of their homebound patients. At the same time, physicians find the guidance, policies, rules, and certification/re-certification forms governing home health care issued by the Centers for Medicare and Medicaid Services (CMS) confusing and unwieldy. This undermines physicians’ ability to properly authorize and effectively oversee home health care. We thus urge CMS to substantially improve its technical guidance and educational materials offered to physicians to address the following problem areas:

- CMS’s criteria for determining a patient’s homebound status need to be much more clearly spelled out, offering some clinical examples as further guidance;
- CMS needs to list precisely which home health services and durable medical equipment qualify as medically necessary, including guidelines on intensity and duration of service;
- CMS needs to simplify home health certification/re-certification forms so that only information essential about the patient’s need for home health services is presented on the forms’ face page;
- CMS needs to publish an explicit statement of its expectations for what constitutes appropriate physician care plan oversight of their homebound patients;

- In order to encourage greater physician participation in overseeing home health patients, CMS needs to publicize it now offers payment for rendering home health certification and re-certification decisions, as well as enhanced payment for care plan oversight;
- In order to deter a home health agency's incentive to underprovide care as a result of the shift to a home health prospective payment system, CMS needs to alert physicians to this potential problem and enlist their heightened vigilance to ensure patients receive an appropriate level of service from their home health agencies.

ACP-ASIM has enjoyed a very positive, cooperative working relationship with the OIG over the last two and a half years, and hopes the comments provided above are helpful and can be included in the final version of your inspection report. Please contact Mark Gorden of our Washington staff at (202) 261-4544 if you have any questions pertaining to this correspondence.

Sincerely,

C. Anderson Hedberg, MD, FACP
Chair
Medical Service Committee