

3708 W. Brooks Place • Sioux Falls, SD 57106 • (605) 361-2281

June 1, 2021

Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS-1754-P P.O. Box 8016 Baltimore, MD 21244-8016

Re: Comments on CMS-1754-P

To Whom It May Concern:

On behalf of the South Dakota Association of Healthcare Organizations (SDAHO), we are submitting comments in response to the Department of Health and Human Service's (HHS) Centers for Medicare and Medicaid Services' (CMS) proposed rule *CMS-1754-P Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements* published in the Federal Register on April 14, 2021.

The South Dakota Association of Healthcare Organization (SDAHO) serves as a voice for South Dakota's hospitals and healthcare organizations encompassing the full continuum of care. SDAHO members include hospitals, healthcare systems, nursing facilities, home health agencies, assisted living centers, and hospice organizations. SDAHO's mission includes advancing healthy communities across the healthcare continuum.

Hospice Conditions of Participation

SDAHO supports CMS's proposed updates for hospice aide competency evaluations to allow for testing of skills with pseudo-patients as part of a simulation. SDAHO members found this change to be beneficial for preserving patient privacy and allowing hospice aides to be trained more quickly. SDAHO also supports CMS's decision to target deficient skills in place of performing another full competency evaluation. SDAHO believes this creates efficiencies in training hospice aides to allow providers to serve patients more quickly.

Hospice Care Index

SDAHO supports utilizing claims based measures to evaluate hospice programs and is supportive of measures that reduce reporting burden for providers. However, SDAHO has concerns about the proposed measure's all or nothing approach that may not capture the reality of care provision in rural communities. We are also concerned how small volume in rural and small providers may skew results in the indicators for live discharges and burdensome transitions. The measure does not appear to contain a threshold for reporting relative to small numbers.

SDAHO and our member hospice providers are committed to providing safe and effective highquality care for our communities, as well as working in partnership with the state of South Dakota and the federal government to appropriately respond to COVID-19. We respectfully ask that CMS consider revisions to the final rule based on our comments. Please contact me if you have questions or reach out to Sarah Aker, SDAHO's Director of Fiscal Policy at 605.789.7527 or sarah.aker@sdaho.org.

Sincerely,

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Tim Rave President and Chief Executive Officer South Dakota Association of Healthcare Organizations