



August 17, 2016

Andy Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Slavitt,

On behalf of post-acute care (PAC) national organizations and stakeholders, and affected consumer and provider groups, we appreciate the Centers for Medicare and Medicaid Services' (CMS) continued implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 (Pub.L.No. 113-185), and we remain committed to working with you to ensure that the post-acute quality and payment objectives of the law are met. However, we must register our strong objections and alert you to our significant concerns with the agency's recent announcement requesting comments on the data element specifications and set of standardized data assessment items with a far too abbreviated comment

period<sup>1</sup>. We urge the agency to extend the comment period to at least September 15 in order to allow a fair opportunity for meaningful input.

As you are aware, on August 15 (three days into a fourteen day public comment period), CMS announced a brief two week comment period (from August 12 through August 26) for the “collection of standardized assessment-based data items developed under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) to meet the domains of: cognitive function and mental status; special services, treatments, and interventions; medical conditions and co-morbidities; and impairments.” We believe twelve days is wholly insufficient for organizations to respond in a comprehensive and thoughtful manner. As noted in a previous letter to you, a compressed timeframe in which to respond with critical and essential information will ultimately hinder, rather than inform the data element development process required by the IMPACT Act.

In the past when the agency has extended its comment periods related to IMPACT Act implementation, it frequently has done so concurrent with or after the closing deadline for comment submission, which thwarts and undermines the purpose of any extension. Therefore, we respectfully request immediate consideration of this request.

Each of our organizations strives to provide CMS with detailed, thoughtful analysis in order to help the agency and its contractors such as RAND. Developing meaningful data items and elements as well as quality and resource use measures will be the basis for significant changes to post-acute quality and payment policies. Extending the comment period to provide CMS with the requested information in a more realistic timeframe and affording the post-acute care community with sufficient time to review and respond to proposed measures is reasonable, given the high stakes for the agency, beneficiaries and providers.

Thank you in advance for your timely consideration of and response to this request.

Sincerely,

Alliance for Home Health Quality and Innovation  
American Academy of Physical Medicine and Rehabilitation  
American Health Care Association  
American Medical Rehabilitation Providers Association  
LeadingAge  
National Association for Home Care & Hospice  
National Association for the Support of Long Term Care  
National Association of Long Term Hospitals  
National Center for Assisted Living  
Partnership for Quality Home Healthcare  
Visiting Nurse Associations of America

---

<sup>1</sup> RAND Corporation, *Development and Maintenance of Post-Acute Care Cross-Setting Standardized Patient Assessment Data: Data Element Specifications for Public Comment*, CMS Contract No. HHSM-500-2013-13014I (Aug. 2016).

CC: Kate Goodrich, M.D., Director  
Center for Clinical Standards and Quality (CCSQ)

Patrick Conway, MD  
Deputy Administrator for Innovation and Quality and CMS Chief Medical Officer

Cindy Massuda/Charlayne Van, Contracting Officer's Representative (COR)