

October 4, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

Submitted Electronically

Re: Provider Home Address Reporting Requirements

Dear Administrator Brooks-LaSure:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the Centers for Medicare & Medicaid Services' (CMS') continued support of telehealth services and ongoing work to create a long-term structure for the efficient provision of digital care.

At the outset of the COVID-19 pandemic, CMS moved quickly to issue regulatory waivers to ensure hospitals and health systems could leverage telehealth services to efficiently and effectively respond to a wave of unprecedented need. While the waivers were intended to support the administration of care during the pandemic, the resulting unprecedented growth in telehealth services fundamentally transformed care delivery, expanded access for millions and increased convenience in caring. For example, waivers allowed practitioners to render telehealth services from their home without having to report their home address on Medicare enrollment or claims forms. However, CMS issued guidance in a Frequently Asked Questions document that the waiver will continue through Dec. 31, 2023.¹ As such, beginning Jan. 1, 2024, these providers will be required to report their home address on enrollment and claims forms.

¹ <https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf>



While we understand and support CMS attempting to establish appropriate reporting for program integrity, we are deeply concerned with this requirement. It poses potential privacy issues to providers since home addresses may be publicly available without their knowledge or consent on sites like Medicare Care Compare. We therefore urge CMS to permanently remove this requirement as soon as possible. At a minimum, the agency should conduct rulemaking to propose a process, solicit alternative options and extend the current waivers until rules can be finalized with an appropriate transition time for organizations to comply.

Reporting Home Addresses Poses Privacy and Safety Concerns. Requiring providers to list their personal home addresses on enrollment and claims forms, to which patients or others in the public have access, poses privacy and safety risks. This is a particular concern to us given the increased incidence in violence against health care workers. The pandemic placed significant stress on the entire health care system, and unfortunately, in some situations, patients, visitors and family members have attacked health care staff and jeopardized our workforce's ability to provide care. Recent studies indicate, for example, that 44% of nurses reported experiencing physical violence and 68% reported experiencing verbal abuse during the COVID-19 pandemic.² A report from the Bureau of Labor Statistics found that even before the pandemic, amongst all industries, health care and social service industries have the highest rates of injury due to workplace violence.³ In fact, health care workers were five times more likely to experience workplace violence injuries than all workers.⁴

Requiring providers to report their home addresses in a manner that may be posted publicly exposes our workforce to unnecessary and inappropriate risk. They cannot provide attentive care in such an environment. **At a minimum, CMS must implement a mechanism to automatically mask the home address from any public sites and directories.**

The Requirement Will Erode Telehealth's Potential as a Provider Retention Tool. Given the experience with COVID-19, many hospitals, health systems and providers have moved to hybrid schedules where some physicians and staff work remotely. This fosters improved retention, especially in light of the significant staffing shortages nationwide. Specifically, providers can manage patient panels that may be geographically dispersed, while minimizing travel time to different settings. Yet, requiring providers to list their home address may disincentivize them from delivering telehealth services altogether (since they do not want their personal address listed publicly) and as such minimize telehealth's potential as a workforce retention tool for organizations.

² <https://www.aha.org/system/files/media/file/2022/09/Fact-Sheet-Workplace-Violence-and-Intimidation-andthe-Need-for-a-Federal-Legislative-Response.pdf>

³ <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>

⁴ Ibid.

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The Requirement Poses Untenable Administrative Burden. Hospitals and health systems also are concerned about the operational and administrative burden of completing enrollment forms for provider home addresses, as well as tracking and reporting changes in providers' home addresses if they move. Given the current timeline, it is not operationally feasible for many organizations not only to update enrollment forms for all providers administering telehealth from their homes, but also to make necessary updates in billing software and electronic health records to add home addresses as sites of care. It also would add costs for organizations to update systems and for CMS and the Medicare Administrative Contractors to process changes when providers move.

We appreciate your consideration of our requests. Please contact me if you have questions or feel free to have a member of your team contact Jennifer Holloman, AHA's senior associate director of policy, at jholloman@aha.org, or Joanna Hiatt Kim, AHA's vice president of payment policy, at jkim@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development