

March 20, 2024

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 Administration's commitment to advancing telehealth services. To further this goal, we urge the Centers for Medicare & Medicaid Services (CMS) to remove the requirement that telehealth providers list their home address on enrollment and claims forms when performing services from their homes.

At the start of the COVID-19 pandemic, CMS issued critical regulatory waivers to ensure hospitals and health systems could leverage telehealth services efficiently and effectively in response to a wave of unprecedented need. This included allowing practitioners to render telehealth services from their home without reporting their home address on Medicare enrollment or claims forms. This flexibility has enabled hospitals and health systems to leverage geographically dispersed providers and provide access to underserved patient populations. It has been an essential tool to recruit physicians and maximize limited provider capacity in areas with physician shortages. Moreover, hospitals and health systems can operate more efficiently since providers do not need to travel significant distances between different practice or hospital locations. **We greatly appreciate that CMS extended the flexibility for providers to administer telehealth services from their home address and delayed the requirement for providers to report their home address through 2024.**



The AHA recognizes the important role that CMS plays in monitoring program integrity risks and establishing guardrails to ensure the safe provision of virtual care. However, we remain concerned that the requirement for providers to list their home address on enrollment and claims forms is set to go into effect in 2025. **Due to concerns regarding privacy and other matters described below, we continue to urge CMS to permanently remove the requirement for providers to list home addresses on enrollment forms and pursue other ways to assess and monitor providers administering telehealth services from sites other than a practice setting.**

Reporting Home Addresses Poses Privacy and Safety Risks. Requiring providers to list their personal home addresses on enrollment and claims forms poses privacy and safety risks. Specifically, enrollment practice location addresses are publicly available on websites like CMS Care Compare. As such, requiring providers practicing telehealth from their home to report their home address would make them publicly available. This could provide this information to, for example, disgruntled patients or caregivers, or patients experiencing acute psychological distress. **This is a particular concern given the increased violence against health care workers.** For example, a report from the Bureau of Labor Statistics found that amongst all industries, health care and social service industries have the highest rates of injury due to workplace violence. In fact, healthcare workers are five times more likely to experience workplace violence injuries than all workers.¹

Hospitals and health systems have long had robust protocols in place to detect and deter violence against their team members. In some cases, physical deterrents, like metal detectors and security guards, have been implemented at physical locations. However, employers cannot provide similar security measures at providers' homes since the resources required to do so would make this untenable. Physicians cannot provide attentive care when they are afraid for their or their families' personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions. Requiring providers to report their home addresses in a manner which they may be posted publicly exposes our workforce to unnecessary risk. Just as CMS has instituted standards to protect the privacy of patient information, CMS should seek solutions that require "minimum necessary standards" to protect personal information of our providers.

We appreciate the efforts CMS is making to preserve provider safety in other areas. For example, CMS recently posted a notice providing flexibility to report a post office box instead of a home address for National Provider Identifier (NPI) applications for instances where providers do not have a physical practice address. This gives providers an option to prevent disclosure of their personal information while still meeting requirements under the Freedom of Information Act. This is a step in the right direction for providers who administer exclusively virtual services from their home.

¹ <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>

Reporting Home Addresses Adds Administrative Burden. We are concerned about the unnecessary operational and administrative burden of tracking provider home addresses and updating enrollment forms every time a clinician moves. It will be an added cost to update provider systems and for CMS and/or Medicare Administrative Contractors to process changes when providers move.

Reporting Home Addresses Reduces Incentives to Provide Telehealth Services. The flexibility to administer care from home is a powerful recruitment and retention tool, especially given the health care staffing shortages occurring nationwide. Requiring providers to list their home address may disincentivize providers from delivering telehealth services altogether (since they do not want their personal address listed publicly) and minimize telehealth's effectiveness as a retention tool for organizations.

Reporting Home Address Could Lead to Confusion Regarding Practice Location. In addition to the privacy and safety concerns of reporting home addresses, we also have concerns regarding the confusion this could cause for patients if they look up providers in Care Compare and the address listed is a home address or simply a city and zip code as opposed to a practice address. This is especially true for hybrid providers who may do a portion of visits in a practice setting and a portion virtually. Patients may think that the address in Care Compare is for the practice and unintentionally travel to the provider's home. We appreciate that CMS has allowed providers to select "Home office for administrative/telehealth use only" on enrollment forms in the Provider Enrollment, Chain, and Ownership System (PECOS) in order to mask street address details in Care Compare; however, this could lead to confusion when patients are trying to find the address for the provider's practice and only see a city, state and zip code in Care Compare. Additionally, this does not address the administrative burden associated with updating enrollment forms every time a provider moves and cost associated with updating provider systems.

Purpose for Home Address Reporting Is Unclear. It is unclear what purpose reporting the home address is intended to support. We appreciate that CMS plays an essential role in mitigating fraud, waste and abuse in its oversight role. If the purpose of reporting the home address is to support audits or inspections of sites where providers are administering care, hospitals and health systems already closely monitor provision of services and are subject to federal, state and accrediting organization oversight for quality and safety. Similarly, providers are subject to state medical board and Drug Enforcement Agency oversight, to name a few. We would suggest other ways of monitoring providers who exclusively perform telehealth services, such as through claims data for providers who only bill under POS 02 and 10.

We understand and support CMS attempting to establish appropriate reporting for program integrity purposes. But we cannot support doing so at the risk of jeopardizing the safety of providers. **Thus, we urge CMS to permanently allow providers to administer services from their homes while enrolling and billing under their**

The Honorable Chiquita Brooks-LaSure

March 20, 2024

Page 4 of 4

physical practice address and remove the requirement to report provider home addresses. We would welcome the opportunity to discuss alternative options and appreciate your consideration of our request. Please contact me if you have questions or feel free to have a member of your team contact Jennifer Holloman, AHA senior associate director of policy, at jholloman@aha.org.

Sincerely,

/s/

Stacey Hughes
Executive Vice President