



August 27, 2021

Via Regulations.gov

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
PO Box 8013
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare and Medicaid Programs; CY 2022 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model Requirements and Proposed Model Expansion; Home Health Quality Reporting Requirements; Home Infusion Therapy Services Requirements; Survey and Enforcement Requirements for Hospice Programs; Medicare Provider Enrollment Requirements; Inpatient Rehabilitation Facility Quality Reporting Program Requirements; and Long-term Care Hospital Quality Reporting Program Requirements

Dear Administrator Brooks-LaSure:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance") in response to the Centers for Medicare and Medicaid Services' request for comment on proposed rule **Medicare and Medicaid Programs; CY 2022 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model Requirements and Proposed Model Expansion; Home Health Quality Reporting Requirements; Home Infusion Therapy Services Requirements; Survey and Enforcement Requirements for Hospice Programs; Medicare Provider Enrollment Requirements; Inpatient Rehabilitation Facility Quality Reporting Program Requirements; and Long-term Care Hospital Quality Reporting Program Requirements ("Proposed Rule")**ⁱ. The Alliance appreciates the opportunity to provide comments.

About the Alliance for Home Health Quality and Innovation

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. The Alliance is a membership-based organization comprised of not-for-profit and proprietary home health care

providers and other organizations dedicated to improving patient care and the nation's healthcare system. For more information about our organization, please visit: <http://ahhqi.org/>.

The Alliance is supportive of comments submitted by our colleagues at the Partnership for Quality Home Healthcare (the Partnership), and the National Association for Home Care and Hospice (NAHC). In addition to supporting these organizations' comments, the Alliance appreciates the opportunity to provide comments in the following topic areas: (I) home health's value proposition and the impact on vulnerable communities; (II) home health prospective payment system; (III) home health value-based purchasing (HHVBP); and (IV); home health wage index.

I. Home Health's Value Proposition and Impact on Vulnerable Communities

In light of the proposed changes and the continuing COVID-19 pandemic, the Alliance would ask CMS to consider the impact these proposed changes have on home health care patients. We know home health patients are an overall more vulnerable subset of patients than their peers receiving Medicare. Patients receiving home health are on average poorer, sicker, older, more racially diverse than their peers. As the previous year has shown, the home is a critical point of care for an aging population, and home health serves a highly diverse population of patients.

Data from the Alliance's 2020 Home Health Chartbookⁱⁱ, a compilation of descriptive statistics from government data sources that includes the Medicare Current Beneficiary Survey, the Bureau of Labor Statistics, the U.S. Department of Commerce, Medicare Cost Reports, Home Health Compare, Medicare fee-for-service claims, and other data from the Centers for Medicare and Medicaid Services, provides a high-level look at patients being served by home health care agencies across the country.

Demographics of Home Health Users

Table 1.9: Selected Characteristics of Medicare Home Health Users and All Medicare Beneficiaries, 2017

	All Medicare Home Health Users	All Medicare Beneficiaries
Age 85+	24.5%	10.9%
Live alone	37.3%	28.1%
Have 3 or more chronic conditions	82.3%	59.3%
Have 2 or more ADL limitations*	27.8%	10.0%
Report fair or poor health	42.2%	23.2%
Are in somewhat or much worse health than last year	37.9%	19.5%
Have incomes at or under 200% of the Federal Poverty Level (FPL)**	57.1%	43.6%
Have incomes under 100% of the Federal Poverty Level (FPL)**	26.5%	18.1%

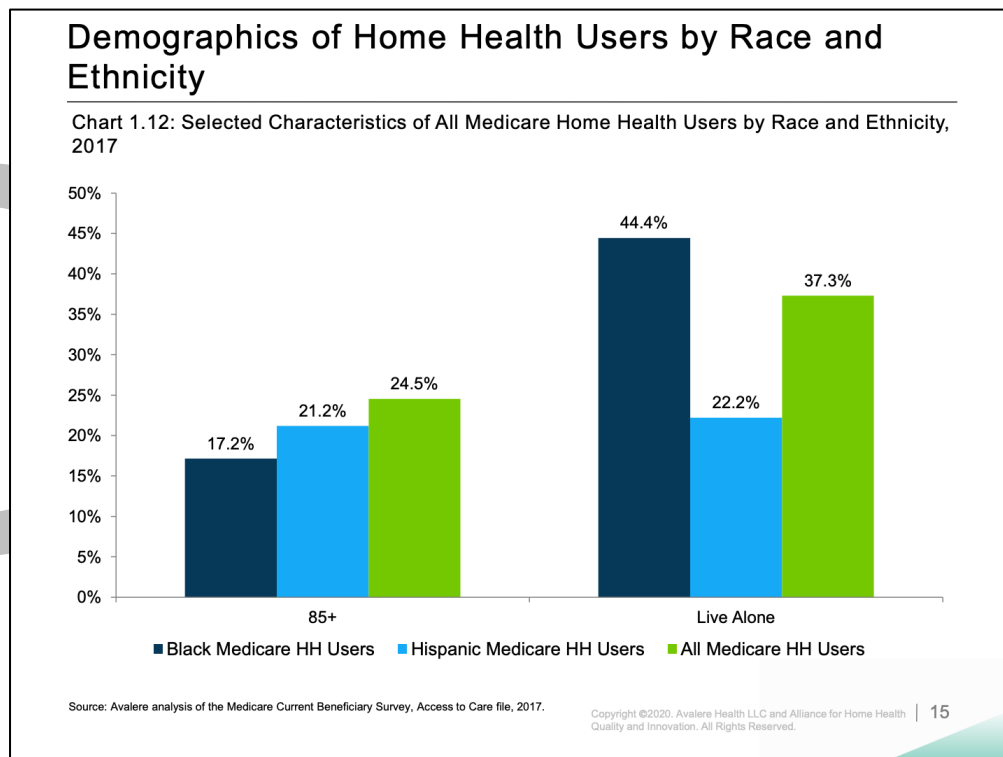
Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2017.

*ADL = Activities of daily living, such as eating, dressing, and bathing. Limitations with at least 2 ADLs is considered a measure of moderate to severe disability and is often the eligibility threshold for a nursing home level of care.

**In 2017, 100 percent of FPL for a household of 1 was \$12,060, a household of 2 was \$16,240, a household of 3 was \$20,420, and household of 4 was \$24,600. 200 percent of FPL was double each amount.

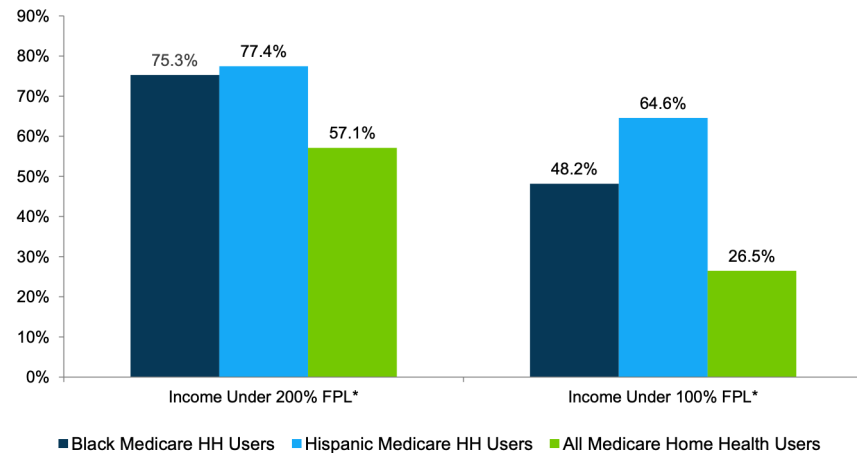
More than a quarter of home health care users have an income below 100 percent of the Federal Poverty Level (FPL), with more than half of users having an income at or under 200 percent of the FPL. Home health patients have more activities of daily living limitations than their peers, and more than four in every five home health user has three or more chronic conditions.

Black and Hispanic home health users are significantly more likely than their peers in the general Medicare population to live at 100 or 200 percent of the FPL, as demonstrated in the graphic below.



Demographics of Home Health Users by Race and Ethnicity

Chart 1.14: Income by Federal Poverty Level (FPL) of Home Health Users by Race and Ethnicity, 2017



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2017.

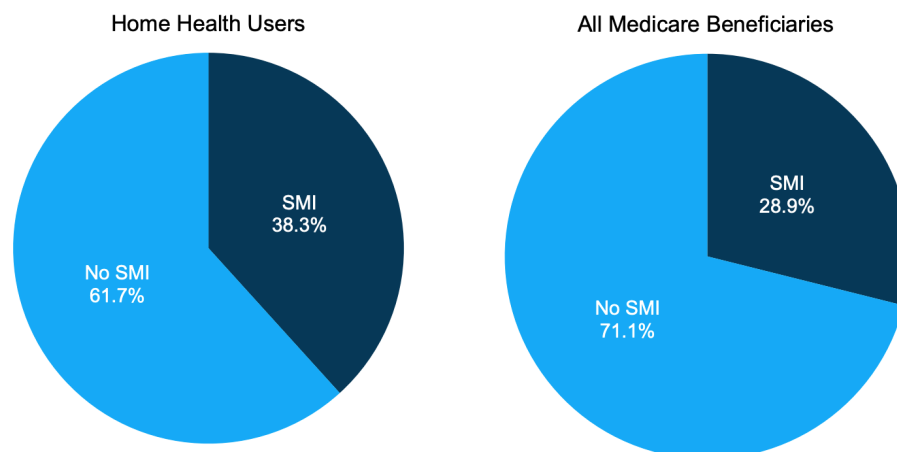
*In 2017, 100 percent of FPL for a household of 1 was \$12,060, a household of 2 was \$16,240, a household of 3 was \$20,420, and household of 4 was \$24,600. 200 percent of FPL was double each amount.

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Finally, home health patients are more likely to suffer from severe mental illnesses (SMI). As demonstrated by the following graphs, home health patients are significantly more likely to be diagnosed with SMI than the general Medicare population. These patients require additional considerations and are more susceptible to major changes than their peers.

Demographics of Home Health Users by Severe Mental Illness (SMI)*

Chart 1.25: Percentage of Medicare Home Health Users with SMI Compared to the Percentage of Medicare Beneficiaries with SMI, 2017



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2017.

*Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

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In light of the current public health crisis, and the expanded need to treat vulnerable patients in their homes, the Alliance would like to commend CMS on their request for information to address health disparities. The Alliance believes more data is needed and that the data and analytics must be integrated across CMS programs as well as being made more widely available publicly. The Alliance believes greater transparency in and accessible of data is critical in continuing to address and improve health disparities.

II. Home Health Prospective Payment System

The Alliance would also like to offer support for the comment letters submitted by our colleagues at NAHC and the Partnership specifically as they relate to the Patient Driven Groupings Model (PDGM) and the proposed case-mix adjustments.

The Alliance supports the comments of the Partnership in asking CMS to remove to remove the -4.36 percent behavioral adjust for CY 2022, as well as the concerns raised in both letters regarding budget neutrality in PDGM.

With regards to the proposed case-mix adjustments, the Alliance refers CMS to the comments of our colleagues at NAHC and the Partnership on the specific impacts of the proposed case-mix adjustments. The Alliance echoes the recommendations that CMS not recalibrate case-mix adjustments for CY2022.

III. Home Health Value Based Purchasing (HHVBP)

The Alliance recognizes and appreciates CMS's commitment to improving patient care and commends CMS for expanding HHVBP model. Additionally, the Alliance would like to offer recommendations on the model moving forward as it expands nationwide.

Research by Columbia University and the RAND Corporation shows that home health agencies in HHVBP pilot states saw improvements in quality of patient care and patient experience measures following implementation of the model. Rates of hospital transfers, readmissions, and ED visits with and without hospitalizations among patients served by HHVBP-participating home health agencies also improved measurably over time.ⁱⁱⁱ

However, the Alliance has concerns regarding access to care as a result of the changes to cohorts in the proposed nationwide model, as well as the use of a base year of CY 2019.

Specifically, the Alliance urges CMS to consider the impacts of the proposed changes to cohorts on home health agencies. Given variances in geography and health disparities, simply dividing agencies into cohorts of large and small may have detrimental impacts on agencies in states with great health disparities, an area CMS is diligently working to address. Home health

patients are more likely to be poorer and sicker and the differences in state investment, health outcomes, social determinants of health, and more could lead to health equity problems. Therefore, we echo our colleagues in asking for further analysis of the model's cohort changes in a nationwide program.

Additionally, while the Alliance is supportive of a nationwide HHVBP program, the COVID-19 pandemic has led to several changes and the Alliance believes a delayed implementation, to allow for agencies to adjust, is appropriate. For example, the proposed baseline year of 2019 would compare to a pre-COVID and pre-PDGM environment, while a 2020 baseline year would be comparing data amid the pandemic and initial PDGM implementation. We would therefore ask CMS to delay implementation an initial performance year to order to allow for a more representative benchmark and the ability for agencies to implement reforms for successful transition into the model.

The Alliance is further supportive of our colleagues at NAHC in their recommendation that CMS establish a Technical Expert Panel (TEP) to evaluate the proposed HHVBP measures and ensure they reflect the home health patient population as a whole, including those for whom improvement measures may not be reflective or appropriate.

IV. Wage Index

Finally, the Alliance is very concerned about the impact of the wage index proposal to use FY2022 pre-floor, pre-reclassified hospital wage index without the previously applied five percent cap on decreases, and offers our support to our colleagues at the Partnership, NAHC, and Visiting Nurse Association Health Group ("VNA Health Group") in their comment letters. We echo their comments strongly urging CMS to adopt a transition policy for home health providers like that included in the FY 2022 Hospital IPPS Final Rule (CMS-1752-F) of a five percent cap. This proposal provides an equitable wage index for home health agencies and inpatient hospitals, allowing them to fairly retain and recruit staff in their geographic areas, and allows for agencies to be able to continue to provide care without threatening access as a result of massive payment reductions in vulnerable markets. The Alliance additionally supports the recommendation by VNA Health Group in asking that the new CBSA wage index be reevaluated using more current wage data, include information from the 2020 Census, and that it be updated for FY2023.

* * *

Thank you for the opportunity to comment on the Proposed Rule and included request for information notices. Should you have any questions, please contact me at jschiller@ahhq.org.

Sincerely,

/s/

Jennifer Schiller
Executive Director

ⁱ Medicare and Medicaid Programs; CY 2022 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model Requirements and Proposed Model Expansion; Home Health Quality Reporting Requirements; Home Infusion Therapy Services Requirements; Survey and Enforcement Requirements for Hospice Programs; Medicare Provider Enrollment Requirements; Inpatient Rehabilitation Facility Quality Reporting Program Requirements; and Long-Term Care Hospital Quality Reporting Program Requirements (“Proposed Rule”) <https://bit.ly/38kFL9G>

ⁱⁱ 2020 Home Health Chartbook <https://bit.ly/3yjUdcO>

ⁱⁱⁱ “Research Briefing: Home Health Agencies in the Changing Policy Environment” (2021) <https://bit.ly/3yerPJ2>