RESEARCH INSTITUTE for HOME CARE

ADVANCING HOME CARE THROUGH RESEARCH

August 16, 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 Program; Calendar Year (CY) 2023 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Expanded Model Requirements; and Home Infusion Therapy Services Requirements

Dear Administrator Brooks-LaSure:

I am writing on behalf of the Research Institute for Home Care (the "Institute") in response to the Centers for Medicare and Medicaid Services' request for comment on proposed rule **Medicare Program; Calendar Year (CY) 2023 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Expanded Model Requirements; and Home Infusion Therapy Services Requirements ("Proposed Rule")**[i]. The Institute appreciates the opportunity to provide comments.

About the Research Institute for Home Care

The Institute (previously the Alliance for Home Health Quality & Innovation, or the "Alliance") is a 501(c)3 non-profit, national consortium of home care providers and organizations. The Institute invests in research and education about home health care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system. For more information about our organization, please visit: https://researchinstituteforhomecare.org/.

The Institute is supportive of comments submitted by our colleagues at the Partnership for Quality Home Healthcare (the Partnership), the National Association for Home Care and

Hospice (NAHC), and LeadingAge. In addition to supporting these organizations' comments, the Institute appreciates the opportunity to provide comments in the following topic areas: (I) home health's value proposition and the impact on vulnerable communities; (II) the home health prospective payment system; (III) home health value-based purchasing (HHVBP); (IV); home health quality reporting program; (V) OASIS proposed changes; and (VI) home health wage index.

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

The Institute strongly urges CMS to consider the patient population impacted by the proposed cuts and changes within the proposed rule. As continues to be true, home health patients are more vulnerable than Medicare patients overall, with the home health populations identifying on average as poorer, sicker, older, and more racially diverse than their peers. As the previous two years have 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 then Alliance's 2021 Home Health Chartbook[ii], 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.

Home health patients are more likely to be financially insecure, with one in five Medicare home health care users having an income below 100 percent of the Federal Poverty Level (FPL), and 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.

Demographics of Home Health Users

Table 1.9: Selected Characteristics of Medicare Home Health Users and All Medicare Beneficiaries, 2018

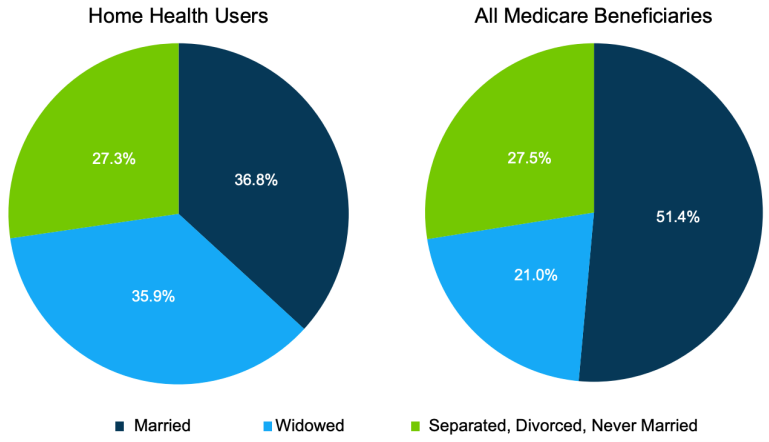
	All Medicare Home Health Users	All Medicare Beneficiaries
Age 85+	25.5%	10.4%
Live alone	37.2%	29.0%
Have 3 or more chronic conditions	82.3%	59.5%
Have 2 or more ADL limitations*	27.9%	9.8%
Report fair or poor health	41.2%	23.9%
Are in somewhat or much worse health than last year	38.0%	19.3%
Have incomes at or under 200% of the Federal Poverty Level (FPL)**	57.8%	42.7%
Have incomes under 100% of the Federal Poverty Level (FPL)**	22.8%	16.8%

Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2018.
*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 2018, 100 percent of FPL for a household of 1 was $12,140, a household of 2 was $16,460, a household of 3 was $20,780, and household of 4 was $25,100. 200 percent of FPL was double each amount.

On top of that, home health users are more likely to not live with a partner, with a greater chance of being widowed, separated, divorced, or never married.

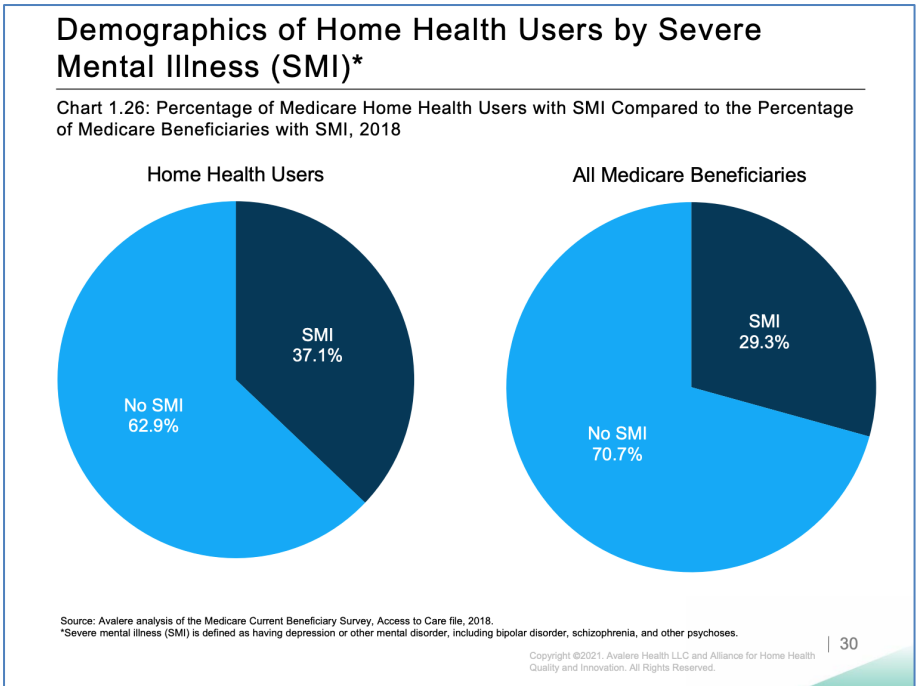
Demographics of Home Health Users

Chart 1.4: Marital Status of Home Health Users and All Medicare Beneficiaries, 2018



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2018.

Finally, home health patients are more likely to suffer from severe mental illnesses (SMI). As demonstrated by the following graph, home health users 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.



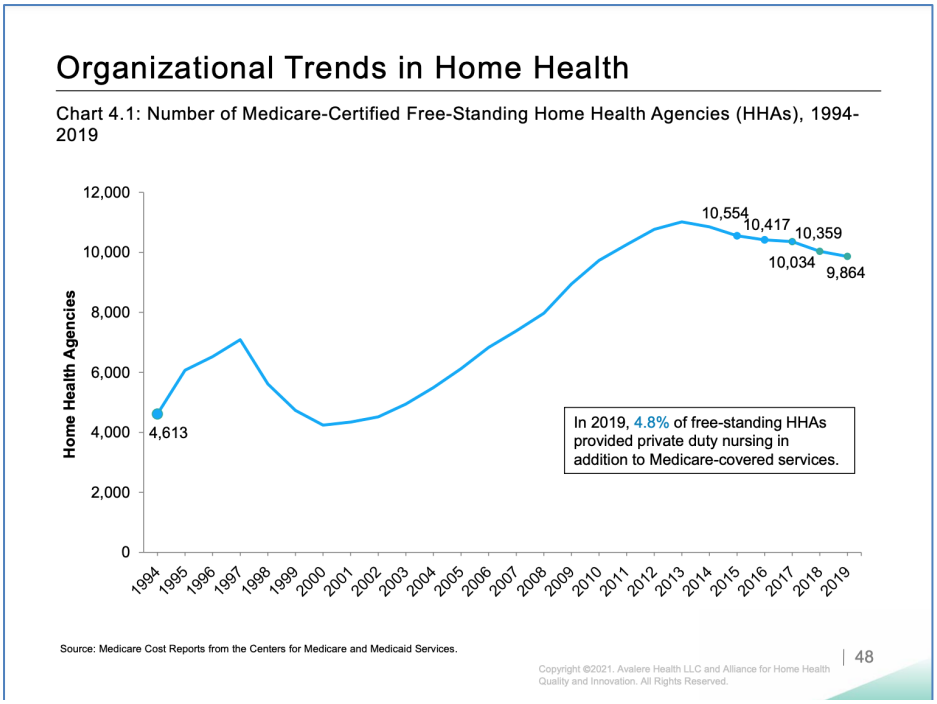
All of the data reflects a patient population that is vulnerable and in need of high quality care. Any changes to payment rates, models of care, and data collection must recognize the heightened need to provide seamless, high quality care, to a high acuity, older, sicker, poorer, and more diverse population of aging Americans, and must also recognize the potential impacts to access for this population.

II. Home Health Prospective Payment System

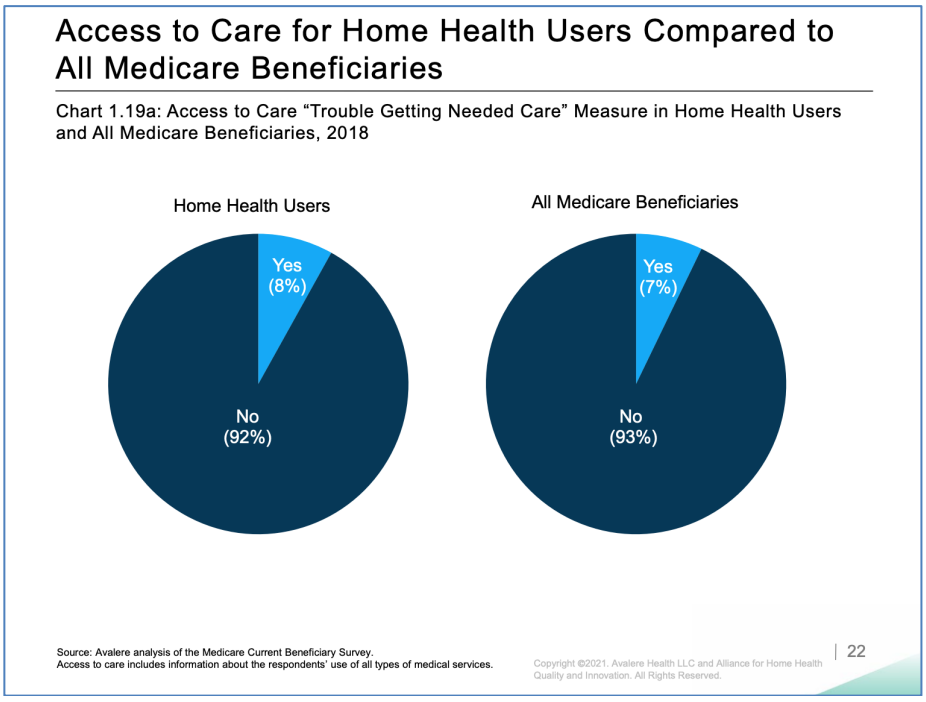
The Institute would like to offer support for the comment letters submitted by our colleagues at NAHC, LeadingAge, and the Partnership particularly as they relate to specific areas of the prospective payment system portion of the proposed rule.

Reiterating the remarks from the previous section, Medicare home health patients are some of the most vulnerable patients in the health care system, and the proposed drastic changes produce a very real threat to access for millions of Americans relying on home health care.

The Institute is deeply concerned with the impact of these proposed changes and cuts on home health patient access. For example, as seen below we have seen a significant decrease in Medicare-certified home health agencies since 2013. This downward trend represents a potential threat to access for home health patients.



Further we know that eight percent of Medicare home health beneficiaries responded "Yes" on the Medicare Current Beneficiary Survey "Trouble Getting Needed Care" measure. This is slightly higher than the seven percent of all Medicare beneficiaries who responded similarly, and represents a continuing concern about the accessibility of necessary care for home health patients.



This coupled by decreases in total Medicare beneficiaries and home health spending, paint an already concerning portrait regarding accessibility to home health care for Medicare patients, despite home health continuing to be a high quality, low cost setting of care when appropriately prescribed.

The Institute recommends CMS consider the tremendous potential harm to home health patients in the prospective payment system, and recommends CMS consider the diligent work of NAHC, the Partnership, and LeadingAge in addressing the specific areas of harm.

The Institute makes the following recommendation not to implement the permanent and temporary adjustments proposed in the rule, considering the significant concerns regarding access, legality, and more.

III. Home Health Value Based Purchasing (HHVBP)

The Institute thanks CMS for the ability to comment on the HHVBP program. Published research funded by the Institute shows demonstrated value in the original pilot model[iii], and the Institute is supportive of the program moving forward as it continues to demonstrate the value home health care provides to both patients and the healthcare system.

Given the momentous changes incurred globally and within home health over the past few years, i.e. the COVID 19 pandemic, the implementation of the Patient Driven Groupings Model (PDGM), and more, the Institute understands and supports the move from a baseline year of 2019 to a baseline year of 2022 for the implementation of the full HHVBP model nationwide. This is consistent with our comments to CMS regarding last year's proposed rule and the need to allow for a more representative benchmark and the ability for agencies to implement reforms for successful transition into the model.

However, given the proposed implementation date of January 1, 2023, this would result in a minimum six month delay in receiving the benchmark year data, with agencies unable to access the Individual Improvement Thresholds, Achievement Thresholds, and Benchmark Data until after the slated beginning of the program. This would not allow agencies to implement changes to improve their patient care, based on the data, before the implementation of program which includes penalties from the onset.

Additionally, the Institute would also ask CMS to consider that the original pilot, while similar to the proposed nationwide program, did feature noticeable differences. These include different cohorts and no payment penalties for the first two years of the pilot. As such it is critical to consider the potential changes for all agencies, including those in existing VBP pilot states.

Therefore, the Institute recommends delaying the implementation of the HHVBP nationwide program until CY2024 in accordance with the delay of information for the baseline year being made available to agencies in order to promote equity across all agency types.

IV. Home Health Quality Reporting Program (HH QRP) RFI on Health Equity

As the Institute has noted previously, the home health patient population in poorer, sicker, more racially and ethnically diverse, than the overall Medicare population. Through our research grant, we have funded work integral in addressing equity in care, such as Dr. Mary Narayan's work looking at, "Enhancing Quality with Culture-Sensitive, Patient-Centered Assessments and Care Planning,"[iv][v][vi].

We appreciate CMS's efforts to prioritize health equity. However, given the increased burden of the OASIS changes (see section below), and the proposed cuts, we would once again express concern about adding an additional measures OASIS-E structural measure which may be a burden on care providers.

V. OASIS Proposed Changes to End Suspension of Data Collection on Non-Medicare/Medicaid Home Health Agency Patients

In alignment with colleagues across the home health space, the Institute has concerns over the proposed suspension of all payer OASIS data collection. Specifically, the Institute's concerns pertain to clarity on the use of OASIS for certain non-Medicare and non-Medicaid home health populations, as well as the significant burden on providers.

Firstly, the Institute requests clarity on what specific patient populations would be subject to OASIS collection. For example, while we believe the pediatric population is excluded from OASIS collection based on the OASIS reporting qualifications, it is unclear whether, for example, postpartum parents receiving home health services through HHAs would be excluded. Greater clarity is needed on from what patient populations would need to have this OASIS data submitted on their behalf, as the language in the proposed rule and the OASIS form itself, are not clear.

Further, the Institute has concerns on the additional burden placed on providers to collect and submit OASIS data for all payer patients. Though some providers do currently collect OASIS regardless of payer, some agencies do not have the bandwidth to collect this information for all patients. Given the increased pressures of the pandemic, and the strain placed on the healthcare system, the Institute worries this increased collection could have significant impacts on providers, especially those with diverse payer populations.

Finally, the Institute requests more information on the necessity of this request given the increased burden. Without further information on what will be done with the data, and how it will be utilized to improve care, the Institute cannot move forward with a recommendation to collect OASIS data regardless of payer.

For more specifics regarding the burden on agencies incurred by OASIS collection, please refer to comments on the proposed rule from NAHC, the Partnership, and LeadingAge.

Ultimately, we recommend CMS not move forward with the proposal to end suspension of OASIS data collection for all payer collection and submission of OASIS data for non-Medicare and non-Medicaid patients.

VI. Home Health Wage Index

The Institute commends CMS on adding a permanent cap to wage index decreases, as we advocated for in our comments to CMS regarding the CY2022 Home Health Prospective Payment System Proposed Rule. We offer our support for the comments of our colleagues at the Partnership, NAHC, and LeadingAge for more specific language on the impacts of the wage index cap.

In our previous comments to CMS on the issue[vii], the Institute expressed concern 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.

We continue to have concerns about the impact of the wage decreases over the past year, and would recommend that CMS extend the wage cap retroactively to CY2022, in line with the FY 2022 Hospital IPPS Final Rule (CMS-1752-F) of a five percent cap.

* * *

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@researchinstituteforhomecare.org.

Sincerely,

/s/

Jennifer Schiller
Executive Director

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[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")

[ii] 2021 Home Health Chartbook

[iii] "The Effects of Home Health Value-Based Purchasing on Home Health Care Quality in For-Profit and Nonprofit Agencies: A Comparative Interrupted Time-Series Analysis, 2012–2018" https://journals.sagepub.com/doi/full/10.1177/10775587211049628
[iv] Caring for diverse patient populations in their homes https://www.myamericannurse.com/diverse-populations-in-homes-health-care/
[v] Home Health Nurses' Journey Toward Culture-Sensitive/Patient-Centered Skills: A Grounded Theory Study https://journals.sagepub.com/doi/abs/10.1177/10848223211027860
[vi] Transcultural Nurse Views on Culture-Sensitive/Patient-Centered Assessment and Care Planning: A Descriptive Study https://pubmed.ncbi.nlm.nih.gov/34612735/
[vii] Alliance Comment to CMS on 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 https://researchinstituteforhomecare.org/wp-content/uploads/2022/05/AHHQI_CY2022_Comments_08272021_WEB.pdf