



August 29, 2022

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) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment 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) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements (“Proposed Rule”)**<sup>i</sup>. The Institute appreciates the opportunity to provide comments.

#### **About the Research Institute for Home Care**

The Institute 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/>.

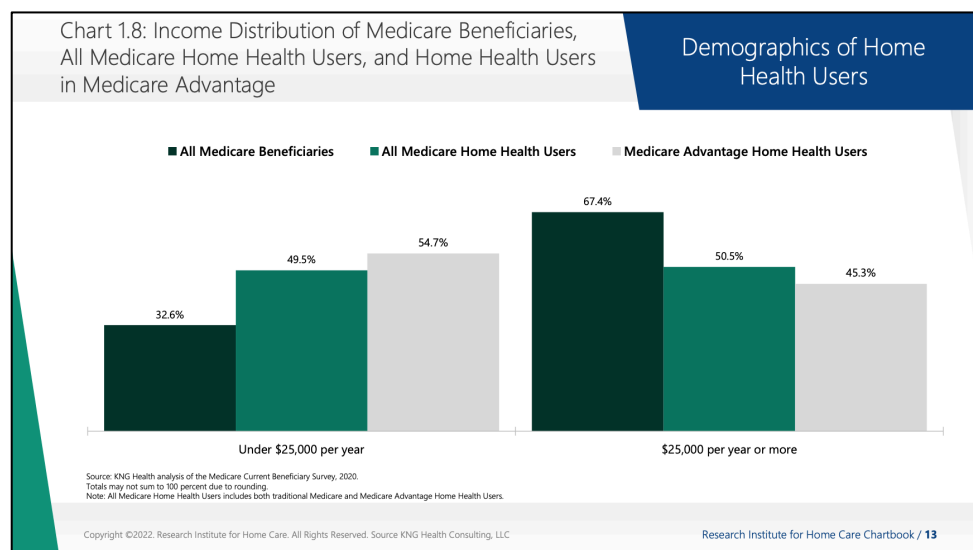
The Institute is supportive of comments submitted by our colleagues at the Partnership for Quality Home Healthcare (the Partnership), the National Association for Home Care and Hospice (NAHC), and LeadingAge. In addition to supporting these organizations' comments, the Institute appreciates the opportunity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

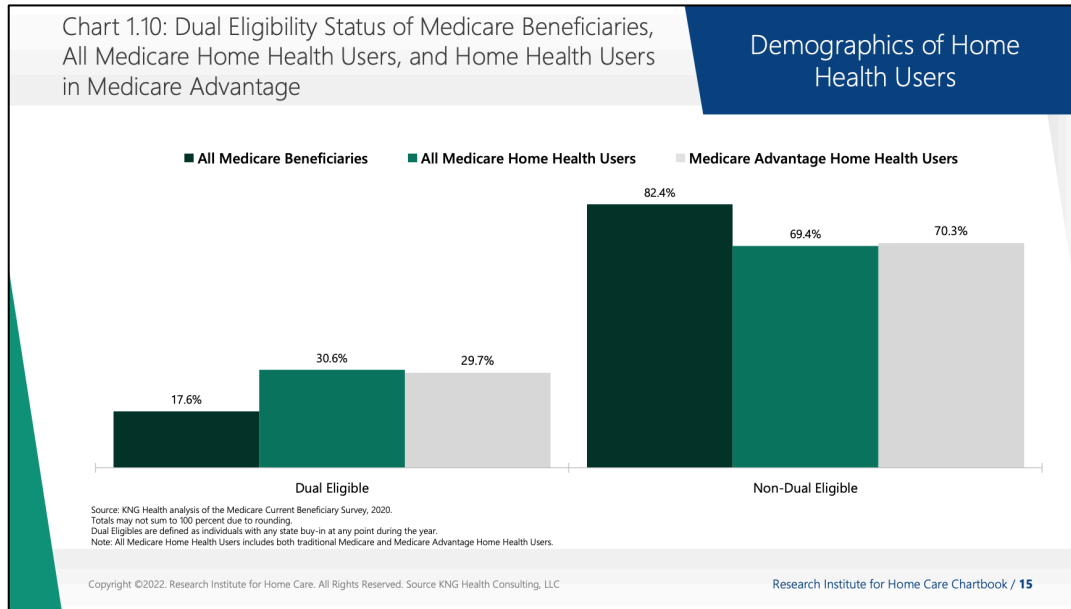
## I. Home Health's Value Proposition and Impact on Vulnerable Communities

Given the breadth and scope of the proposed cuts to home health care, the Institute strongly urges CMS to consider the vulnerable patient population impacted by the aforementioned cuts and changes within the proposed rule. Home health patients identify on average as poorer, sicker, older, and more racially diverse than their peers. The home is a critical point of care for an aging population, and home health serves a highly diverse population of patients.

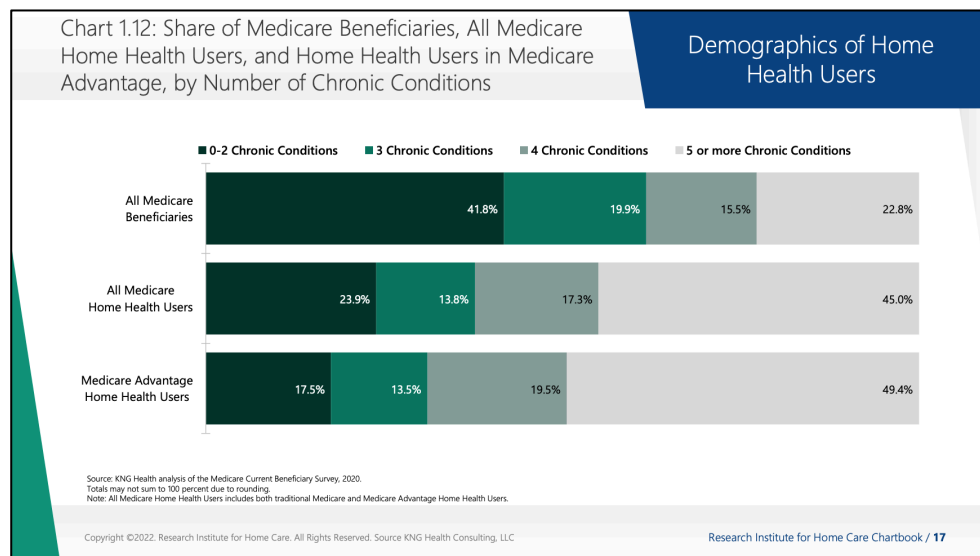
Data from the Institute's 2022 Home Health Chartbook<sup>ii</sup>, a compilation of descriptive statistics from government data sources that includes the Medicare Current Beneficiary Survey, the Bureau of Labor Statistics, the U.S. Department of Commerce, Medicare Cost Reports, Home Health Compare, Medicare 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 nearly half of all home health users having an annual income less than \$25,000, compared to less than one in three Medicare patients overall. Medicare Advantage home health patients were even more likely to live below the \$25,000 annual threshold than the other cohorts. Nearly one in three home health patients are also dual eligible, compared to just 17.6 percent of all Medicare beneficiaries.

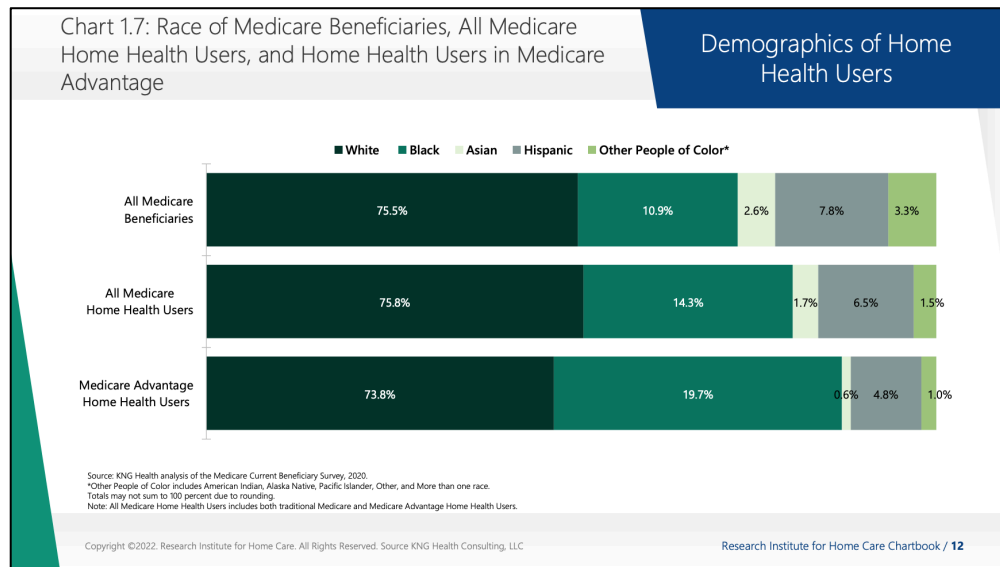




Home health patients are twice as likely as all Medicare patients to have five or more chronic conditions, with over 75 percent of all Medicare home health patients having three or more chronic conditions. This number is even more prominent for Medicare Advantage home health users, almost 50 percent of whom have five or more chronic conditions, and over 80 percent of whom have three or more chronic conditions.



Overall, home health patients are a racially diverse group, with nearly one in five Medicare Advantage home health patients identifying as Black, and over 14 percent of all home health patients identifying as Black, compared to just over one in 10 Medicare enrollees overall.



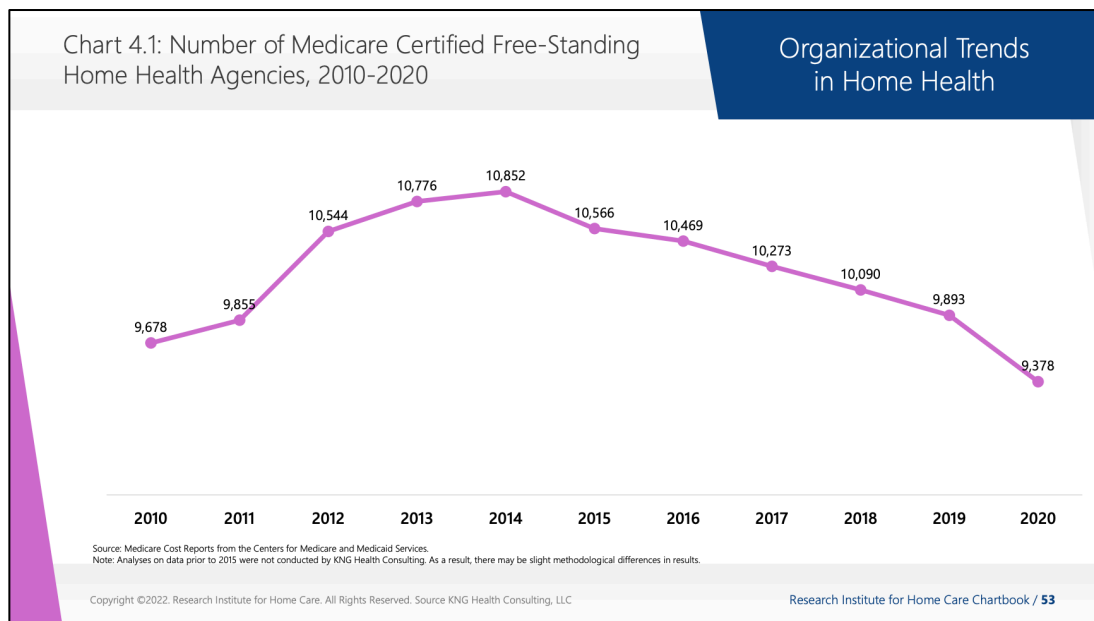
All of the data reflects a patient population that is vulnerable and in need of high quality, consistent care. Any changes to payment rates, models of care, and data collection must recognize the heightened need to provide seamless, high quality care, to a high acuity, older, sicker, poorer, and more 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.

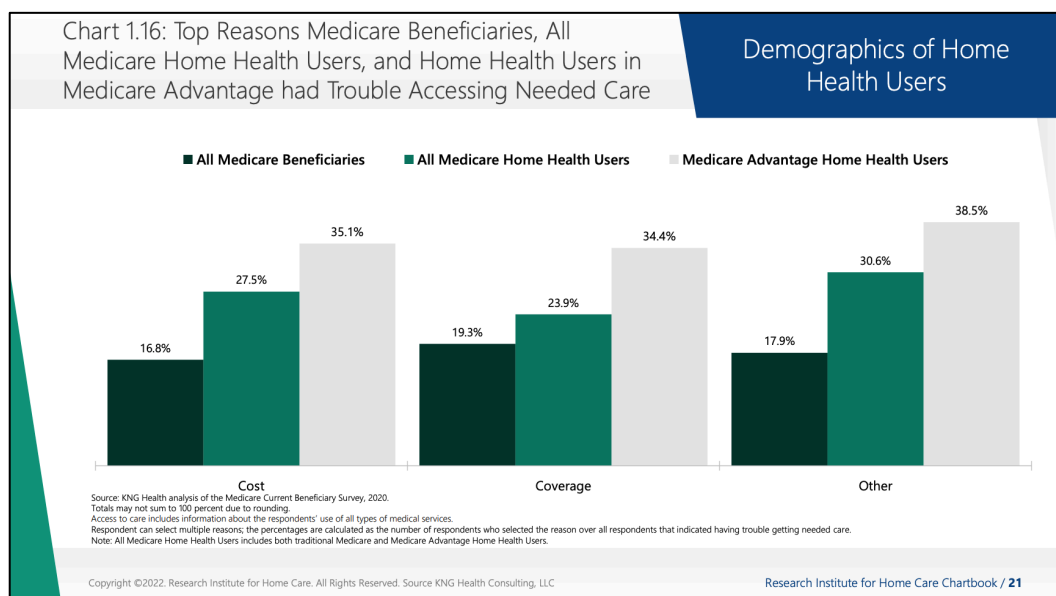
The Institute is very concerned about the proposed cuts, and echoes concerns regarding access for highly vulnerable patients as part of an increasingly older population. Access to care remains a major concern, especially in the wake of the COVID-19 pandemic.

Home health continues to see steep decreases in the number of freestanding home health agencies. In 2020, there were fewer Medicare free-standing home health agencies than at any point in the previous decade.

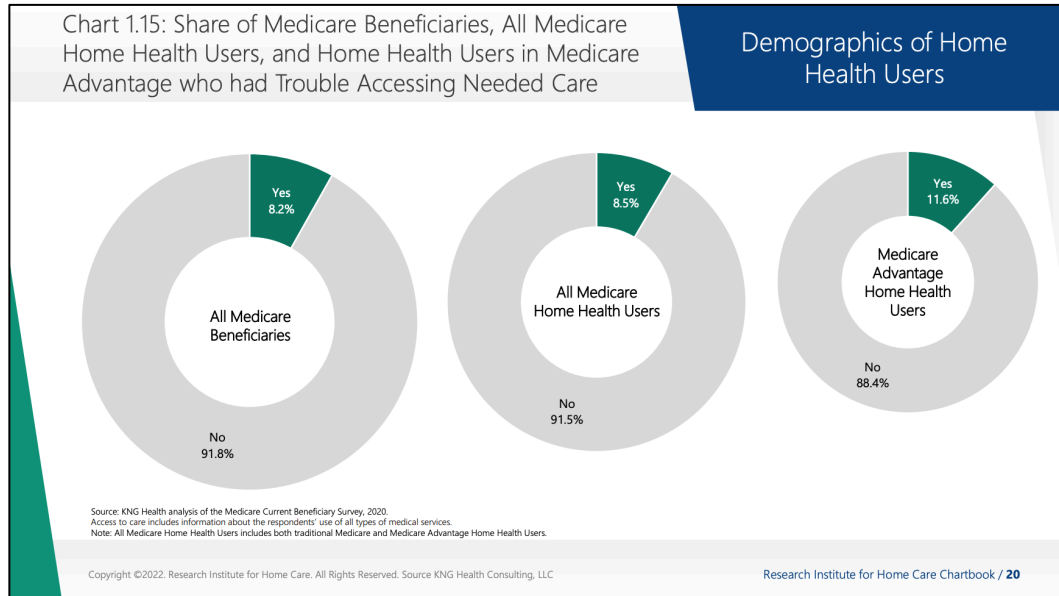


This worrying trend suggests potential threats to access for home health patients. Fewer agencies present access barriers for patients, especially when coupled with workforce shortages. Coupled with the substantial cuts proposed by CMS in the proposed rule, home health patients could see increasing barriers to receiving care.

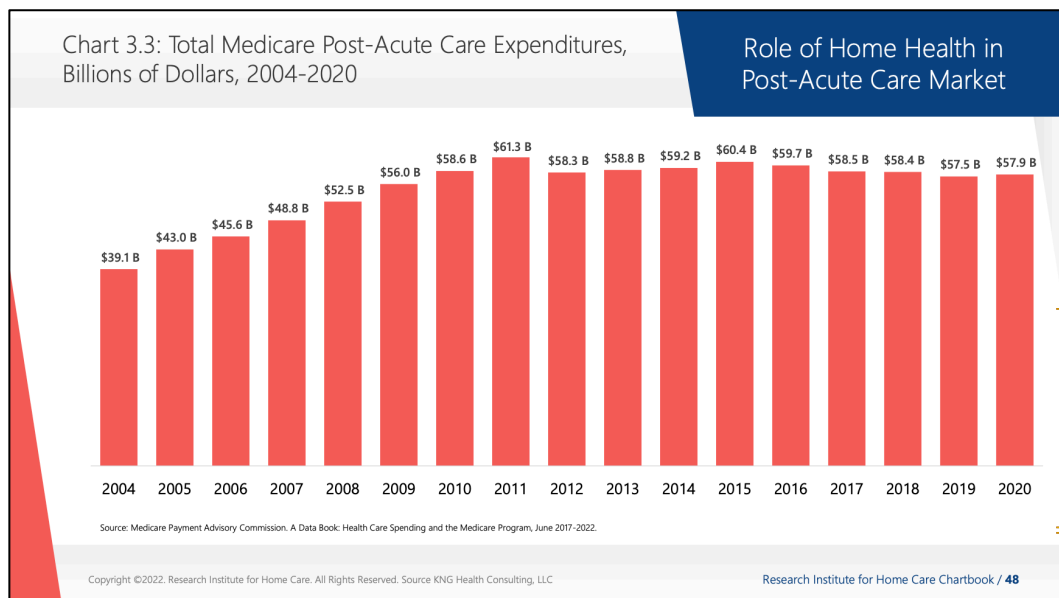
Furthermore, almost one in four Medicare home health patients cite coverage as a reason for having trouble accessing needed care. For Medicare Advantage home health patients, the percentage of users who cite coverage as a reason for having trouble accessing needed care jumps to 34.4 percent. Significant cuts, such as those proposed in the rule, will create increased barriers to care for patients requiring and wanting care at home.



While on the whole, Medicare home health users report similar trouble accessing needed care to all Medicare beneficiaries, Medicare Advantage home health users report significantly more challenges accessing needed care.



Meanwhile, as of this is happening concurrently as Medicare post-acute care expenditures have remained relatively static, dipping slightly over the past six years despite an aging population and the tremendous constraints of the COVID-19 pandemic in 2020.



Additionally, over the past few years, following the start of the COVID-19 pandemic and the implementation of the Patient Drive Groupings Model (PDGM), the type of patient receiving home health home as a post-acute benefit shifted radically. While an increasing number of patients were discharged to home health with septicemia or severe sepsis in 2021, the biggest shifts were a very substantial drop in major joint replacement patients and at the same time a massive increase in Medicare Part A home health episodes for respiratory infections and inflammation in 2021 versus 2020. While an exact cause cannot be directly extrapolated from the data, the clinical profile of home health patients is changing, with more high acuity diagnoses being cared for by home health agencies.

MS-DRGs	2017	2018	2019	2020	2021
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	78,407	78,911	77,883	84,183	85,472
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	8,917	9,782	10,116	39,281	80,334
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	235,362	206,011	189,379	109,933	68,748
HEART FAILURE AND SHOCK WITH MCC	68,384	65,603	68,242	62,540	63,498
SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	25,117	24,295	23,584	22,108	20,654
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	18,787	18,159	18,387	19,475	18,546
KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	23,328	20,669	20,344	17,751	16,929
INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	11,937	13,248	13,309	16,280	16,552
SIMPLE PNEUMONIA AND PLEURISY WITH MCC	18,366	26,556	24,504	21,800	16,018
RENAL FAILURE WITH CC	20,820	19,005	17,840	16,598	14,962
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	12,870	13,354	13,413	13,820	14,612
PULMONARY EDEMA AND RESPIRATORY FAILURE	27,096	22,310	21,244	17,059	14,463
HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	9,237	9,693	10,061	14,316	14,050
RENAL FAILURE WITH MCC	14,979	13,742	12,876	13,050	13,388
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	15,568	15,155	13,995	13,420	13,077
CELLULITIS WITHOUT MCC	20,514	18,471	16,989	13,764	12,819
KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	13,943	12,673	11,936	12,312	12,717
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC*	N/A	N/A	N/A	2,419	12,338
GASTROINTESTINAL HEMORRHAGE WITH CC	15,239	13,889	13,286	12,750	12,115
CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	38,909	24,233	21,636	14,872	11,830
<b>Total for Top 20 MS-DRGs</b>	<b>677,780</b>	<b>625,759</b>	<b>599,024</b>	<b>537,731</b>	<b>533,122</b>

Cuts threaten critical access to care that allows older Americans to remain in their homes and out of facilities. As more diverse patients, with higher complexity diagnoses and more chronic conditions, receive home health, the proposed adjustments and cuts present real threats to Medicare beneficiaries both near and long term.

For these reasons, the Institute provides the following recommendations to CMS regarding the proposed rule.

#### Recommendations:

- The Institute urges CMS to reconsider implementing the permanent adjustments related to the Patient Driven Groupings Models. The proposed cumulative -9.36 percent permanent adjustment to the 30-day payment rate threatens tremendously the needed care home health provides to the most vulnerable patients, including minorities, women, and those over 85.**

2. **Once again, the Institute continues to recommend CMS consider the impact on the wage index and case-mix weight recalibrations, especially in the areas most impacted by the wage index proposed changes.**

**For more detailed analysis of the concerns regarding budget neutrality, legality of CMS's authority, PDGM, the Market Rate Basket update, and more, we ask CMS to consider this comment letter as providing the Institute's unequivocal support of the analyses made by NAHC and the Partnership. As a foundation focused on improving access to and delivery of care in the home, the Institute urges CMS to consider the substantial barriers to care that further cuts to home health care agencies will almost certainly exacerbate.**

\* \* \*

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](mailto:jschiller@researchinstituteforhomecare.org).

Sincerely,

/s/

Jennifer Schiller  
Executive Director

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<sup>i</sup> Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements ("Proposed Rule")

<https://www.federalregister.gov/documents/2023/07/10/2023-14044/medicare-program-calendar-year-cy-2024-home-health-hh-prospective-payment-system-rate-update-hh>

<sup>ii</sup> 2022 Home Health Chartbook <https://researchinstituteforhomecare.org/home-health-chartbook/>