



OAHC 2018 Federal Position Paper

Over 14 million Americans receive home care each year. Home health care brings proven cost savings to health care, promotes better patient outcomes, provides access to the latest therapies and medical technology, and is the patient preferred setting for medical care. Congress should protect and expand access to home health care, eliminate barriers to its provision, and work to expand its use as an effective solution to rising health care costs.

The Oregon Association for Home Care (OAHC), in its effort to preserve access and quality of care in the delivery of home care, has identified the following Federal priorities for 2018 and beyond:

Support Clarifications to Medicare Home Health Payment Reform: The Bipartisan Budget Act (BBA) of 2018 contained significant reforms to the Medicare Home Health benefit and payment structure. Included in these reforms was a shift to a 30-day unit of service from the current 60-day model and authorization for the Secretary of Health and Human Services to make prospective and permanent adjustments to reimbursement rates based on assumptions of provider behavioral changes. These reforms are currently mandated to go into effect in calendar year 2020.

Additionally, the BBA did not adequately address long standing problems with face-to-face physician documentation certification requirements. Our members support clarifications to the following:

1. The 30-day unit of service should only apply to reimbursement, not service certification, patient assessment, or documentation.
2. Payment modifications should be based on objective evidence and data, not preemptive assumptions and predictions.
3. Reforms should start no earlier than 2020, instead of current language requiring implementation by 2020.
4. The payment model should be tested first under a demonstration.
5. Considering the home health agency record should not be optional. The home health agency record should be considered in conjunction with the physician record when determining claim status.

Support the Home Health Care Planning Improvement Act – Non-Physician Practitioners Should Have Certification Authority – Support S. 445/H.R. 1825: Oregon has a rich history of utilizing Nurse Practitioners and other Non-Physician Practitioners in delivery of care, especially in our rural areas. However, they are not allowed to certify Medicare beneficiary eligibility for home health services. We support the legislation to allow Non-Physician Practitioners to certify a patient's eligibility for the Medicare home health benefit and authorize them to establish, sign and date the plan of care when permitted in states like Oregon. Our members believe this will mean cost savings for the system because patients will be able to see their current provider instead of being forced to go to a Physician who hasn't cared for them before solely for certification purposes.

Oppose renewed effort to institute Pre-Claim Review or other Prior Authorization Schemes: The failed Pre-Claim Review demonstration project was costly, burdensome and a potential barrier to care. The vast majority of "improper payments" are due to minor documentation errors or omissions. Pre-Claim Review was suspended because it didn't work and had the potential to impact patient access to home care, potentially leaving them in a more-costly setting. OAHC continues to oppose efforts to implement prior authorization as well.

Support the Rural Access to Hospice Act – S. 980/H.R. 1828: Those in the final stages of life should have access to quality, compassionate hospice care and services of their chosen care provider no matter where they live, but a technicality in current law forces patients at rural health clinics (RHCs) and federally qualified health centers (FQHCs) to give up treatment for their terminal condition by their primary care provider if they want hospice care. OAHC supports legislation to allow RHCs and FQHCs to bill Medicare for attending physician services.

Protect Access to Home Health in Rural Areas: Congress extended the rural add-on for home health, but not permanently, and with mechanisms to permanently end the program. Oregon is impacted by this issue more than any state, and those in rural Oregon areas need access to home health services. Rural home care brings great value to rural residents as it helps prevent the need for urgent care, inpatient hospitalizations and institutional care.

Home Care...Where the home is a healthful, independent choice for quality care.