OAHC 2019 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 2019:

Support the Home Health Payment Innovation Act – S. 433 and H.R. 2573. CMS plans to implement a completely new payment model for home health services known as the Patient-Driven Groupings Model (PDGM) in 2020. The Bipartisan Budget Act (BBA) of 2018 requires the new model to be budget neutral while changing from a 60-day payment unit to a 30-day payment unit. In addition, the new model under BBA must not use the volume of therapy visits as a payment level determinant in contrast to the HHPPS model in effect since October 2000. In devising a model that is budget neutral, BBA permits Medicare to apply "behavioral adjustments" to account for changes in provider behavior unrelated to changes in patients served that increase payments. CMS has used this authority to institute an adjustment in the first year of PDGM based solely on assumptions of behavior change that might occur. This legislation will protect the Medicare home health program by preventing a damaging 8.01% behavioral assumption cut from going into effect January 1, 2020. This reduction would translate to a $1.3 billion reduction in home health payments in 2020. The proposed legislation would:

1. Achieve full budget neutrality over the period of 2020-2029
2. Prohibit any pre-change rate reductions based on assumptions
3. Require behavioral adjustments based on real, actual changes in provider behavior that reflect provider behavioral changes in response to the new payment model rather than changes in the patient population
4. Permit a phase-in of rate adjustments (up or down) when an annual adjustment would be greater than 2 percent. However, the phase-in would operate to ensure full budget neutrality in 2029.
5. Permit MA Plans and CMMI innovations to waive the "confined to the home" requirement under the Medicare home health services benefit when in the best interest of the Medicare beneficiary.

Support the Home Health Care Planning Improvement Act – Non-Physician Practitioners Should Have Certification Authority – Support S. 296 and H.R. 2150: 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.