



Stop the Rollout of the Home Health Groupings Model

As a part of the proposed CY2018 Home Health Prospective Payment System, the Centers for Medicare and Medicaid Services (CMS) has proposed a massive shift from the traditional home health episode to the Home Health Groupings Model (HHGM). The proposed HHGM methodology and payment model represents a radical shift in how home health services are reimbursed, using an entirely new and significantly different case mix model focused on patient characteristics. It also shifts Medicare home health from a 60-day episode of care payment model to a 30-day episode of care payment model effective January 1, 2019. Most alarming, this radical change has been modeled only on paper and has never been tested by any agency in any area of the country.

CMS must pull back the HHGM portion of the proposed CY2018 HHPPS and instead release the Advanced Notice of Proposed Rulemaking (ANPRM) as was done with Skilled Nursing Facilities. This would allow for true collaboration, review and revision prior to implementation.

ElevatingHOME strongly objects to the proposed HHGM for Medicare home health benefit episodes of care. The mandatory implementation of an entirely untested payment model is inappropriate and unprecedented. There is no real-world implementation method or stringent evaluation of the model available for review, or analysis to fully understand its impact on our industry. The group modeling tool proposed by CMS was only released with the proposed rule, making it extremely difficult to fully interpret during the shortened comment period.

- This change is too significant, too rapid and too untested. The proposal would shift an entire health care industry and delivery segment to an untested payment model. There is no precedent for this in any other health care delivery segment.
- This change has been modeled only on paper and has never been tested by any agency in any area of the country.
- CMS estimates that moving to this model will remove \$950 million in Medicare home health payments but asserts it will not impact access to home health care.
- Home health is a critical component of high-quality, patient-centered, community based health care delivery models that CMS seems not to value or understand by proposing this unprecedented model and payment cuts.
- After years of rebasing and reductions in payment—despite demand for these services—another reimbursement cut of such significance will impact patient access to home health services. Many agencies in hard-to-serve areas have very narrow margins that cannot sustain these additional cuts.
- Continued payment cuts to home-based care runs counter to the high-quality, patient-preferred care option delivered at a lower cost to Medicare (over institutional-based care).