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September 25, 2017

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1672—P
P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically to: <http://www.regulations.gov>

Re: Medicare and Medicaid Programs; CY 2018 Home Health Prospective Payment System Rate Update and Proposed CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements

Dear Administrator Verma:

AARP, with its nearly 38 million members in all 50 States and the District of Columbia, Puerto Rico, and U.S. Virgin Islands, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

AARP appreciates the opportunity to comment on this proposed rule that includes significant changes to the Medicare home health payment system for home health services beginning on or after January 1, 2019.

The incentives in the Medicare home health payment system must safeguard access to necessary, high-quality covered services for all beneficiaries, without regard to the intensity or duration of care required. The Medicare home health payment system should provide payments sufficient to ensure the provision of high-quality, necessary covered home health care to all eligible Medicare beneficiaries. While the system should not incentivize one type of care over another, neither should it skimp on necessary care of one type or another or for one type of Medicare beneficiary or another. The focus should be on the provision of high-quality necessary home health care that meets a particular Medicare beneficiary's needs and

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for which the beneficiary is eligible, whether those needs arise from a short-term or chronic condition, an institutional or community admission, or require a type of therapy or skilled nursing care and other assistance.

In addition to the proposed shift from a 60 day period of care to a 30 day period of care, the proposed rule would make payments higher for the first 30 day period than for follow-on periods and pay more for episodes of home health that follow a prior inpatient hospital or other institutional stay than for episodes that do not have a prior institutional stay. Proposed payment changes will also reduce financial incentives for providing physical therapy. Research on previous changes in home health payment methods show that home health agencies are responsive to payment incentives, which have a large impact on amount and types of home health visits Medicare beneficiaries receive.

We are concerned that the shift in payment incentives will encourage agencies to focus on serving post-hospital clients for short periods of time and discourage them from serving people with longer-term needs and people who do not have a prior institutional stay – and that, as a result, Medicare beneficiaries with longer-term conditions will face increased barriers to obtaining the amount and types of home health they need. We are also concerned that the proposed changes could have a negative impact on the ability of beneficiaries who need ongoing physical therapy to obtain needed services. AARP encourages CMS to develop a payment method and quality measures that provide good access to home health for all eligible Medicare beneficiaries. It's also important to ensure that any proposed changes take into account recertification requirements and that any changes or recertification requirements do not create barriers to accessing necessary care.

It is important to address the potential unintended consequences of the proposed payment changes, such as potential stinting of care, on Medicare beneficiaries who are eligible for the Medicare home health benefit. CMS should closely monitor the impact of any changes in payment policy on the quality of and access to Medicare home health services. How does CMS intend to monitor the effects of the new payment system to ensure that beneficiaries get the services they need? What are the appeals options for Medicare beneficiaries under the proposed payment system and how will Medicare beneficiaries be informed about their appeals rights and about the changes in payments?

AARP appreciates the opportunity to provide comments on this important Medicare home health payment proposed rule. It is important for the Medicare home health payment system to support necessary, quality care that meets individual beneficiary needs. If you have any questions, please contact me or Rhonda Richards (rrichards@aarp.org) on our Government Affairs staff at 202-434-3770.

Sincerely,



David Certner
Legislative Counsel & Legislative Policy Director
Government Affairs