

Home Health Groupings Model: Why 30-Day Home Health Periods Put Patient Care at Risk

While Medicare currently pays for home healthcare services in 60-day patient episodes, the proposed Home Health Groupings Model (HHGM) from the Centers for Medicare & Medicaid Services (CMS) would shift to a 30-day period and base payments on categories meant to capture patient characteristics. The home health community has significant concerns that movement to 30-day periods would create barriers to patient-centered, high quality home healthcare, which would put patients at risk for hospital and acute care setting readmissions opposed to more efficiently treating patients in the home.

We are concerned changing the episode timing to a 30-day period at the same time CMS is implementing a completely new payment system greatly complicates the implementation of the new payment system and increases the potential for unintended consequences.

Encourages Care Delivery Based on Time, Not Patient Need

The current 60-day episode should be maintained to support patient-centered care that gives providers appropriate flexibility to evolve treatment plans based on clinical needs, not regulated timelines. A 30-day period would force providers to align costs with new payment increments, rather than simply focusing on delivering care optimally to meet the patient's clinical needs.

Disincentivizes Efficient, High Quality Care

HHGM's proposed 30-day period is based on a clinical practice known as "frontloading," during which patients receive a higher volume of home health visits in the first 30 days of their episode. While this approach to home health for Medicare patients can be effective in *some* cases, data does not show it will best meet the clinical needs of all patients receiving home healthcare.¹ Further, when home health agencies use

frontloading, they are not providing less care, rather they are incurring the same costs to provide care. Shifting to a 30-day period would reduce payment for this treatment approach, which runs contrary to aligning payment with quality.

Makes Dangerous Behavioral Assumptions

We believe the behavioral assumptions that CMS incorporated into its impact analysis for HHGM were primarily related to the introduction of 30-day periods. We are concerned that behavioral assumptions are dangerous and that they would likely not be relevant if CMS maintained the 60-day episode.

Increases Administrative Burden Already Imposed on Medicare Home Health Providers

Creation of 30-day periods would double the billing paper work required by HHAs for the exact same level of care delivered under the current 60-day episode structure. This change conflicts with CMS's efforts to reduce administrative burden by requiring providers to bill twice as frequently. An increase in administrative burden will further draw resources away from improving patient care and increasing efficiencies. Further, shifting to 30-day periods will result in EMR and technology challenges and expenses when trying to adapt existing systems to a new payment structure.

Inconsistent with Statute and Congressional Intent

The statute does not support the creation of 30-day periods by CMS because the Social Security Act only permits updates to the prospective payment system through annual updates to case mix, wage index and specified other modifications expressly permitted or required by statute. No other changes are authorized. We further do not believe CMS has the statutory authority to alter the unit of payment.

CMS: Maintain 60-Day Episodes for Medicare Home Health

¹ Lee T, O'Connor M. The Home Health Groupings Model: Should Historical Practice Shape Future Payment? Home Health Care Management & Practice. Volume: 29 issue: 2, page(s): 126-129. April 2017.