

# Congress of the United States

Washington, DC 20515

July 2, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Ave SW  
Washington, DC 20201

Administrator Verma:

We write in support of continued access to home health care services for America's Medicare beneficiaries. The Medicare home health benefit ensures that homebound seniors can receive the care they need in their homes, providing a critical and high value care option for vulnerable populations.

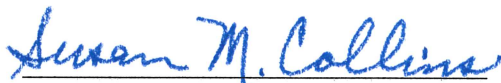
The Bipartisan Budget Act of 2018 (BBA of 2018) recognized the need to modernize Medicare payment for home health. As you know, the Centers for Medicare & Medicaid Services (CMS) took action last year to implement the BBA of 2018, including updating the Medicare home health payment system. The steps CMS took in rulemaking to implement the home health provisions included large reductions in payment due to assumptions, without real-world evidence, about how home health agencies may change billing under the new payment model.

During this year's home health rulemaking cycle, we urge CMS to revisit those assumptions, which would result in a 6.42 percent cut to home health payments for 2020, based on the agency's internal analysis and modeling. The changes to home health payment required by BBA of 2018 were not intended to create significant cuts in 2020. CMS has wide discretion in making assumptions, but we are concerned that CMS has not taken into account what may happen to Medicare beneficiaries and their access to home health services as a result of this substantial cut. In the absence of observed experience and data, CMS should take a cautious approach in its 2020 behavioral assumptions, knowing data-based adjustments can be made in the years that follow.

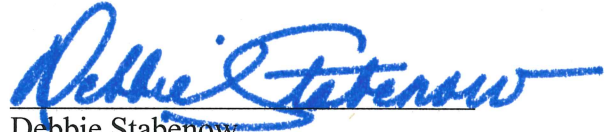
We recently introduced bipartisan legislation in the House and Senate, the Home Health Payment Innovation Act of 2019 (S. 433/H.R. 2573) that would require CMS to rely on actual claims data before imposing cuts and create guardrails to ensure that even as CMS maintains budget neutrality over multiple years, no single year behavioral adjustment will be more or less than two percentage points. At the same time, we believe the annual rulemaking cycle offers an opportunity to revise the adjustments and avoid unnecessary disruption to care at a time when providers are already implementing a new payment model.

Your leadership on this issue is critical to empowering patients with lower cost treatment options and to supporting the drive towards value in post-acute care. We look forward to continuing to work together and to reviewing CMS's 2020 home health rulemaking.

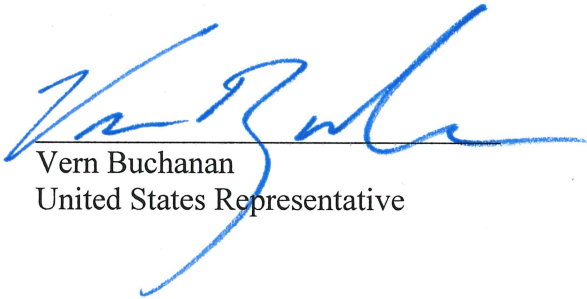
Sincerely,



Susan M. Collins  
United States Senator



Debbie Stabenow  
United States Senator



Vern Buchanan  
United States Representative



Terri A. Sewell  
United States Representative