

# Key Policy Priorities for 2021

## JANUARY 2021

The Partnership for Quality Home Healthcare (the Partnership) will focus on key administrative and regulatory priorities in 2021 in order to support a viable home health sector that ensures access to high quality care for patients while emphasizing its value to the Medicare program. Among the areas that will be addressed are the following critical issues:

### Ensuring Appropriate Medicare Payments to Providers

- **Behavioral Adjustments:** The Partnership will continue to pursue a correction of the behavioral adjustments and related -4.36 percent rate reduction that the Centers for Medicare & Medicaid Services (CMS) applied in establishing payments under the home health prospective payment system (PPS) and Patient Driven Groupings Model (PDGM) for calendar years (CYs) 2020 and 2021. The Partnership will examine more recent Medicare claims data to determine the accuracy of these adjustments and advocate with CMS, MedPAC, and congressional offices for greater transparency and a corrective adjustment to the rate.
- **Sequestration:** The Consolidated Appropriations Act of 2021 exempts Medicare from the automatic 2 percent payment reduction associated with sequestration until March 31, 2021. The Partnership supports continuing the exemption for all of CY 2021.
- **Medicare Advantage:** The Partnership will study the impact to patients as a result of increased enrollment in Medicare Advantage and expanded supplemental benefits on the Medicare home health population. The Partnership will amplify the value of the home health benefit and types of services offered in the traditional Medicare program.

### Supporting Care Delivery During the COVID-19 Public Health Emergency

- **COVID-19 Waivers and Flexibilities:** The current waivers and flexibilities granted by Congress and CMS have helped both home health providers and their patients. The Partnership supports the continued extension of the public health emergency (PHE) and the use of these waivers and flexibilities during 2021 and for expanding and making permanent a number of the waivers. For example, telecommunications-based services and flexibility under the “homebound” requirement should be made permanent.

- **Provider Relief Funds:** The provider relief funds allocated under the CARES Act have helped home health agencies during the public health emergency (PHE). The Partnership supports use of these funds for home health providers for assistance with either expenses incurred or lost revenue. The Partnership will continue to work with the Department of Health and Human Services (HHS) to ensure that the requirements and reporting on the use of these funds are clear and the least burdensome as possible.
- **Review Choice Demonstration (RCD) for Home Health Services:** Due to the continuing public health emergency, CMS has extended timelines for expanding the Review Choice Demonstration for Home Health Agencies in additional states until late January. The Partnership encourages CMS to delay implementation of these demonstrations until the public health emergency (PHE) ends.

### Medicare Payment and Benefits Reform

- **Unified Post-Acute Care Payment:** The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires that CMS and HHS develop a prototype unified payment system for post-acute care and submit a report to Congress with recommendations. The Partnership believes that the process for developing the new system, the surrounding policy framework, and the technical design of the new payment model should underscore the value-proposition of a post-acute care system that supports quality and patient access to home health services.
- **Home Health Benefit Redesign:** The Partnership supports improvements in the benefit design for the Medicare home health benefit. These improvements will emphasize the value of home health as a preferred site of care for patients and the lower cost alternative for Medicare. Proposals will include greater flexibility under the “homebound” requirement, broader coverage of telecommunications services, and an expanded services package to allow more post-acute patients to receive care at home (i.e., the “Choose Home” proposal).