Home Health: Federal Challenges and Opportunities

Reimbursements, PAC Reform, Public Perception, and More

Alliance Learning Collaborative

April 8, 2014
About the Alliance

• 501(c)(3) non-profit research and education foundation

• Mission: To support research and education on the value home health care can offer to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America.

• [www.ahhqi.org](http://www.ahhqi.org)
Today’s Speaker: Eric Berger

Eric Berger,
CEO, Partnership for Quality Home Healthcare

Eric Berger serves as the CEO of the Partnership for Quality Home Healthcare. Prior to joining the Partnership, Mr. Berger served as the Senior Vice President of Public Policy and Communications for DaVita, a Fortune 500 company kidney care provider, and as Vice President of Government Relations and Public Policy for US Oncology, the nation’s largest network of community-based cancer caregivers and clinical researchers. Previously, Mr. Berger served on the professional staff of the Commerce Committee of the U.S. House of Representatives, where he developed Medicare, Medicaid, health insurance, and other reform legislation. Before his service as a Congressional staffer, Mr. Berger served as Virginia’s Legislative and Policy Director for Health and Human Resources, where he helped develop Virginia’s landmark welfare reform legislation.
Today’s Webinar

• During the presentation submit questions to “Teresa Lee” at the Fuze Chat Box.
• Slides will be posted on Members Only portion of Alliance website. We are also recording the webinar for playback on the website.
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Alliance for Home Health Quality and Innovation
Learning Collaborative Webinar

April 8, 2014

Eric Berger, CEO
Partnership for Quality Home Healthcare
Overview

• **Purpose:**
  » The Partnership was established in 2010 to assist government officials in ensuring access to skilled home healthcare services for all Americans. Representing companies consisting of more than 1,500 home health agencies nationwide, the Partnership is dedicated to advancing innovative reforms that improve the quality, efficiency, integrity and sustainability of skilled home healthcare for our nation’s seniors.

• **Members:**
  » Alacare, Amedisys, BAYADA, CareSouth, Encompass, Gentiva, Great Lakes Caring, Guardian, LHC Group, VNA Health Group
Public Policy Challenges

- ACA and CMS Cuts
- Perception of Fraud
- Copayment
- Value Concerns
Public Policy Opportunities

- Program Savings
- Structural Reform
- Homebound
- Trusted Partner
Medicare Cuts and Beneficiary Copayment

• **Priority:**
  » Protect seniors from cuts/copay by advancing targeted (not across-the-board) reform and producing data analyses on beneficiaries.

• **Outlook:**
  » No home health cuts have been passed since ACA and copays are losing favor as the vulnerability of beneficiaries is better understood.

http://www.americansagainstfraud.org/
CMS Rulemaking and Community Engagement

• **Priority:**
  » Improve community engagement in CMS rulemaking via direct data-intensive dialogue and beneficiary education/participation.

• **Outlook:**
  » A case-mix cut proposed for 2013 was removed for further review, and a positive data-focused dialogue is ongoing.

http://bringthevotehome.org/
Rebasing: Base Year Calculation

• **Priority:**
  » Correct CMS’ proposed use of 2013 as the base year for calculating the home health rebasing adjustment.

• **Outcome:**
  » CMS adopted the correct interpretation, restoring ~$2 billion in Medicare home health funding.

**HHPPS Final Rule (11/22/13)**

**Response:** While we interpreted the statutory language differently for the CY 2014 HH PPS proposed rule and believe that the proposed rule reflects how one would ideally rebase a payment system, upon further review, we agree with the commenters regarding the date of enactment and will use the CY 2010 payment rates to determine whether any of the rebasing adjustments exceed 3.5 percent.
Rebasing: Relief and Reassessment

• **Priority:**
  » Achieve rebasing relief via HHS and/or Congressional action.
  » Use focus on rebasing’s impact to protect sector from further cuts.

• **Outlook:**
  » Community data initiatives (states, seniors, women, jobs), media attention, and grassroots engagement are having an impact.
Program Integrity Protections

• **Priority:**
  » Shift focus from across-the-board cuts/copay to targeted reform.
  » Differentiate good actors from the isolated instances of fraud/abuse.

• **Outlook:**
  » *Skilled Home Healthcare Integrity and Program Savings (SHHIPS)* proposal is viewed as constructive and preferable to cuts or a copay.
Post-Acute Care (PAC) Reform

• **Priority:**
  » PAC reform must secure patient choice and utilization of the most clinically appropriate and cost effective care (CACEP) available.

• **Outlook:**
  » CACEP data and the *Bundling and Coordinating Post-Acute Care* (BACPAC) plan are being closely considered by policymakers.

**Variation in Average Medicare Payments to Post-Acute Care First Settings for Major Joint Replacement (MS-DRG 470)**

- HHA: $3,267
- SNF: $8,981
- IRF: $13,073
- LTCH: $27,399


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**Partnership for Quality Home Healthcare**

*There's no place like home.*
Value-Based Purchasing (VBP) Reform

• **Priority:**
  » Demonstrate that significant value is being delivered by home health providers in order to protect seniors from further across-the-board cuts and prepare for VBP reform.

• **Outlook:**
  » Congress is likely to take up VBP reform in 2015, so data analysis and engagement is already underway.

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Concluding Thoughts

• **Looking Back…**
  » Our community has suffered greatly from misunderstanding, negative perceptions, and deep legislative and regulatory cuts.
  » In fairness, we cannot solely blame decision-makers for these facts – it is up to *us* to foster greater understanding, eliminate incorrect perceptions, and protect seniors from further cuts.

• **Looking Ahead…**
  » Solid data development, constructive engagement, and policy innovation have already enabled us to begin changing course – and the future will be very positive if we continue this progress.
Thank You!

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Questions and Discussion

Eric Berger, CEO
eric.berger@homehealthadvocacy.org
Discussion & Questions

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• Presentation slides will be available at: http://ahhqi.org/education/webinars
Thank You!