

Medicare Home Health

Preserve and Expand Access to Medicare Home Health

Recent policy actions do not align with Medicare beneficiaries' preference to age in place. Medicare home health payments have been cut by almost 10% over the past three years and CMS has made clear that billions of dollars of additional cuts are on the horizon. Furthermore, evidence of fraud in some markets like Los Angeles County is threatening the overall reputation of this critical service.

These trajectories are untenable for older adults and families and are unsustainable for nonprofit and mission-driven providers. Relief and reform are both needed.

LeadingAge supports opportunities to preserve, reform, enhance, and expand home health. For example, we support tying payment to serving rural and underserved communities to ensure robust access to care. Adequate payment should support the current array of home health services and allow for the provision of aide and other supportive services within home health as appropriate.

Disrupt Fraud and Protect Beneficiaries:

- Congress should authorize and fund CMS to target new and outlier home health agencies with additional surveys and fund enhanced site visits to better target fraudulent and bad actors.
- Congress should require CMS audit contractors to be transparent in their processes and better target oversight resources.
- Congress should prohibit payment to home health agencies that do not submit required quality data to the Secretary, with existing exemptions remaining in place.

Ensure Access and Expand Support for Beneficiaries and Families:

- Amend the definitions of homebound and skilled care for a more flexible, accessible benefit structure.
- Modify the definition of "place of residence" so that beneficiaries can receive home health services in an adult day center licensed by a state.
- Expand the Medicare home health benefit to ensure greater access to personal care services. Aides are a vital component of home health care, but downward trends in payment and increased scrutiny on aide utilization make it challenging for providers to use aides.
- Enact legislation like the *CONNECT for Health Act* (S 2016 / HR 4189 in the previous Congress) to permanently allow the home to be the originating site for

telehealth services, remove telehealth geographic restrictions, and allow a wider range of providers to bill for telehealth services.

- Support the *Medicare Home Health Accessibility Act* (HR 2013) to change the statutory language defining skilled needs for home health providers to align with other therapies and include occupational therapy as a qualifying home health service.

Stabilize Funding:

- Ensure adequate payment for home health services by repealing the requirement that CMS adjust payment in aggregate based on provider behavior, eliminating the temporary retrospective payment adjustments, and examining ways to bolster the permanent baseline.
- Provide additional reimbursement to home health providers in rural areas and explore similar targeted payment adjustments for other underserved populations.
- Enact the *Prompt and Fair Pay Act* (HR 4059), which sets Medicare fee-for-service rates as the Medicare Advantage (MA) rate floor and standardizes the timeframes in which plans must pay providers. We also support the *Medicare Advantage Prompt Pay Act* (S 2879 / HR 5454), which would standardize prompt pay requirements across plans and penalize non-compliance and seeks to ensure that providers: 1) receive adequate reimbursement for services provided, 2) are notified timely by the plan of claims requiring correction, and 3) receive payment promptly once a clean claim.
- We also ask Congress to introduce legislation prohibiting MA plans from retroactively denying claims and recouping payments that were provided in good faith and with appropriate authorizations.