Moving Health Home
An Alliance to Advance Home-based Care Policy

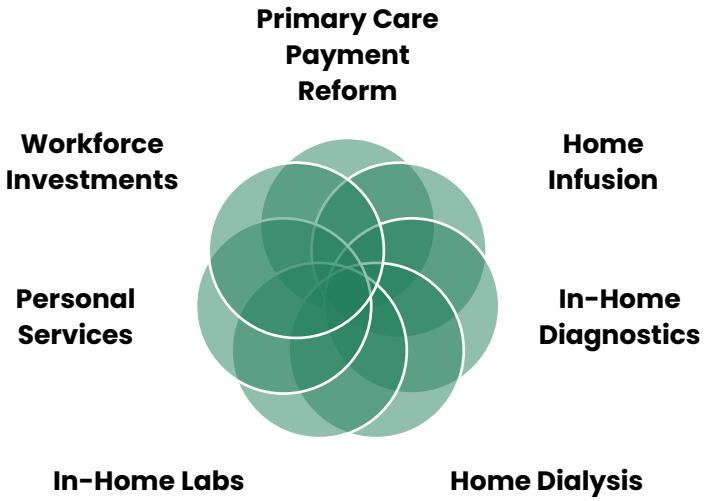
Section by Section: The Expanding Care in the Home Act

The United States lags behind comparable countries in home-based care options for patients. The pandemic has taught us that care in the home is preferred by many patients, with increasing demand for at-home options.

Besides the innate benefits of increased access to care, home-based models have demonstrated the ability to successfully reduce costs, improve quality and outcomes, maintain safety comparable to or better than facilities, and address disparities.

The Expanding Care in the Home Act would remove barriers currently limiting patient access to care in the home, which is often the preferred site of care for patients, caregivers, and providers. The Act would ensure home-based care is a viable option for patient care and scalable for providers.

The Expanding Care in the Home Act encompasses needed policy changes across the in-home care continuum ranging from primary care to dialysis, as well as workforce investments to strengthen and support the delivery of home-based care.



Taken together, the Expanding Care in the Home would significantly advance the goal to ensure the home is a clinical site of care for the future.

A bipartisan majority of American adults (73 percent of Democrats and 61 percent of Republicans) say it should be a priority for the federal government to increase access to care in the home. If Congress wants to answer the call for more home-based care, the Expanding Care in the Home is the meaningful change Americans desire.

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Section-by-Section Background

In-Home Primary Care

High-level: Allow primary care providers enrolled in Medicare Part B to elect to receive a monthly capitated payment as an alternative to FFS reimbursement to increase the feasibility of home-based models.

Deeper Dive: Capitated arrangements would allow primary care providers to better care for their patients in the home without the constraints of FFS billing/documentation. For example, routine telemedicine visits and telephone check-ins; more nurse visits, group visits, and home visits; identification and care management of high-risk patients; and integration of mental health services. Removes the constraint of visit time/travel associated with home visits in Medicare FFS. The Expanding Care in the Home Act would direct the HHS Secretary to allow primary care providers enrolled in Medicare Part B to elect to receive a monthly capitated payment for Primary Care Qualified Evaluation and Management Services (PQEM) as an alternative to FFS reimbursement.

Home Infusion

High-level: Improve access to the fragmented Medicare Home Infusion Benefit by establishing Medicare Part B coverage of services and supplies associated with the delivery of home infusion.

Deeper Dive: Medicare coverage for home infusion is incomplete. As many as 24 million Medicare beneficiaries do not have access to a comprehensive home infusion benefit. Part D covers the cost of most home infused drugs, but not the services (equipment, supplies, administration, etc.) associated with the delivery of the drugs. CMS has determined that it does not have the authority to cover the infusion-related services, equipment, and supplies under Part D. As a result, many Medicare beneficiaries lack access to home infusion therapy and are instead receiving infusion therapy in hospitals and skilled nursing facilities at a significantly higher cost to Medicare and at great inconvenience to the patients. The Expanding Care in the Home legislation would require Medicare Part B to cover the services and supplies associated with the delivery of home infusion.

Home Dialysis

High-level: Bolster access to home dialysis by providing Medicare reimbursement for staff assistance for home dialysis treatment.

Deeper Dive: Home dialysis, which includes peritoneal and home hemodialysis, is under-utilized in the United States, especially among historically disadvantaged groups. Only 12% of dialyzers in the U.S. use home dialysis, lagging behind Hong Kong (82%), the Jalisco region of Mexico

(51%), and New Zealand (30%) among others. Additionally, a 2016 study found that compared to white Americans, Black or African Americans were 60% less likely to be treated with home hemodialysis and 47% less likely to be treated with peritoneal dialysis. The Expanding Care in the Home includes the Improving Access to Home Dialysis Act, which would establish payment for staff-assisted ESRD dialysis in the home separate from the ESRD bundle. Specifically, the legislation:

1. Provides for reimbursement through Medicare for in-home assistance by staff of the dialysis facility to patients on home hemodialysis and peritoneal dialysis for the first 90 days of their regimen;
2. Provides for in-home respite staff assistance under certain circumstances outside the initial 90 days;
3. Provides for the possibility of continuous staff assistance without a time limit for patients with certain disabilities;
4. Expands the types of healthcare professionals who can provide home dialysis training;
5. Provides for additional educational opportunities for patients to learn about the entirety of their dialysis options, including opportunities that can be provided in group settings or via telehealth;
6. Provides for training on home dialysis to occur, when possible, in the location the patient intends to use to dialyze.

The Improving Access to Home Dialysis Act has support from many stakeholders, including the American Society of Nephrology, CVSHealth, DaVita Kidney Care, National Kidney Foundation, and more.

In-Home Labs

High-level: Establish reimbursement of an add-on payment to cover travel costs and mail costs associated with specimen collection of in-home lab tests for certain beneficiaries.

Deeper Dive: Medicare does not provide an additional payment for the collection of labs from non-homebound patients or costs of postage/supplies to mail them the labs. These costs currently fall on the labs or prescribing physicians who want to offer the service when it does not meet the medically necessary requirements. There are millions of other Medicare beneficiaries that might not meet the definition of homebound but would benefit from in-home labs due to access or mobility issues. Conditions left untreated or undetected cost the federal government money downstream. We should ensure receiving preventative and diagnostic labs is as easy as possible, which means the ability to offer it from the comfort of a home or place of dwelling.

The Expanding Care in the Home Act would establish reimbursement of an add-on payment to cover travel costs and mail costs associated with specimen collection of in-home lab tests for certain beneficiaries. The Secretary would determine the screening tool or utilization

management that would trigger beneficiary eligibility. The eligibility would need to be more comprehensive than the homebound status and could include other criteria such as chronic conditions, social needs, barriers to accessing care, income level, or dual eligible status.

Advanced Diagnostic Imaging in the Home

High-level: Permit the delivery and reimbursement of ultrasound imaging in the home for certain beneficiaries and require the Secretary of the Department of Health and Human Services to conduct an evaluation of Medicare in-home reimbursable advanced diagnostic imaging.

Deeper Dive: There is a Portable X-Ray Benefit in Medicare Part B but it is limited in types of diagnostics reimbursable. However, the Benefit was last updated in 2007. Technologies and capabilities have evolved significantly since then. Now, mobile imaging can provide comprehensive X-Ray, EKG, and ultrasound services quickly, safely, and affordably in the home. The Expanding Care in the Home Act would require HHS to conduct an evaluation of Medicare in-home reimbursable advanced diagnostic imaging. At a minimum, it would permit the delivery and reimbursement of ultrasound imaging in the home for certain beneficiaries, which is currently restricted. The Secretary would determine the screening tool or utilization management that would trigger beneficiary eligibility.

Personal Care Services

High-level: Increase access to personal care services for Medicare beneficiaries that do not qualify for Medicaid by establishing a personal care benefit in the Medicare program for certain beneficiaries. If eligible, patients would be eligible for 12 hours per week of personal care services for up to 90 days per year.

Deeper Dive: Many Medicare beneficiaries lack access to personal care because they do not qualify for Medicaid yet cannot afford to pay out of pocket. Some Medicare Advantage beneficiaries have access to personal care. Personal care services directly impact health outcomes and lower costs. The Expanding Care in the Home Act would establish a personal care benefit in the Medicare program for certain beneficiaries. If eligible, patients would be eligible for 12 hours per week of personal care services for up to 90 days per year.

To control utilization and enable the appropriate populations are targeted with the potential for medical cost savings, the following eligibility standards would be used:

- Must be Medicare eligible;
- Must not be Medicaid-eligible;
- Must have an income at or below 400% of the Federal Poverty Level (FPL);
- Must be functionally disabled as defined in section (l); and

- Must have four or more chronic conditions as defined by the Secretary or had a qualified hospitalization stay, as defined by the Secretary, in the last 30 days.
- Other Eligibility: The Secretary may consider other eligibility requirements that are known to, based on evaluation and research, improve value of care and coordination of care. For example, the beneficiary could be required to attend an annual wellness visit or be aligned with a primary care provider or specialist who functions as a primary care provider.

Workforce Investments

High-level: Build up the home-based care workforce by 1) establishing grants to invest in the pipeline and career development of home-based care professionals; 2.) creating a nursing task force to develop standards for a home-based nursing board certification; and 3.) forming a council to study the role of emergency medical service providers in the triage, treatment, and transfer of patients in the home.

Deeper Dive: With the growth of care in the home, there is need for policy to strengthen and build the future home-based workforce. There is already momentum growing among providers for more care in the home because of the rewarding, whole-person care that is provided with improved quality and outcomes. With home-based models, there are opportunities to use other modalities of care, such as telehealth and remote patient monitoring, to support in-person care which will shift how the workforce operates. That said, there is an opportunity to use home-based care as a policy solution to address the broader workforce challenges currently faced in our health care system.

1) **Establish Home-Based Nursing Task Force –** The Expanding Care in the Home Act would establish a task force on developing standards for a home-based nursing board certification. The Tash Force would develop and submit to the Secretary recommendations and strategies for HHS to:
    a. Identify key considerations and opportunities for a potential registered nurse board certification in home-based care.
    b. Develop the specifications and eligibility requirements that would need to be met for a nursing board certification in home-based care.
    c. Outline the benefits and potential issues that would be associated with establishing a nursing board certification in home-based care.
2) **Create Grants to Investment in Career Development –** The Act would award grants to entities to invest in developing the home-based care workforce. Grantees may include non-profit hospital or health systems, community-based organizations, non-profit home health agencies or personal care organizations, state and local health agencies, and other entities identified by the Secretary. The entities may use funds to:

a. Invest in transitioning facility-based medical personnel to care models that are focused on delivering care in the home.
b. Establish career advancement training to improve the unique needs of medical personnel entering the home, for example training for cultural sensitivity, use of digital technologies, and best practices.
c. Recruit new medical personnel that will be responsible for delivering care or support services for care models in the home.

3) **Expanding Emergency Medical Services Workforce Study** – The Act would establish a council to study the impacts of expanding the role of emergency medical service (EMS) providers in the triage, treatment, and transfer of patients in both emergency and non-emergency encounters and associated impacts on the EMS workforce. The Council would prepare a study that:
   a. Details barriers to EMS providers to treating in-place.
   b. Outlines the benefits and other considerations associated with expanding the scope of services delivered by EMS providers.
   c. Examines the current EMS provider workforce's ability to expand their role in healthcare encounters.
   d. Evaluates best practices for nurse navigation programs that assist in triage and dispatch of appropriate level of EMS providers.
   e. Evaluates best practices for community paramedicine programs.
   f. Assesses the impacts of the Expanding Emergency Medical Services (EMS) Workforce Program on medically and socially underserved communities' access to care and emergency department utilization.