



August 29, 2023

Submitted electronically via: <http://regulations.gov/>

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: Calendar Year (CY) 2024 Home Health Prospective Payment System Proposed Rule (CMS-1780-P)**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to submit comments on the proposed rule for the Calendar Year (CY) 2024 Home Health Prospective Payment System (PPS).

Moving Health Home (MHH) is a coalition of health care organizations with a bold vision to make the home a site of clinical service. Our members share in the belief that experience during the pandemic has accelerated the day when care in the home is an accessible option for patients.

For our members, clinical care in the home refers to a spectrum of health services provided in the home or place of dwelling outside of a facility, such as hospital-level or acute care, primary care office, skilled nursing and therapy services, and hospice. It can mean a house call from a primary care doctor or nurse, a physical therapy session, a laboratory and diagnostic service, a home infusion, or a full complement of hospital-level services. At the core, we want to remove regulatory barriers to ensure all patients may choose to receive clinical care in the home and take advantage of the convenient, high-quality care that comes when patients receive home-based care.

The Centers for Medicare and Medicaid Services' (CMS') proposed cut of 2.2 percent to home health providers threatens our collective mission to achieve a broader set of home-based care options for patients, which is the [preferred site](#) of care for the majority of Americans. Home health services are the underpinning of home-based services in the Medicare program, and CMS should be building on that foundation instead of divesting. We believe the proposed cut runs counter to [CMS' strategic goals](#) to drive accountable care, advance health equity, support innovation, and address affordability. It is also misaligned with the Administration's commitment to advancing home and community-based services.

The proposed cut also fails to consider the growing pressure of inflation, which particularly affects the health care industry. As the cost of supplies and wages continue to increase, this proposed cut will only serve to impede the industry's ability to provide quality care. Moreover, health care professions are struggling greatly to maintain staffing levels appropriate for patient care. Additional cuts to home health funding will only worsen the pressure of both inflation and staffing shortages, as hospitals struggle to discharge patients to home health entities. Reducing funding to home health agencies will place undue pressure on the health care system's ability to provide patient-centric care in the setting that is most appropriate for each patient's needs.

**Impact on Home Health Providers**

Home health agencies play a vital role in partnering with health systems and payers to take on risk through accountable arrangements. These partnerships allow home health agencies to support the drive to accountable care. Unfortunately, these proposed cuts would make value-based arrangements less feasible. These cuts may also negatively impact health equity in a couple of ways, which is a continually affirmed priority for the Administration. First, access to home health services may become reduced in many service areas, particularly in rural and underserved communities. This has the potential to further deepen existing inequities. Second, the home health workforce, which is already in the [midst of a staffing crisis](#), may face additional barriers to adequate pay, recruitment, and retainment. Ultimately, this may threaten the job security of an entire workforce, which is largely made up of immigrants and people of color.

Further, in recent years, innovation in the home health space has skyrocketed in part due to a stable payment environment. Providers have been able to experiment with system transformation and better understand how to drive higher quality while reducing costs. However, adequate payment rates are vital for this type of innovation to continue. At face value, these cuts may appear to reduce costs to the federal government, but we are deeply concerned that this cut will have an adverse reaction for the health care system, causing higher costs, both monetarily and to patient care, in the long-term. Reductions in transformation, available services, innovation, and access to care cause grave consequences to our system's total cost of care and care quality.

The proposed cut to home health providers also fails to consider the impact on access to care in the current environment. Currently in the United States, nursing homes are closing at increasing rates. In the last six years, at least 600 nursing homes have closed their doors, leaving many patients with no choice but to remain in the hospital until a more appropriate care setting is available.<sup>[1]</sup> Home health services provide a much-needed alternative to nursing homes for patients who qualify. However, if payment rates for home health providers continue to decrease, patient access to in-home care will be threatened, compounding the pressure the system is already facing due to decreased access to nursing home care. Moving Health Home strongly encourages CMS to consider the system-wide effect of home health provider payment cuts prior to finalizing the rule.

### **Request for Information on Home Health Aide Services**

Patients have indicated that they want to receive care at home, with the demand for services provided in the safety of a patient's home soaring during the pandemic. In fact, according to a [recent survey](#), 85 percent of adults say it should be a high priority for the federal government to expand Medicare coverage for at-home health care. At the same time, an [overwhelming majority](#) of people who have received care in the home were satisfied (88 percent) and would be likely to recommend to family and friends (85 percent). We believe older adults should have the opportunity to choose the best site of care for their medical needs and preference, whether that be in the home or the facility.

While a primary goal of accountable care is preventing hospitalizations, even in the best of circumstances, not all are avoidable. Unavoidable admissions are common in the seriously ill and medically fragile populations and in those with mobility impairments, as common examples. During the hospital stay, best practice dictates early conversations about discharge planning and preparation to return home unless medically-necessary care goals can only be met in an inpatient post-acute setting. For many patients,

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<sup>[1]</sup> <https://www.wsj.com/health/healthcare/the-upheaval-at-americas-disappearing-nursing-homes-in-charts-9aa8d2f9>



returning home is ideal. There are fewer risky transitions of care, reduced risk of subsequent infections, more frequent opportunities to ambulate, reduced chance of dementia exacerbations and behavioral health concerns, and much more if patients can return home for care after the hospital.

When home health agencies are unable to attract and return enough skilled and unskilled (home health aide) staff and pay a fair wage, they may have delays in starting services or face limits to the number of hours they can provide in supportive care. Payment cuts by their most important payer, Medicare fee-for-service, can be catastrophic to home health providers in hiring home health aides. If the goals are meeting patients where they are, increasing access to care, improving patient safety, reducing risks associated with inpatient sites of post-acute care, and managing the behavioral health needs of seniors, financial cuts to home health only make achieving those goals even harder.

**Moving Health Home urges CMS to invest in home health aides to ensure continued access to home-based care.** Home health services are the underpinning of home-based services in the Medicare program, and CMS should be building on that foundation instead of divesting. Cuts to home health providers threatens our collective mission to achieve a broader set of home-based care options for patients.

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Thank you for considering our comments. We welcome the opportunity to provide further feedback on how to achieve our shared goals. Please do not hesitate to reach out to Elizabeth Simpson at [esimpson@movinghealthhome.org](mailto:esimpson@movinghealthhome.org) with any questions regarding our comments or if we can be a resource to you in any way.

Sincerely,

Krista Drobac  
Moving Health Home