



September 9, 2019

The Honorable Susan Collins  
U.S. Senate  
413 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Terri Sewell  
U.S. House of Representatives  
2201 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Debbie Stabenow  
U.S. Senate  
731 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Vern Buchanan  
U.S. House of Representatives  
2427 Rayburn House Office Building  
Washington, D.C. 20515

**RE: Support for the Home Health Payment Innovation Act of 2019**  
**(H.R. 2573/S. 433)**

Dear Senators Collins and Stabenow and Representatives Sewell and Buchanan:

The undersigned members of the Steering Committee of the Coalition to Preserve Rehabilitation (“CPR”) write to express our support for S. 433/H.R. 2573, the Home Health Payment Innovation Act of 2019. We thank you for your leadership in protecting patients’ access to home health services, as noted by the introduction of S.433 and H.R. 2573. CPR is a coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain their maximum level of health and independent function.

As you know, the Bipartisan Budget Act of 2018 requires the Centers for Medicare and Medicaid Services (“CMS”) to implement sweeping payment reforms to the home health prospective payment system beginning January 1, 2020. Of particular significance, the Bipartisan Budget Act of 2018 directs CMS to make assumptions about changes in provider behavior that could occur as a result of the implementation of the new thirty-day unit of payment and case-mix adjustment factors.

To implement this statutory directive, CMS intends to adopt a new payment model referred to as the Patient-Driven Groupings Model (“PDGM”), which includes three behavioral assumptions: clinical group coding, comorbidity coding, and a low-utilization payment adjustment threshold. CMS announced that applying these behavioral assumptions would reduce payment amounts by an astounding 8.01 percent (approximately \$1.3 billion dollars) in 2020.

We have concerns that the proposed behavioral assumptions are overly broad and largely unsubstantiated. These assumptions are used to significantly decrease reimbursement levels under the home health prospective payment system, raising concerns about the sufficiency of

resources home health agencies will have to provide quality patient care and afford appropriate access to patients. We believe that patients with more complex rehabilitative care needs and patients who reside in rural areas are more likely to be adversely affected if home health agencies are forced to close or reduce their services due to the economic impact of the proposed behavioral assumptions. These patient populations are associated with higher operational costs, as they require more frequent visits or lengthier travel to provide care. If patients are unable to access home health services, they will likely be diverted to more costly post-acute care settings.

CPR strongly opposes the proposed application of these behavioral assumptions without better, evidence-based data of actual home care provider behavior. As such, we support the Home Health Payment Innovation Act of 2019, which would require CMS to base behavioral adjustments on observed evidence of provider behavior as a result of the new home health payment model.

We also note that there is an additional provision in the legislation which would allow Medicare Advantage organizations to waive the so-called “homebound” requirement in order to receive home health services. While we appreciate the bill’s recognition of the restrictions inherent in the homebound requirement, we would prefer the legislation waive this requirement for both MA plans and traditional Medicare, to ensure that Medicare beneficiaries have equal access to home health care. This would create a level playing field for all Medicare beneficiaries and avoid a built-in incentive to shift fee-for-service patients to Medicare Advantage in order to receive benefits.

CPR urges Members of Congress and Senators to cosponsor the Home Health Payment Innovation Act of 2019. We appreciate the demonstrated commitment of Senators Collins and Stabenow and Representatives Sewell and Buchanan to protecting access to home health care, and we look forward to working with them and their staff to enact S. 433 and H.R. 2573 into law.

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Thank you for your consideration of our views. For more information, please contact the CPR Steering Committee (listed below), or Peter Thomas, CPR Coordinator, at [Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com) or 202-466-6550.

Sincerely,

**CPR Steering Committee Members**

Brain Injury Association of America  
Christopher and Dana Reeve Foundation  
Falling Forward Foundation  
National Multiple Sclerosis Society  
United Spinal Association