August 27, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1747-P
P.O. Box 8013
Baltimore, Maryland 21244-8013

Submitted electronically via www.regulations.gov

Re: CMS-1747-P; CY 2022 Home Health Prospective Payment System Rate Update; Home Health Value Based Purchasing Model Requirements and Proposed Model Expansion; Home Health Quality Reporting Requirements; Home Infusion Therapy Service Requirements; Survey and Enforcement Requirements for Hospice Programs; Medicare Provider Enrollment Requirements; Inpatient Rehabilitation Facility Quality Reporting Program Requirements; and Long-Term Care Hospital Quality Reporting Program Requirements – Proposed Rule

Dear Administrator Brooks-LaSure:

Community Catalyst respectfully submits the following comments with respect to CMS-1747-P. We are a leading non-profit national health advocacy organization dedicated to advancing a movement for health equity and justice. We partner with local, state and national advocates to leverage and build power so all people can influence decisions that affect their health. Health systems will not be accountable to people without a fully engaged and organized community voice. That's why we work every day to ensure people's interests are represented wherever important decisions about health and health care are made: in communities, state houses and on Capitol Hill.

Within our organization, our Center for Consumer Engagement in Health Innovation focuses on ensuring that individuals with complex health and social needs, including older adults, individuals with disabilities and individuals dually-eligible for Medicare and Medicaid, are empowered and actively involved in decisions that affect their health, and specifically when the federal government proposes any new delivery/payment reform initiative that may impact care. We work closely with older adults and disability rights advocates, many of whom are concerned

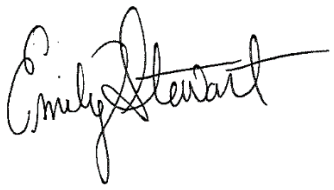
about the current state of Medicare home health care delivery and quality.[1] Therefore, we write to echo their concernsabout existing home health delivery/payment models, which are worsened by the lack of oversight and accountability.

Although federal Medicare law authorizes up to 35 hours per week of home health services for anyone who is "homebound" and in need of intermittent or part-time skilled services, with no limit on the duration of services, no cost-sharing requirements and no restrictions on the number of covered visits, our advocacy partners report that home health care recipients rarely receive this level of access and type of comprehensive care. Instead, our partners report that Medicare plans and providers are denying coverage for home health care and/or substantially limiting the type or amount of services that individuals receive. These issues are caused not only by a lack of adequate federal oversight, but also by many of the policies and incentives put in place by the programs CMS is currently seeking comment on in the proposed rule, such as the Home Health Value Based Purchasing Program, the Quality Reporting Program, the Prospective Payment System and the Patient Driven Groupings Model.

In particular, some programs involve bundled payments that are not tied to quality or outcome measures, and that are being provided to home health agencies without any oversight over how the agencies are delivering the service. This permits and encourages them to focus on maximizing profit rather than providing care to all who are eligible. Additionally, some programs contain quality measures focused on whether/to what extent a patient can "improve" from receiving home health care services. This discourages providers from delivering home health care to individuals with chronic conditions where maintenance of function rather than improvement is essential to their lives. Overall, providing bundled payments that are only tied to whether/how an individual's condition is improving exacerbates the current and longstanding issues with this benefit.

Given the significant issues with access to and implementation of the Medicare home health benefit at present, we urge CMS to focus its attention on resolving these issues and promulgating regulations and quality measures that ensure all individuals who qualify for home health care receive all the types (and full scope) of services under the law. People's lives are at stake.

Respectfully submitted,



Emily Stewart
Executive Director
Community Catalyst

[1] See https://medicareadvocacy.org/shrinking-medicare-home-health-coverage-its-time-to-act/; https://medicareadvocacy.org/issue-brief-medicare-home-health-coverage-reality-conflicts-with-the-law/; https://medicareadvocacy.org/wp-content/uploads/2021/07/CMA-HH-Fact-Sheet-7-2021.pdf