

MEDIA ADVISORY

VNAA Supports MedPAC's Recommendation for Targeted Moratorium in Home Health

VNAA Calls for More Information on Hospice Payment Reform & Opposes Call for a Home Health Co-payment

(Washington, DC) – March 19, 2012 - [Visiting Nurse Associations of America](#) (VNAA) strongly supports MedPAC's recommendation to the Secretary of Health and Human Services (HHS) to suspend payment and the enrollment of new providers if they indicate significant fraud. In a March 2, [press release](#) VNAA called on CMS to use the authority given to it under Section 6401(a)(6) of the Patient Protection and Affordable Care Act (PPACA) to implement targeted moratoriums on payment and new provider enrollment in Medicare home health and hospice.

VNAA agrees with MedPAC's recommendation that the Secretary of HHS should revise the home health case mix to rely on patient characteristics with regard to therapy but cautions that any such revisions must be done in a way that does not harm vulnerable patients. On hospice, VNAA supports the concept of MedPAC's recommendation for an adjustment of payment that reflects the higher costs at the beginning and end of an episode of care. VNAA also agrees that a transition period is needed for any change in the payment system. While VNAA is eager to work with CMS, MedPAC and Congress to develop changes in the Medicare hospice payment system, further details are needed before VNAA and its members can endorse a new payment system.

"VNAA strongly opposes the recommendation of MedPAC for a co-payment because it would shift costs to vulnerable patients, many of whom are over age 75, suffer from multiple chronic conditions and live on fixed incomes at or near the poverty line," said Andy Carter, VNAA president and CEO. "Patients who are eligible for home health have already been subject to multiple co-payments for physician and hospital care. From experience, our nonprofit members know that without home care these patients will likely be re-hospitalized at much greater cost."

To be eligible for home care, a physician must conduct a comprehensive assessment and determine that the patient is so sick that they are "home bound" and that they need skilled services from a nurse or therapist to avoid institutional care. Home health is generally ordered after a hospital stay but can also be ordered to prevent an institutional stay.

VNAA also strongly opposes MedPAC's recommendation to accelerate rebasing of home health rates beginning in 2013. The Patient Protection and Affordable Care Act carefully calibrated that rebasing would begin in 2014 with a four-year phase-in so that a plan could be developed to adjust reimbursement with minimal disruption in services to patients.

"Congress also instructed CMS to conduct a study on services and reimbursement for vulnerable patients under Section 3131 (d) of the Affordable Care Act. It is essential that CMS integrate the findings of this study into rebasing," said Carter.

VNAA was instrumental in working with key Members of Congress to secure the study language in the ACA. For more information on VNAA's positions, visit www.VNAA.org and review materials under the Public Policy section including position statements on co-payments, changes to home health and hospice payments, as well as proposals to stop waste, fraud and abuse in home health and hospice.

###

About VNAA: The VNAA is the national association that supports, promotes and advances nonprofit providers of home and community-based healthcare, hospice and health promotion services to ensure quality care for their communities. VNAA members share a mission to provide cost-effective and compassionate care to some of the nation's most vulnerable individuals, particularly the elderly and individuals with disabilities. www.VNAA.org.

CONTACT: Emily Swanson, VNAA, P: 202-384-1442; C: 513-519-1620, eswanson@vnaa.org