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*Submitted via Regulations.gov*

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: CMS-1672-P: Medicare and Medicaid Programs: CY 2018 Home Health Prospective Payment System Rate Update and Proposed CY 2019 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements.

Administrator Verma:

I am writing on behalf of the Granite State Home Health Association (GSHHA) -- the advocacy affiliate of the Home Care Association of New Hampshire. The Association represents licensed home health agencies throughout the state, from small family-owned agencies to larger non-profit Visiting Nurse Associations (VNAs.) Our agencies are dedicated to providing New Hampshire's Medicare and Medicaid beneficiaries with compassionate, high-quality, cost-effective care that enables individuals to remain at home and out of institutional settings. We appreciate the opportunity to comment on policy changes to the Home Health Prospective Payment System (HHPPS), as proposed by CMS on July 28, 2017.

While New Hampshire's Medicare-certified agencies support CMS's intent to reform the HHPPS to better align payment with patient characteristics and the provision of quality care, **we are concerned that the Home Health Groupings Model (HHGM) proposed for CY 2019 is an untested method with uncertain impacts on reimbursement and care delivery.** A national analysis by the consulting firm of Dobson DaVanzo & Associates showed that over one-quarter of home health agencies would experience a margin shift of +/- 20%, assuming that it is budget neutral (which it is not.) New Hampshire had 33 Medicare-certified agencies as of Q4 2016, but four agencies have closed in 2017 due to reimbursement pressure. The move from 60-day episodes to 30-day periods of care will increase the administrative claims burden on agencies that are already strapped with more regulations than they can handle.

**The HHGM proposal is complex and home health agencies cannot fully ascertain the potential impacts in the short period of time allowed for comments.** While the Dobson DaVanzo modeling shows that some agencies may benefit, there will also be agencies that lose reimbursement. If those agencies are in rural areas of New Hampshire where access to Medicare home health services is already difficult, then there could be more closures in places where services are most needed. This will reduce access to home health services for Medicare *and* Medicaid beneficiaries because nearly all New Hampshire's Medicare-certified agencies are also Medicaid and LTSS providers. **The impacts on the elderly and disabled in our state could be devastating.**

**Home care agencies in New Hampshire respectfully urge CMS to withdraw the HHGM model from the Proposed Rule to allow more time for CMS and industry stakeholders to fully assess the effects of the proposed model, especially for rural areas.** It's critical that CMS and stakeholders work together to develop a model that does not limit access for beneficiaries. It is also imperative that any payment reform be budget neutral. Home health agencies have been subjected to more rate cuts over the last decade than any other health care sector. These cuts have hurt agencies in New Hampshire and precipitated agency closures.

As CMS and stakeholders collaborate on refinements, **it will be important for any significant changes in reimbursement to be tested through demonstration projects and if adopted nationally, phased-in over a period of several years.**

On behalf of home health agencies in New Hampshire, **please withdraw the HHGM from the proposed rule.** Thank you for considering our comments.

Respectfully,



Gina Balkus  
Chief Executive Officer