February 21, 2014

Secretary John Polanowicz
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Re: Comments for ABP SPAs

Dear Secretary Polanowicz:

On behalf of the 200 home care agency members of the Home Care Alliance of Massachusetts, we appreciate the opportunity to comment on the Commonwealth’s proposed State Plan Amendment establishing Alternative Benefit Plans (ABPs), as required under the Affordable Care Act (ACA). The expansion of Medicaid with two new plans is a step forward for the greater well-being of the Commonwealth’s residents.

Our comments concern the unnecessary and potentially dangerous restrictions of home health coverage in the CarePlus plan, which we see as barriers to the highest quality services as well as a road to increased costs for the system at-large.

Restricting home health services in CarePlus to only post hospital and skilled nursing facility care ignores the critical role these community agencies are playing in achieving current health care reform goals to enhance care coordination among providers, to extend care beyond the four walls of the physician office, and to prevent initial hospitalizations.

A community admission to home health care typically occurs when a physician recognizes that a patient is on a trajectory to needing hospital or institutional care. The care provided is often critical for preventing exacerbation of one or more chronic conditions. Denying this care through a benefit restriction would force more hospital care. Consider for example, this real patient’s story:

A 57 year old woman with Multiple Sclerosis, relatively bedbound and unable to control bowel or bladder functions. She has an implanted epidural pump to deliver medicine to control the muscle spasms associated with her disease. The chronic wounds on her back, buttocks and other areas often improve, but healing is easily and frequently set back when family caregivers are unavailable or in one instance new wounds were developed when she sat up in a wheelchair for a day to attend her son’s wedding and another time when she lost electricity to her pressure control mattress during a recent ice storm. These sores require attention, but the patient is adamant about staying in her home with her family and her home nursing services make this a possibility for her. Home nursing has resulted in no hospitalizations in over two years.

Why should a patient like this be forced into a hospital or skilled nursing facility before they are able to access home health services?
Many home health agencies have a significant portion of MassHealth referrals coming from sources other than a hospital or skilled nursing facility. For instance, the Brockton Visiting Nurse Association has 18 percent of their referrals coming from a physician per year. Able Home Care in Lynn has nearly 60 percent of their MassHealth referrals from physicians, group homes, respite homes, local Department of Mental Health offices, local Department of Developmental Service offices, and Aging Service Access Points.

Nizhoni Health Systems is a Home Care Alliance member that specializes in treating behavioral health issues alongside physical health issues in the home. A breakdown of their referral sources over the course of a year reveals that 18 percent come from physicians while 36 percent come from other community sources that include housing authorities and local DMH offices.

Medical Resources Home Health Corp. is a major provider of home health services to MassHealth beneficiaries. Roughly 37 percent of their MassHealth referrals come from community health centers, mental health clinics, methadone clinics, DDS, human service providers, and homeless shelters or services. Another 42 percent of their MassHealth referrals come from physicians in the community. If these patients were forced to stay in a hospital prior to being referred for home health services, the cost to MassHealth would be an additional $8.4 million for just those patients cared for by Medical Resources Home Health in one year (using average hospital cost-per-stay of $9,700, according to 2010 data from the Agency for Healthcare Research and Quality).

Moreover, many CarePlus enrollees have transitioned to MassHealth from Commonwealth Care, which does not restrict home health services to only those with an overnight hospital stay. Other plans rely on medical necessity to determine whether home health care services should be provided.

The Home Care Alliance strongly urges MassHealth to follow suit with other plans focusing on medical necessity rather than the referral source for home health care services. The current restrictions will cause harm to MassHealth members who could have otherwise avoided more intensive and more expensive care instead of receiving in-home services as most prefer.

 Again, we appreciate the opportunity to submit comments on behalf of home health care agencies on the Commonwealth’s proposed State Plan Amendment establishing ABP’s. Please contact James Fuccione at the Alliance (jfuccione@thinkhomecare.org) if you have any questions or would like further information on the impact of the proposed changes on home health agencies and those they serve.

Sincerely,

James Fuccione
Director, Legislative & Public Affairs
Home Care Alliance of Massachusetts