



March 31, 2016

Daniel Tsai, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
1 Ashburton Place, Room 1109
Boston, MA 02108

RE: MassHealth Notice of Proposed Amendment of Regulations, 130 CMR 403.000, Home Health Agency Manual

Dear Assistant Secretary Tsai:

On behalf of the member agencies of the Home Care Alliance of Massachusetts, we submit these comments on the new home health regulations as a part of our commitment to collaborating with MassHealth and the Executive Office of Health and Human Services on program integrity measures in Long-Term Services and Supports and specifically home health care. The Alliance has a history of supporting efforts to improve the Commonwealth's home health industry. Most recently, this has included our support for a temporary moratorium on MassHealth billing from new agencies, increased audits of agencies with aberrant or outlier practices, and our work to define and implement a new prior authorization process.

Given the administrative complexity of some of the proposed changes, our organization has appreciated your personal attention to ensuring the preservation of care for the involved MassHealth clients. We have also appreciated the time that your staff has spent working directly with our agencies. The flexibility that has been afforded has been valuable considering the timeframe for claims submission and the general scope of this change. This initial work is far from over, but our commitment to making it work so that no needed care goes undelivered remains strong.

Bearing in mind the immediacy of the budget situation, HCA of MA understands that there was a need to move more quickly to implement a complex prior authorization regulation than might normally be expected. As we move from emergency implementation to a more normal pace of review, HCA of MA hopes that we could begin to work with you on refinements, including those that might alleviate some of the time and costs associated with the program. Some of this may involve open discussion of changes in care patterns and billing that are being achieved as a result of audits and prior authorization.

We have heard from a few agencies with a strong collective history of compliance that they would like to see measured modification in the referring physician language. This could possibly include allowing a process for agencies to request a waiver for a psychiatric physician who may be a paid committee member to make some referrals, as long as it is clear payment is not tied to those numbers.

Once we begin to have data around prior authorization, it is our hope that we can revisit the parameters and possibly take a cue from other managed care entities who have limited or streamlined processes for "gold star" home health agencies that prove they can adhere to the standards set by MassHealth. Longer term, we would like to work with your office to find a path to eventually move toward a more incentive or value based purchasing (VBP) arrangement with home health agency partners. One obstacle to getting there is that so much of the data being transmitted for the prior authorization is being submitted in uploaded paper documents and not in any electronic files. For example, the home health assessment

(OASIS), has a wealth of information that, if read electronically, could begin to establish a database of client profiles for use in VBP.

As we work to support these initiatives, we look to MassHealth and EOHHS to support proposals that HCA of MA has put forth. One such measure is to support the Alliance's push to establish licensure as a longer term solution. We believe a lack of state oversight – something our organization has been pointing out for years – is a major contributing factor to the number of new home health agencies opening in recent years, many with a limited understanding of coverage and billing rules.

The Alliance also asks that the state formally request, or encourage the Medicare Regional Office to request, a temporary moratorium on Medicare certifications to new home health agency applicants. With more than 180 such applications currently pending, we believe it is in the best interests of MassHealth, current reform efforts, and home health patients that the industry has the chance to recover and combat fraud more comprehensively.

Regarding prior authorization, it is our hope that those longstanding home health agencies that prove they can adhere to the standards set by MassHealth can receive certain exemptions from the full process down the road. The Alliance also requests that MassHealth report spending trend updates periodically and that this process can be revisited at regular intervals.

Again, we appreciate your collaboration and look forward to cooperatively improving home health for patients, providers and the Commonwealth.

Thank you,

A handwritten signature in black ink, appearing to read "Patricia Kelleher", with a long horizontal flourish extending to the right.

Patricia Kelleher
Executive Director
Home Care Alliance of MA