



The Honorable Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Subject: Proposed Rule for CY 2024 Home Health [CMS-1780-P]

Dear Administrator Brooks-LaSure,

MedBridge is a leading digital care organization leveraged by over 345,000 medical professionals across a variety of healthcare specialties, including physical therapy, occupational therapy and nursing. We serve Home Health, Hospitals and post-acute settings nationwide and our clients include 6 of the 10 largest Home Health agencies in the US.

MedBridge urges CMS to preserve reimbursement for Home Health to ensure access for vulnerable seniors to quality care in the home.

We are commenting in support of the corrective action proposed by the National Association for Home Care & Hospice (NAHC) and the Partnership for Quality Home Healthcare (PQHH) to reduce or eliminate the proposed cut to Home Health reimbursement. The cuts as currently proposed will reduce access to this care setting for vulnerable home-bound older adults. We wish to remind CMS that Home Health is an essential setting that can impact the cost of care by keeping older adults where they want to be, in their own home.

As part of our role in the Home Health industry, we see the profound impact that Home Health services have on patients - but we also see the toll that providing those services take on providers and caregivers. One of the universal challenges we hear from all agencies is staffing and the constraint that reimbursement rates have on an agencies' ability to pay higher wages and attract prospective employees to fill vacant roles, this has a direct impact on the quality, types and frequency of services that Medicare beneficiaries can receive.

We appreciate CMS' acknowledgement and request for comment in the 2024 proposed rule regarding the decline in number of agencies and home health aide services. Referral refusal rates are also at an all time high in Home Health at 76%. This is impacting the timely initiation of care for many patients, putting our most vulnerable seniors at risk and creating unnecessary barriers to care for Medicare beneficiaries.

MedBridge recommends a payment multiplier for telecommunications technology be added to PDGM to incentivize the use of technology to assist and support Home Health agencies to increase patient capacity with the staffing levels they have today.

CMS should consider how the use of telecommunications, patient monitoring and virtual care services may be able to reduce the cost of providing care and improve access to Home Health services by improving the operational flexibility of Home health agencies to provide those services. We have seen these interventions increase the capacity of agencies to accept more patients while ensuring they receive the support they need to remain safe in their home by promoting timely check-ins from qualified healthcare professionals that are familiar with the patients' condition and have been using a monitoring platform to collect the data they need to evaluate their progress, response and adherence to their plan of care.

CMS has developed telecommunications technology reimbursement successfully across nearly every other healthcare segment outside of Home Health. For example, Part B care settings are successfully leveraging and billing RPM, RTM, CCM & PCM codes which has resulted in additional tools to address the unique needs of patients in those settings and control the rising costs of managing chronic conditions. CMS itself is promoting telehealth and virtual services to providers, for example in "[Telehealth for providers: what you need to know](#)," which describes the benefits as "increase continuity of care, extend access to care beyond normal hours, reduce transportation costs, help rural organizations, and support patients with chronic conditions." These are all benefits that are needed in Home Health and areas that Home Health is uniquely set up to collect the outcomes data needed to identify the impact to older adults. Therefore, we ask you to go beyond just collecting information on how telecommunications software is used in Home Health, we are urging you to act by adding one more layer to the Patient-Driven Groupings Model that adds a case-mix adjustment if the agency is using telecommunications software in practice. We strongly believe that doing so will layer the necessary incentives for agencies to leverage technology, which in-turn will reduce CMS's total spend (as it will reduce avoidable hospitalizations, emergency dept visits and overall total cost of care). This furthers the goals of CMS, addresses patient capacity and provides incentives to organizations to participate ensuring a high quality data-set to study.

Thank you for seeking comment and engaging Home Health stakeholders in the regulatory process.

In closing, we thank you for the opportunity to provide commentary on this proposed rule. Should you have any questions about these comments, please contact Joseph Brence, Head of Clinical Strategy at MedBridge (joseph.brence@medbridgeed.com). MedBridge will continue to engage and share our expertise on digital health and patient monitoring with CMS and other regulators to advocate for patient access to these new digital care interventions. As an organization, we believe Home Health provides significant value to patients and ask for CMS to support Home health agencies and providers so that they can continue offering the highest quality care possible to Medicare beneficiaries.