

Issue Brief

FEDERAL ISSUE BRIEF • July 3, 2018

CMS Proposes PPS Home Health Update for CY 2019 and a Revised HH Case-Mix System for CY 2020

The Centers for Medicare & Medicaid Services issued a proposed calendar year 2019 update to the home health prospective payment system.

The 600-page rule currently is on display at the *Federal Register* at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-14443.pdf>. Publication is slated for Thursday, July 12. A 60-day comment period ending Friday, Aug. 31, is provided.

This proposed rule would update the payment rates for home health agencies for calendar year 2019. The proposal also would update the case-mix weights for CY 2019.

For home health services beginning on or after Jan. 1, 2020, this rule proposes a case-mix methodology refinement, which will eliminate the use of therapy thresholds for case-mix adjustment purposes; and proposes to change the unit of payment from a 60-day episode of care to a 30-day period of care, as mandated by section 51001 of the *Bipartisan Budget Act of 2018*. The proposed rule also proposes a new methodology used to determine rural add-on payments for CYs 2019 through 2022 as mandated by statute.

Further, the proposed rule would establish a transitional payment for home infusion therapy services for CYs 2019 and 2020, again, as mandated by law.

COMMENT

CMS provides the following table regarding cost, transfers and benefits.

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continued

Provision Description	Costs and Cost Savings	Transfers	Benefits
CY 2019 HH PPS Payment Rate Update		The overall economic impact of the HH PPS payment rate update is an estimated \$400 million (2.1 percent) in increased payments to HHAs in CY 2019.	To ensure home health payments are consistent with statutory payment authority for CY 2019.
CY 2019 Temporary Transitional Payments for Home Infusion Therapy Services		The overall economic impact of the temporary transitional payment for home infusion therapy services is an estimated \$60 million in increased payments to home infusion therapy suppliers in CY 2019.	To ensure temporary transitional payments for home infusion therapy are consistent with statutory authority for CY 2019.
CY 2019 HHVBP Model		The overall economic impact of the HHVBP Model provision for CY 2018 through 2022 is an estimated \$378 million in total savings from a reduction in unnecessary hospitalizations and SNF usage as a result of greater quality improvements in the HH industry (none of which is attributable to the changes proposed in this proposed rule). As for payments to HHAs, there are no aggregate increases or decreases expected to be applied to the HHAs competing in the model.	
CY 2020 OASIS Changes	The overall economic impact of the HH QRP and the case-mix adjustment methodology changes is annual savings to HHAs of an estimated \$60 million.		A reduction in burden to HHAs of approximately 73 hours annually for a savings of approximately \$5,150 annually per HHA.
CY 2020 Case-Mix Adjustment Methodology Changes, Including a Change in the Unit of Service from 60 to 30 days.		The overall economic impact of the proposed case-mix adjustment methodology changes, including a change in the unit of service from 60 to 30 days, for CY 2020 results in no estimated dollar impact to HHAs, as section 51001(a) of the BBA of 2018 requires such change to be implemented in a budget-neutral manner.	To ensure home health payments are consistent with statutory payment authority for CY 2020.
Accreditation for Home Infusion Therapy suppliers		<p>The cost related to an Accrediting Organization obtaining CMS approval of a home infusion therapy accreditation program is estimated to be \$8,014.50 per each AO, for AOs that have previously submitted an accreditation application to CMS.</p> <p>The cost across the potential six home infusion therapy AOs would be \$48,087. The cost related to each home infusion therapy AO for obtaining CMS approval of a home infusion therapy accreditation program is estimated to be \$12,453 per each AO, for AOs that have not previously submitted an accreditation application to CMS. The cost across the potential six home infusion therapy AOs would be \$74,718.</p> <p>CMS estimates that each home infusion therapy AO would incur an estimated cost burden in the amount of \$23,258 for compliance with the proposed home infusion therapy AO approval and oversight regulations at §§488.1010 through 488.1050 (including the filing of an application).</p> <p>The cost across the six potential home infusion therapy AOs would be \$139,548.</p>	

CMS is renaming the proposed case-mix adjustment methodology refinements, formerly known as the Home Health Groupings Model or “HHGM,” as the “Patient-Driven Groupings Model,” or PDGM.

The proposal is fairly well written. However, the new case-mix system to be implemented in CY 2020 appears extremely complex. CMS acknowledges the new system will involve much training and education. Can CMS do such in a year?

1. PROPOSED CY 2019 HH PPS CASE-MIX WEIGHTS

The proposed CY 2019 case-mix weights are shown in the table below. There are 153 weights comprising the home health resource groups.

CY 2019 Case-Mix Payment Weights			
Pay Group	Description	Clinical and Functional Levels 1 = Low; 2 = Medium; 3 = High	Proposed Weights for CY 2019
10111	1st and 2nd Episodes, 0 to 5 Therapy Visits	C1F1S1	0.5459
10112	1st and 2nd Episodes, 6 Therapy Visits	C1F1S2	0.6801
10113	1st and 2nd Episodes, 7 to 9 Therapy Visits	C1F1S3	0.8143
10114	1st and 2nd Episodes, 10 Therapy Visits	C1F1S4	0.9485
10115	1st and 2nd Episodes, 11 to 13 Therapy Visits	C1F1S5	1.0828
10121	1st and 2nd Episodes, 0 to 5 Therapy Visits	C1F2S1	0.6485
10122	1st and 2nd Episodes, 6 Therapy Visits	C1F2S2	0.7691
10123	1st and 2nd Episodes, 7 to 9 Therapy Visits	C1F2S3	0.8897
10124	1st and 2nd Episodes, 10 Therapy Visits	C1F2S4	1.0104
10125	1st and 2nd Episodes, 11 to 13 Therapy Visits	C1F2S5	1.1310
10131	1st and 2nd Episodes, 0 to 5 Therapy Visits	C1F3S1	0.6910
10132	1st and 2nd Episodes, 6 Therapy Visits	C1F3S2	0.8049
10133	1st and 2nd Episodes, 7 to 9 Therapy Visits	C1F3S3	0.9189
10134	1st and 2nd Episodes, 10 Therapy Visits	C1F3S4	1.0328
10135	1st and 2nd Episodes, 11 to 13 Therapy Visits	C1F3S5	1.1467
10211	1st and 2nd Episodes, 0 to 5 Therapy Visits	C2F1S1	0.5776
10212	1st and 2nd Episodes, 6 Therapy Visits	C2F1S2	0.7194
10213	1st and 2nd Episodes, 7 to 9 Therapy Visits	C2F1S3	0.8612
10214	1st and 2nd Episodes, 10 Therapy Visits	C2F1S4	1.0030
10215	1st and 2nd Episodes, 11 to 13 Therapy Visits	C2F1S5	1.1448
10221	1st and 2nd Episodes, 0 to 5 Therapy Visits	C2F2S1	0.6802
10222	1st and 2nd Episodes, 6 Therapy Visits	C2F2S2	0.8084
10223	1st and 2nd Episodes, 7 to 9 Therapy Visits	C2F2S3	0.9366
10224	1st and 2nd Episodes, 10 Therapy Visits	C2F2S4	1.0648
10225	1st and 2nd Episodes, 11 to 13 Therapy Visits	C2F2S5	1.1930
10231	1st and 2nd Episodes, 0 to 5 Therapy Visits	C2F3S1	0.7227
10232	1st and 2nd Episodes, 6 Therapy Visits	C2F3S2	0.8442
10233	1st and 2nd Episodes, 7 to 9 Therapy Visits	C2F3S3	0.9657
10234	1st and 2nd Episodes, 10 Therapy Visits	C2F3S4	1.0872

CY 2019 Case-Mix Payment Weights

Pay Group	Description	Clinical and Functional Levels 1 = Low; 2 = Medium; 3 = High	Proposed Weights for CY 2019
10235	1st and 2nd Episodes, 11 to 13 Therapy Visits	C2F3S5	1.2087
10311	1st and 2nd Episodes, 0 to 5 Therapy Visits	C3F1S1	0.6245
10312	1st and 2nd Episodes, 6 Therapy Visits	C3F1S2	0.7755
10313	1st and 2nd Episodes, 7 to 9 Therapy Visits	C3F1S3	0.9264
10314	1st and 2nd Episodes, 10 Therapy Visits	C3F1S4	1.0774
10315	1st and 2nd Episodes, 11 to 13 Therapy Visits	C3F1S5	1.2284
10321	1st and 2nd Episodes, 0 to 5 Therapy Visits	C3F2S1	0.7271
10322	1st and 2nd Episodes, 6 Therapy Visits	C3F2S2	0.8645
10323	1st and 2nd Episodes, 7 to 9 Therapy Visits	C3F2S3	1.0019
10324	1st and 2nd Episodes, 10 Therapy Visits	C3F2S4	1.1392
10325	1st and 2nd Episodes, 11 to 13 Therapy Visits	C3F2S5	1.2766
10331	1st and 2nd Episodes, 0 to 5 Therapy Visits	C3F3S1	0.7696
10332	1st and 2nd Episodes, 6 Therapy Visits	C3F3S2	0.9003
10333	1st and 2nd Episodes, 7 to 9 Therapy Visits	C3F3S3	1.0310
10334	1st and 2nd Episodes, 10 Therapy Visits	C3F3S4	1.1617
10335	1st and 2nd Episodes, 11 to 13 Therapy Visits	C3F3S5	1.2923
21111	1st and 2nd Episodes, 14 to 15 Therapy Visits	C1F1S1	1.2170
21112	1st and 2nd Episodes, 16 to 17 Therapy Visits	C1F1S2	1.3756
21113	1st and 2nd Episodes, 18 to 19 Therapy Visits	C1F1S3	1.5342
21121	1st and 2nd Episodes, 14 to 15 Therapy Visits	C1F2S1	1.2516
21122	1st and 2nd Episodes, 16 to 17 Therapy Visits	C1F2S2	1.4008
21123	1st and 2nd Episodes, 18 to 19 Therapy Visits	C1F2S3	1.5499
21131	1st and 2nd Episodes, 14 to 15 Therapy Visits	C1F3S1	1.2607
21132	1st and 2nd Episodes, 16 to 17 Therapy Visits	C1F3S2	1.4126
21133	1st and 2nd Episodes, 18 to 19 Therapy Visits	C1F3S3	1.5646
21211	1st and 2nd Episodes, 14 to 15 Therapy Visits	C2F1S1	1.2866
21212	1st and 2nd Episodes, 16 to 17 Therapy Visits	C2F1S2	1.4535
21213	1st and 2nd Episodes, 18 to 19 Therapy Visits	C2F1S3	1.6204
21221	1st and 2nd Episodes, 14 to 15 Therapy Visits	C2F2S1	1.3212
21222	1st and 2nd Episodes, 16 to 17 Therapy Visits	C2F2S2	1.4786
21223	1st and 2nd Episodes, 18 to 19 Therapy Visits	C2F2S3	1.6361
21231	1st and 2nd Episodes, 14 to 15 Therapy Visits	C2F3S1	1.3302
21232	1st and 2nd Episodes, 16 to 17 Therapy Visits	C2F3S2	1.4905
21233	1st and 2nd Episodes, 18 to 19 Therapy Visits	C2F3S3	1.6508
21311	1st and 2nd Episodes, 14 to 15 Therapy Visits	C3F1S1	1.3793
21312	1st and 2nd Episodes, 16 to 17 Therapy Visits	C3F1S2	1.5930
21313	1st and 2nd Episodes, 18 to 19 Therapy Visits	C3F1S3	1.8067
21321	1st and 2nd Episodes, 14 to 15 Therapy Visits	C3F2S1	1.4140
21322	1st and 2nd Episodes, 16 to 17 Therapy Visits	C3F2S2	1.6182
21323	1st and 2nd Episodes, 18 to 19 Therapy Visits	C3F2S3	1.8224
21331	1st and 2nd Episodes, 14 to 15 Therapy Visits	C3F3S1	1.4230

CY 2019 Case-Mix Payment Weights

Pay Group	Description	Clinical and Functional Levels 1 = Low; 2 = Medium; 3 = High	Proposed Weights for CY 2019
21332	1st and 2nd Episodes, 16 to 17 Therapy Visits	C3F3S2	1.6300
21333	1st and 2nd Episodes, 18 to 19 Therapy Visits	C3F3S3	1.8371
22111	3rd+ Episodes, 14 to 15 Therapy Visits	C1F1S1	1.2104
22112	3rd+ Episodes, 16 to 17 Therapy Visits	C1F1S2	1.3713
22113	3rd+ Episodes, 18 to 19 Therapy Visits	C1F1S3	1.5321
22121	3rd+ Episodes, 14 to 15 Therapy Visits	C1F2S1	1.2789
22122	3rd+ Episodes, 16 to 17 Therapy Visits	C1F2S2	1.4189
22123	3rd+ Episodes, 18 to 19 Therapy Visits	C1F2S3	1.5589
22131	3rd+ Episodes, 14 to 15 Therapy Visits	C1F3S1	1.2789
22132	3rd+ Episodes, 16 to 17 Therapy Visits	C1F3S2	1.4248
22133	3rd+ Episodes, 18 to 19 Therapy Visits	C1F3S3	1.5706
22211	3rd+ Episodes, 14 to 15 Therapy Visits	C2F1S1	1.2761
22212	3rd+ Episodes, 16 to 17 Therapy Visits	C2F1S2	1.4465
22213	3rd+ Episodes, 18 to 19 Therapy Visits	C2F1S3	1.6169
22221	3rd+ Episodes, 14 to 15 Therapy Visits	C2F2S1	1.3445
22222	3rd+ Episodes, 16 to 17 Therapy Visits	C2F2S2	1.4942
22223	3rd+ Episodes, 18 to 19 Therapy Visits	C2F2S3	1.6438
22231	3rd+ Episodes, 14 to 15 Therapy Visits	C2F3S1	1.3445
22232	3rd+ Episodes, 16 to 17 Therapy Visits	C2F3S2	1.5000
22233	3rd+ Episodes, 18 to 19 Therapy Visits	C2F3S3	1.6555
22311	3rd+ Episodes, 14 to 15 Therapy Visits	C3F1S1	1.4670
22312	3rd+ Episodes, 16 to 17 Therapy Visits	C3F1S2	1.6515
22313	3rd+ Episodes, 18 to 19 Therapy Visits	C3F1S3	1.8360
22321	3rd+ Episodes, 14 to 15 Therapy Visits	C3F2S1	1.5355
22322	3rd+ Episodes, 16 to 17 Therapy Visits	C3F2S2	1.6992
22323	3rd+ Episodes, 18 to 19 Therapy Visits	C3F2S3	1.8629
22331	3rd+ Episodes, 14 to 15 Therapy Visits	C3F3S1	1.5355
22332	3rd+ Episodes, 16 to 17 Therapy Visits	C3F3S2	1.7050
22333	3rd+ Episodes, 18 to 19 Therapy Visits	C3F3S3	1.8746
30111	3rd+ Episodes, 0 to 5 Therapy Visits	C1F1S1	0.4581
30112	3rd+ Episodes, 6 Therapy Visits	C1F1S2	0.6086
30113	3rd+ Episodes, 7 to 9 Therapy Visits	C1F1S3	0.7591
30114	3rd+ Episodes, 10 Therapy Visits	C1F1S4	0.9095
30115	3rd+ Episodes, 11 to 13 Therapy Visits	C1F1S5	1.0600
30121	3rd+ Episodes, 0 to 5 Therapy Visits	C1F2S1	0.5397
30122	3rd+ Episodes, 6 Therapy Visits	C1F2S2	0.6876
30123	3rd+ Episodes, 7 to 9 Therapy Visits	C1F2S3	0.8354
30124	3rd+ Episodes, 10 Therapy Visits	C1F2S4	0.9832
30125	3rd+ Episodes, 11 to 13 Therapy Visits	C1F2S5	1.1310
30131	3rd+ Episodes, 0 to 5 Therapy Visits	C1F3S1	0.5772
30132	3rd+ Episodes, 6 Therapy Visits	C1F3S2	0.7176
30133	3rd+ Episodes, 7 to 9 Therapy Visits	C1F3S3	0.8579

CY 2019 Case-Mix Payment Weights

Pay Group	Description	Clinical and Functional Levels 1 = Low; 2 = Medium; 3 = High	Proposed Weights for CY 2019
30134	3rd+ Episodes, 10 Therapy Visits	C1F3S4	0.9982
30135	3rd+ Episodes, 11 to 13 Therapy Visits	C1F3S5	1.1385
30211	3rd+ Episodes, 0 to 5 Therapy Visits	C2F1S1	0.4844
30212	3rd+ Episodes, 6 Therapy Visits	C2F1S2	0.6427
30213	3rd+ Episodes, 7 to 9 Therapy Visits	C2F1S3	0.8011
30214	3rd+ Episodes, 10 Therapy Visits	C2F1S4	0.9594
30215	3rd+ Episodes, 11 to 13 Therapy Visits	C2F1S5	1.1178
30221	3rd+ Episodes, 0 to 5 Therapy Visits	C2F2S1	0.5660
30222	3rd+ Episodes, 6 Therapy Visits	C2F2S2	0.7217
30223	3rd+ Episodes, 7 to 9 Therapy Visits	C2F2S3	0.8774
30224	3rd+ Episodes, 10 Therapy Visits	C2F2S4	1.0331
30225	3rd+ Episodes, 11 to 13 Therapy Visits	C2F2S5	1.1888
30231	3rd+ Episodes, 0 to 5 Therapy Visits	C2F3S1	0.6035
30232	3rd+ Episodes, 6 Therapy Visits	C2F3S2	0.7517
30233	3rd+ Episodes, 7 to 9 Therapy Visits	C2F3S3	0.8999
30234	3rd+ Episodes, 10 Therapy Visits	C2F3S4	1.0481
30235	3rd+ Episodes, 11 to 13 Therapy Visits	C2F3S5	1.1963
30311	3rd+ Episodes, 0 to 5 Therapy Visits	C3F1S1	0.5798
30312	3rd+ Episodes, 6 Therapy Visits	C3F1S2	0.7573
30313	3rd+ Episodes, 7 to 9 Therapy Visits	C3F1S3	0.9347
30314	3rd+ Episodes, 10 Therapy Visits	C3F1S4	1.1122
30315	3rd+ Episodes, 11 to 13 Therapy Visits	C3F1S5	1.2896
30321	3rd+ Episodes, 0 to 5 Therapy Visits	C3F2S1	0.6614
30322	3rd+ Episodes, 6 Therapy Visits	C3F2S2	0.8362
30323	3rd+ Episodes, 7 to 9 Therapy Visits	C3F2S3	1.0110
30324	3rd+ Episodes, 10 Therapy Visits	C3F2S4	1.1858
30325	3rd+ Episodes, 11 to 13 Therapy Visits	C3F2S5	1.3607
30331	3rd+ Episodes, 0 to 5 Therapy Visits	C3F3S1	0.6989
30332	3rd+ Episodes, 6 Therapy Visits	C3F3S2	0.8662
30333	3rd+ Episodes, 7 to 9 Therapy Visits	C3F3S3	1.0336
30334	3rd+ Episodes, 10 Therapy Visits	C3F3S4	1.2009
30335	3rd+ Episodes, 11 to 13 Therapy Visits	C3F3S5	1.3682
40111	All Episodes, 20+ Therapy Visits	C1F1S1	1.6929
40121	All Episodes, 20+ Therapy Visits	C1F2S1	1.6990
40131	All Episodes, 20+ Therapy Visits	C1F3S1	1.7165
40211	All Episodes, 20+ Therapy Visits	C2F1S1	1.7874
40221	All Episodes, 20+ Therapy Visits	C2F2S1	1.7935
40231	All Episodes, 20+ Therapy Visits	C2F3S1	1.8110
40311	All Episodes, 20+ Therapy Visits	C3F1S1	2.0204
40321	All Episodes, 20+ Therapy Visits	C3F2S1	2.0266
40331	All Episodes, 20+ Therapy Visits	C3F3S1	2.0441

2. PROPOSED CY 2019 RATE UPDATE

a. Rebasing and Revising of the Home Health Market Basket – Labor Share

CMS is proposing to rebase and revise the HH market basket. Effective for CY 2019, the labor-related share would be 76.1 percent, and the proposed nonlabor-related share would be 23.9 percent. The current labor-related share is 78.5 percent, and the nonlabor-related share is 21.5 percent.

b. Proposed CY 2019 Market Basket Update for HHAs

The projected increase of the home health market basket for CY 2019 is 2.8 percent. CMS proposes to reduce this percentage increase by the current estimate of the multi-factor productivity adjustment of 0.7 percent, resulting in a net increase of 2.1 percent.

The home health update would be decreased by 2.0 percentage points for those HHAs that do not submit quality data. For HHAs that do not submit the required quality data for CY 2019, the home health payment update will be 0.1 percent (2.1 percent minus 2.0 percentage points).

c. CY 2019 Home Health Wage Index

The CY 2019 wage index is available on the CMS website at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices.html>.

CMS will apply a wage index budget neutrality factor of 0.9991 to the calculation of the CY 2019 national, standardized 60-day episode payment rate.

The case-mix budget neutrality factor for CY 2019 is 1.0163.

d. Proposed CY 2019 Annual Payment Update

The proposed CY 2019 national, standardized 60-day episode payment rate is calculated as follows.

Proposed CY 2019 60-Day National, Standardized 60-Day Episode Payment Amount				
CY 2018 National, Standardized 60-Day Episode Payment	Wage Index Budget Neutrality Factor	Case-Mix Weights Budget Neutrality Factor	CY 2018 HH Payment Update	CY 2018 National, Standardized 60-Day Episode Payment
\$3,039.64	X 0.9991	X 1.0163	X 1.021	\$3,151.22

Proposed CY 2019 60-Day National, Standardized 60-Day Episode Payment Amount for HHAs That DO NOT Submit the Quality Data				
CY 2018 National, Standardized 60-Day Episode Payment	Wage Index Budget Neutrality Factor	Case-Mix Weights Budget Neutrality Factor	CY 2019 HH Payment Update Minus 2 Percentage Points	Proposed CY 2019 National, Standardized 60-Day Episode Payment
\$3,039.64	X 0.9991	X 1.0160	X 1.001	\$3,089.49

e. CY 2018 National Per-Visit Rates

The national per-visit rates are used to pay the Low-Utilization Payment Adjustment (episodes with four or fewer visits) and also are used to compute imputed costs in outlier calculations. The per-visit rates are paid by type of visit or HH discipline. The six HH disciplines are as follows.

- Home health aide (HH aide)
- Medical Social Services (MSS)
- Occupational therapy (OT)
- Physical therapy (PT)
- Skilled nursing (SN)
- Speech-language pathology (SLP)

Proposed CY 2019 National Per-Visit Payment Amounts for HHAs That DO Submit the Required Quality Data				
HH Discipline Type	CY 2017 Per-Visit Payment	Wage Index Budget Neutrality Factor	CY 2018 HH Payment Update	CY 2018 Per-Visit Payment
Home Health Aide	\$64.94	X 1.0000	X 1.021	\$66.30
Medical Social Services	\$229.86	X 1.0000	X 1.021	\$234.69
Occupational Therapy	\$157.83	X 1.0000	X 1.021	\$161.14
Physical Therapy	\$156.76	X 1.0000	X 1.021	\$160.05
Skilled Nursing	\$143.40	X 1.0000	X 1.021	\$146.41
Speech-Language Pathology	\$170.38	X 1.0000	X 1.021	\$173.96

Proposed CY 2019 National Per-Visit Payment Amounts for HHAs That DO NOT Submit the Required Quality Data

HH Discipline Type	CY 2017 Per-Visit Rates	Wage Index Budget Neutrality Factor	CY 2018HH Payment Update Minus 2 Percentage Points	CY 2018 Per-Visit Rates
Home Health Aide	\$64.94	X 1.0000	X 1.001	\$65.00
Medical Social Services	\$229.86	X 1.0000	X 1.001	\$230.09
Occupational Therapy	\$157.83	X 1.0000	X 1.001	\$157.99
Physical Therapy	\$156.76	X 1.0000	X 1.001	\$156.92
Skilled Nursing	\$143.40	X 1.0000	X 1.001	\$143.54
Speech-Language Pathology	\$170.38	X 1.0000	X 1.001	\$170.55

f. Proposed CY 2019 Non-routine Medical Supply (NRS) Payment Rates

Payments for NRS are computed by multiplying the relative weight for a particular severity level by the NRS conversion factor.

Proposed CY 2019 NRS Conversion Factor for HHAs That DO Submit the Required Quality Data

CY 2018 NRS Conversion Factor	CY 2019 HH Payment Update	CY 2019NRS Conversion Factor
\$53.03	X 1.021	\$54.14

Proposed CY 2019 NRS Payment Amounts for HHAs That DO Submit the Required Quality Data

Severity Level	Points (Scoring)	Relative Weight	Proposed CY 2019 NRS Payment Amounts
1	0	0.2698	\$ 14.61
2	1 to 14	0.9742	\$ 52.74
3	15 to 27	2.6712	\$ 144.62
4	28 to 48	3.9686	\$ 214.86
5	49 to 98	6.1198	\$ 331.33
6	99+	10.5254	\$ 569.85

For non-quality reporters, see the rule's tables 24 and 25.

g. Proposed Rural Add-on Payments for CYs 2019 through 2022

The *BBA 2018* provides that rural counties (or equivalent areas) would be placed into one of three categories for purposes of the HH rural add-on payments: (1) rural counties and equivalent areas in the highest quartile of all counties and equivalent areas based on the number of Medicare home health episodes furnished per 100 individuals who are entitled to, or enrolled for, benefits under part A of Medicare or enrolled for benefits under part B of Medicare only, but not enrolled in a Medicare Advantage

plan under part C of Medicare; (2) rural counties and equivalent areas with a population density of six individuals or fewer per square mile of land area; and (3) rural counties and equivalent areas not in the categories above; i.e., all others.

CMS is proposing to classify 510 rural counties or equivalent areas into the “high utilization” category. CMS states that there are 334 rural counties or equivalent areas that have a population density of six individuals or fewer per square mile of land area and that are not already classified into the “high utilization” category. CMS says there are 1,162 remaining rural counties and equivalent areas that do not meet the criteria for inclusion in the “high utilization” or “low population density” categories. CMS proposes to classify these 1,162 rural counties and equivalent areas into the “all other” category. There are 2,006 counties considered rural for purposes of determining HH rural add-on payments.

The rural add-on would be as follows.

Category	CY 2019	CY 2020	CY 2021	CY 2022
High utilization	1.5%	0.5%		
Low population density	4.0%	3.0%	2.0%	1.0%
All other	3.0%	2.0%	1.0%	

The **BBA 2018** also added a requirement that states that no claim for home health services may be paid unless “in the case of home health services furnished on or after Jan. 1, 2019, the claim contains the code for the county (or equivalent area) in which the home health service was furnished.” This information will be necessary to calculate the rural add-on payments. CMS is proposing that HHAs enter the FIPS state and county code, rather than the SSA state and county code, on the claim.

Files containing the rural county or equivalent area names, their FIPS state and county codes, and their designation into one of the three rural add-on categories, is available for download at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1689-P.html>

h. Payments for High-Cost Outliers under the HH PPS

The fixed dollar loss ratio and the loss-sharing ratio must be selected so the estimated total outlier payments do not exceed the 2.5 percent aggregate level. The current FDL ratio is 0.55.

CMS is proposing to change the FDL to 0.51 with a loss-sharing ratio of 0.80.

3. IMPLEMENTATION OF THE PATIENT-DRIVEN GROUPINGS MODEL FOR CY 2020

The **BBA 2018** added a new subparagraph (B) to require the secretary to apply a 30-day unit of service for purposes of implementing the HH PPS, effective Jan. 1, 2020. CMS says the change will require provider education and training, updating and

revising relevant manuals, as well as changing claims processing systems.

The proposed PDGM would not use the number of therapy visits in determining payment. CMS notes that “the change from the current case-mix adjustment methodology for the HH PPS, which relies heavily on therapy thresholds as a major determinant for payment and thus provides a higher payment for a higher volume of therapy provided, to the PDGM would remove the financial incentive to overprovide therapy in order to receive a higher payment.”

CMS proposes grouping periods into one of six clinical groups based on principal diagnosis. The principal diagnosis reported would provide information to describe the primary reason for which patients are receiving home health services under the Medicare home health benefit. The proposed six clinical groups are as follows.

- Musculoskeletal Rehabilitation
- Neuro/Stroke Rehabilitation
- Wounds - Post-Op Wound Aftercare and Skin/Non-Surgical Wound Care
- Complex Nursing Interventions
- Behavioral Health Care (including Substance Use Disorders)
- Medication Management, Teaching and Assessment (MMTA)

Further, CMS proposes that each 30-day period would be placed into one of three functional levels. The level would indicate if, on average, given its responses on certain functional OASIS items, a 30-day period is predicted to have higher costs or lower costs. CMS is proposing to assign roughly 33 percent of periods within each clinical group to each functional level.

The PDGM methodology results in 216 unique case-mix groups. These 216 case-mix payment groups are called Home Health Resource Groups. In accordance with the **BBA 2018**, the proposed PDGM will be implemented in a budget neutral manner.

There are 15 HHRG payment groups that represent roughly 50.2 percent of the total episodes. There are 61 HHRG payment groups that represent roughly 1.0 percent of total episodes. The HHRG payment group with the smallest weight has a weight of 0.5075 (community admitted, late, behavioral health, low functional impairment level, with no comorbidity adjustment (3FA11)). The HHRG payment group with the largest weight has a weight of 1.9146 (institutional admitted, early, wound, high functional impairment level, with interactive comorbidity adjustment (2CC31)).

Case-Mix Weights for Each HHRG Payment Group

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment	Proposed CY 2019 Weight
1AA11	MMTA - Low	Early - Community	0	0.9934
1AA21	MMTA - Low	Early - Community	1	1.0523
1AA31	MMTA - Low	Early - Community	2	1.2132
1AB11	MMTA - Medium	Early - Community	0	1.1449
1AB21	MMTA - Medium	Early - Community	1	1.2037
1AB31	MMTA - Medium	Early - Community	2	1.3646
1AC11	MMTA - High	Early - Community	0	1.2588
1AC21	MMTA - High	Early - Community	1	1.3176
1AC31	MMTA - High	Early - Community	2	1.4785
1BA11	Neuro - Low	Early - Community	0	1.2030
1BA21	Neuro - Low	Early - Community	1	1.2619
1BA31	Neuro - Low	Early - Community	2	1.4228
1BB11	Neuro - Medium	Early - Community	0	1.3716
1BB21	Neuro - Medium	Early - Community	1	1.4305
1BB31	Neuro - Medium	Early - Community	2	1.5914
1BC11	Neuro - High	Early - Community	0	1.4464
1BC21	Neuro - High	Early - Community	1	1.5053
1BC31	Neuro - High	Early - Community	2	1.6662
1CA11	Wound - Low	Early - Community	0	1.2280
1CA21	Wound - Low	Early - Community	1	1.2869
1CA31	Wound - Low	Early - Community	2	1.4478
1CB11	Wound - Medium	Early - Community	0	1.3935
1CB21	Wound - Medium	Early - Community	1	1.4523
1CB31	Wound - Medium	Early - Community	2	1.6133
1CC11	Wound - High	Early - Community	0	1.5173
1CC21	Wound - High	Early - Community	1	1.5762
1CC31	Wound - High	Early - Community	2	1.7371
1DA11	Complex - Low	Early - Community	0	0.9760
1DA21	Complex - Low	Early - Community	1	1.0348
1DA31	Complex - Low	Early - Community	2	1.1958
1DB11	Complex - Medium	Early - Community	0	1.2047
1DB21	Complex - Medium	Early - Community	1	1.2636
1DB31	Complex - Medium	Early - Community	2	1.4245
1DC11	Complex - High	Early - Community	0	1.2969
1DC21	Complex - High	Early - Community	1	1.3558
1DC31	Complex - High	Early - Community	2	1.5167
1EA11	MS Rehab - Low	Early - Community	0	1.0834
1EA21	MS Rehab - Low	Early - Community	1	1.1423
1EA31	MS Rehab - Low	Early - Community	2	1.3032
1EB11	MS Rehab - Medium	Early - Community	0	1.2092
1EB21	MS Rehab - Medium	Early - Community	1	1.2681
1EB31	MS Rehab - Medium	Early - Community	2	1.4290
1EC11	MS Rehab - High	Early - Community	0	1.3493
1EC21	MS Rehab - High	Early - Community	1	1.4082
1EC31	MS Rehab - High	Early - Community	2	1.5691

Case-Mix Weights for Each HHRG Payment Group

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment	Proposed CY 2019 Weight
1FA11	Behavioral Health - Low	Early - Community	0	0.9193
1FA21	Behavioral Health - Low	Early - Community	1	0.9782
1FA31	Behavioral Health - Low	Early - Community	2	1.1391
1FB11	Behavioral Health - Medium	Early - Community	0	1.1016
1FB21	Behavioral Health - Medium	Early - Community	1	1.1604
1FB31	Behavioral Health - Medium	Early - Community	2	1.3214
1FC11	Behavioral Health - High	Early - Community	0	1.1908
1FC21	Behavioral Health - High	Early - Community	1	1.2496
1FC31	Behavioral Health - High	Early - Community	2	1.4106
2AA11	MMTA - Low	Early - Institutional	0	1.1710
2AA21	MMTA - Low	Early - Institutional	1	1.2298
2AA31	MMTA - Low	Early - Institutional	2	1.3907
2AB11	MMTA - Medium	Early - Institutional	0	1.3224
2AB21	MMTA - Medium	Early - Institutional	1	1.3812
2AB31	MMTA - Medium	Early - Institutional	2	1.5422
2AC11	MMTA - High	Early - Institutional	0	1.4363
2AC21	MMTA - High	Early - Institutional	1	1.4951
2AC31	MMTA - High	Early - Institutional	2	1.6561
2BA11	Neuro - Low	Early - Institutional	0	1.3805
2BA21	Neuro - Low	Early - Institutional	1	1.4394
2BA31	Neuro - Low	Early - Institutional	2	1.6003
2BB11	Neuro - Medium	Early - Institutional	0	1.5491
2BB21	Neuro - Medium	Early - Institutional	1	1.6080
2BB31	Neuro - Medium	Early - Institutional	2	1.7689
2BC11	Neuro - High	Early - Institutional	0	1.6239
2BC21	Neuro - High	Early - Institutional	1	1.6828
2BC31	Neuro - High	Early - Institutional	2	1.8437
2CA11	Wound - Low	Early - Institutional	0	1.4055
2CA21	Wound - Low	Early - Institutional	1	1.4644
2CA31	Wound - Low	Early - Institutional	2	1.6253
2CB11	Wound - Medium	Early - Institutional	0	1.5710
2CB21	Wound - Medium	Early - Institutional	1	1.6299
2CB31	Wound - Medium	Early - Institutional	2	1.7908
2CC11	Wound - High	Early - Institutional	0	1.6948
2CC21	Wound - High	Early - Institutional	1	1.7537
2CC31	Wound - High	Early - Institutional	2	1.9146
2DA11	Complex - Low	Early - Institutional	0	1.1535
2DA21	Complex - Low	Early - Institutional	1	1.2124
2DA31	Complex - Low	Early - Institutional	2	1.3733
2DB11	Complex - Medium	Early - Institutional	0	1.3823
2DB21	Complex - Medium	Early - Institutional	1	1.4411
2DB31	Complex - Medium	Early - Institutional	2	1.6020
2DC11	Complex - High	Early - Institutional	0	1.4745
2DC21	Complex - High	Early - Institutional	1	1.5333
2DC31	Complex - High	Early - Institutional	2	1.6942

Case-Mix Weights for Each HHRG Payment Group

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment	Proposed CY 2019 Weight
2EA11	MS Rehab - Low	Early - Institutional	0	1.2610
2EA21	MS Rehab - Low	Early - Institutional	1	1.3198
2EA31	MS Rehab - Low	Early - Institutional	2	1.4807
2EB11	MS Rehab - Medium	Early - Institutional	0	1.3868
2EB21	MS Rehab - Medium	Early - Institutional	1	1.4456
2EB31	MS Rehab - Medium	Early - Institutional	2	1.6065
2EC11	MS Rehab - High	Early - Institutional	0	1.5268
2EC21	MS Rehab - High	Early - Institutional	1	1.5857
2EC31	MS Rehab - High	Early - Institutional	2	1.7466
2FA11	Behavioral Health - Low	Early - Institutional	0	1.0969
2FA21	Behavioral Health - Low	Early - Institutional	1	1.1557
2FA31	Behavioral Health - Low	Early - Institutional	2	1.3166
2FB11	Behavioral Health - Medium	Early - Institutional	0	1.2791
2FB21	Behavioral Health - Medium	Early - Institutional	1	1.3380
2FB31	Behavioral Health - Medium	Early - Institutional	2	1.4989
2FC11	Behavioral Health - High	Early - Institutional	0	1.3683
2FC21	Behavioral Health - High	Early - Institutional	1	1.4272
2FC31	Behavioral Health - High	Early - Institutional	2	1.5881
3AA11	MMTA - Low	Late - Community	0	0.5816
3AA21	MMTA - Low	Late - Community	1	0.6405
3AA31	MMTA - Low	Late - Community	2	0.8014
3AB11	MMTA - Medium	Late - Community	0	0.7330
3AB21	MMTA - Medium	Late - Community	1	0.7919
3AB31	MMTA - Medium	Late - Community	2	0.9528
3AC11	MMTA - High	Late - Community	0	0.8469
3AC21	MMTA - High	Late - Community	1	0.9058
3AC31	MMTA - High	Late - Community	2	1.0667
3BA11	Neuro - Low	Late - Community	0	0.7912
3BA21	Neuro - Low	Late - Community	1	0.8500
3BA31	Neuro - Low	Late - Community	2	1.0110
3BB11	Neuro - Medium	Late - Community	0	0.9598
3BB21	Neuro - Medium	Late - Community	1	1.0186
3BB31	Neuro - Medium	Late - Community	2	1.1796
3BC11	Neuro - High	Late - Community	0	1.0346
3BC21	Neuro - High	Late - Community	1	1.0934
3BC31	Neuro - High	Late - Community	2	1.2544
3CA11	Wound - Low	Late - Community	0	0.8162
3CA21	Wound - Low	Late - Community	1	0.8750
3CA31	Wound - Low	Late - Community	2	1.0360
3CB11	Wound - Medium	Late - Community	0	0.9817
3CB21	Wound - Medium	Late - Community	1	1.0405
3CB31	Wound - Medium	Late - Community	2	1.2015
3CC11	Wound - High	Late - Community	0	1.1055
3CC21	Wound - High	Late - Community	1	1.1643
3CC31	Wound - High	Late - Community	2	1.3253

Case-Mix Weights for Each HHRG Payment Group

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment	Proposed CY 2019 Weight
3DA11	Complex - Low	Late - Community	0	0.5642
3DA21	Complex - Low	Late - Community	1	0.6230
3DA31	Complex - Low	Late - Community	2	0.7840
3DB11	Complex - Medium	Late - Community	0	0.7929
3DB21	Complex - Medium	Late - Community	1	0.8518
3DB31	Complex - Medium	Late - Community	2	1.0127
3DC11	Complex - High	Late - Community	0	0.8851
3DC21	Complex - High	Late - Community	1	0.9440
3DC31	Complex - High	Late - Community	2	1.1049
3EA11	MS Rehab - Low	Late - Community	0	0.6716
3EA21	MS Rehab - Low	Late - Community	1	0.7305
3EA31	MS Rehab - Low	Late - Community	2	0.8914
3EB11	MS Rehab - Medium	Late - Community	0	0.7974
3EB21	MS Rehab - Medium	Late - Community	1	0.8563
3EB31	MS Rehab - Medium	Late - Community	2	1.0172
3EC11	MS Rehab - High	Late - Community	0	0.9375
3EC21	MS Rehab - High	Late - Community	1	0.9963
3EC31	MS Rehab - High	Late - Community	2	1.1573
3FA11	Behavioral Health - Low	Late - Community	0	0.5075
3FA21	Behavioral Health - Low	Late - Community	1	0.5664
3FA31	Behavioral Health - Low	Late - Community	2	0.7273
3FB11	Behavioral Health - Medium	Late - Community	0	0.6898
3FB21	Behavioral Health - Medium	Late - Community	1	0.7486
3FB31	Behavioral Health - Medium	Late - Community	2	0.9095
3FC11	Behavioral Health - High	Late - Community	0	0.7790
3FC21	Behavioral Health - High	Late - Community	1	0.8378
3FC31	Behavioral Health - High	Late - Community	2	0.9987
4AA11	MMTA - Low	Late - Institutional	0	1.0225
4AA21	MMTA - Low	Late - Institutional	1	1.0814
4AA31	MMTA - Low	Late - Institutional	2	1.2423
4AB11	MMTA - Medium	Late - Institutional	0	1.1740
4AB21	MMTA - Medium	Late - Institutional	1	1.2328
4AB31	MMTA - Medium	Late - Institutional	2	1.3937
4AC11	MMTA - High	Late - Institutional	0	1.2879
4AC21	MMTA - High	Late - Institutional	1	1.3467
4AC31	MMTA - High	Late - Institutional	2	1.5076
4BA11	Neuro - Low	Late - Institutional	0	1.2321
4BA21	Neuro - Low	Late - Institutional	1	1.2910
4BA31	Neuro - Low	Late - Institutional	2	1.4519
4BB11	Neuro - Medium	Late - Institutional	0	1.4007
4BB21	Neuro - Medium	Late - Institutional	1	1.4595
4BB31	Neuro - Medium	Late - Institutional	2	1.6205
4BC11	Neuro - High	Late - Institutional	0	1.4755
4BC21	Neuro - High	Late - Institutional	1	1.5344
4BC31	Neuro - High	Late - Institutional	2	1.6953

Case-Mix Weights for Each HHRG Payment Group				
HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Comorbidity Adjustment	Proposed CY 2019 Weight
4CA11	Wound - Low	Late - Institutional	0	1.2571
4CA21	Wound - Low	Late - Institutional	1	1.3160
4CA31	Wound - Low	Late - Institutional	2	1.4769
4CB11	Wound - Medium	Late - Institutional	0	1.4226
4CB21	Wound - Medium	Late - Institutional	1	1.4814
4CB31	Wound - Medium	Late - Institutional	2	1.6424
4CC11	Wound - High	Late - Institutional	0	1.5464
4CC21	Wound - High	Late - Institutional	1	1.6053
4CC31	Wound - High	Late - Institutional	2	1.7662
4DA11	Complex - Low	Late - Institutional	0	1.0051
4DA21	Complex - Low	Late - Institutional	1	1.0639
4DA31	Complex - Low	Late - Institutional	2	1.2249
4DB11	Complex - Medium	Late - Institutional	0	1.2338
4DB21	Complex - Medium	Late - Institutional	1	1.2927
4DB31	Complex - Medium	Late - Institutional	2	1.4536
4DC11	Complex - High	Late - Institutional	0	1.3260
4DC21	Complex - High	Late - Institutional	1	1.3849
4DC31	Complex - High	Late - Institutional	2	1.5458
4EA11	MS Rehab - Low	Late - Institutional	0	1.1125
4EA21	MS Rehab - Low	Late - Institutional	1	1.1714
4EA31	MS Rehab - Low	Late - Institutional	2	1.3323
4EB11	MS Rehab - Medium	Late - Institutional	0	1.2383
4EB21	MS Rehab - Medium	Late - Institutional	1	1.2972
4EB31	MS Rehab - Medium	Late - Institutional	2	1.4581
4EC11	MS Rehab - High	Late - Institutional	0	1.3784
4EC21	MS Rehab - High	Late - Institutional	1	1.4373
4EC31	MS Rehab - High	Late - Institutional	2	1.5982
4FA11	Behavioral Health - Low	Late - Institutional	0	0.9484
4FA21	Behavioral Health - Low	Late - Institutional	1	1.0073
4FA31	Behavioral Health - Low	Late - Institutional	2	1.1682
4FB11	Behavioral Health - Medium	Late - Institutional	0	1.1307
4FB21	Behavioral Health - Medium	Late - Institutional	1	1.1895
4FB31	Behavioral Health - Medium	Late - Institutional	2	1.3505
4FC11	Behavioral Health - High	Late - Institutional	0	1.2199
4FC21	Behavioral Health - High	Late - Institutional	1	1.2787
4FC31	Behavioral Health - High	Late - Institutional	2	1.4397

Under the PDGM, CMS proposes that the LUPA add-on factors will remain the same as the current payment system.

Given the statutory requirement to target up to, but no more than, 2.5 percent of total payments as outlier payments, CMS currently estimates that the FDL ratio under the proposed PDGM would need to change from 0.55 to 0.71.

COMMENT

As previously noted, this is a complex change. The material in the rule spans 141 pages, nearly 25 percent of the total proposal.

To support an assessment of the effects of the proposed PDGM, CMS says it will provide, upon request, a Home Health Claims-OASIS Limited Data Set file to accompany the CY 2019 HH PPS proposed and final rules. The Home Health Claims-OASIS LDS file can be requested by following the instructions on the following CMS website: https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA_-_NewLDS.html. A file layout will be available.

Additionally, CMS will provide agency-level impacts and a report to congressional committees regarding a technical expert panel's insights on the proposed PDGM, as well as an interactive Grouper Tool that will allow HHAs to determine case-mix weights for their patient populations. These materials are available on the HHA Center web page: <https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html>

4. PROVISIONS OF THE HOME HEALTH VALUE-BASED PURCHASING MODEL

Using a randomized selection methodology finalized in the CY 2016 HH PPS final rule, nine states were selected for inclusion in the HHVBP Model, representing each geographic area across the nation. All Medicare-certified HHAs providing services in Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee and Washington (competing HHAs) are required to compete in the Model.

Beginning in CY 2018, based on performance on applicable measures, CMS will impose payment adjustments. Payment adjustments will be increased incrementally over the course of the HHVBP Model in the following manner: (1) A maximum payment adjustment of 3 percent (upward or downward) in CY 2018; (2) a maximum payment adjustment of 5 percent (upward or downward) in CY 2019; (3) a maximum payment adjustment of 6 percent (upward or downward) in CY 2020; (4) a maximum payment adjustment of 7 percent (upward or downward) in CY 2021; and (5) a maximum payment adjustment of 8 percent (upward or downward) in CY 2022. Payment adjustments will be based on each HHA's Total Performance Score in a given performance year on: (1) a set of measures already reported via OASIS and HHCAHPS for all patients serviced by the HHA and select claims data elements, and (2) three new measures where points are achieved for reporting data.

CMS proposes to refine the HHVBP Model. CMS proposes to remove two OASIS-based measures, Influenza Immunization Received for Current Flu Season Measure and the Pneumococcal Polysaccharide Vaccine Ever Received, from the set of applicable measures; replace three OASIS-based measures with two proposed composite measures on total change in self-care and mobility; amend how the agency calculates the Total Performance Scores by changing the weighting methodology for the OASIS-based, claims-based, and HHCAHPS measures; and rescore the maximum amount of improvement points.

The proposal's table 51 (display copy page 284) contains the measure set for the HHVBP Model, beginning PY 4. The proposal also contains detailed weighting factors beginning on page 287.

5. PROPOSED UPDATES TO THE HOME HEALTH QUALITY REPORTING PROGRAM

The HH QRP currently has 31 measures for the CY 2020 program year. CMS is proposing to remove seven measures from the HH QRP beginning with the CY 2021 HH QRP.

- 1. Proposed removal of the Depression Assessment Conducted Measure
- 2. Proposed removal of the Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care Measure
- 3. Proposed removal of the Multifactor Fall Risk Assessment Conducted for All Patients Who Can Ambulate (NQF #0537) Measure
- 4. Proposed removal of the Pneumococcal Polysaccharide Vaccine Ever Received Measure
- 5. Proposed removal of the Improvement in the Status of Surgical Wounds Measure
- 6. Proposed removal of the Emergency Department Use without Hospital Readmission during the First 30 Days of HH (NQF #2505) Measure
- 7. Proposed removal of the Re-hospitalization during the First 30 Days of HH (NQF #2380) Measure

6. MEDICARE COVERAGE OF HOME INFUSION THERAPY SERVICES

For CYs 2019 and 2020, as required by section 50401 of the *BBA of 2018*, CMS proposes the implementation of the temporary transitional payment for home infusion therapy services that would begin on Jan. 1, 2019, and end the day before the full implementation of the new home infusion therapy benefit. Section 5012 of the *21st Century Cures Act* creates a new separate Medicare benefit category for coverage of home infusion therapy services, including associated professional services for administering certain drugs and biologicals through a durable medical infusion pump, training and education, and remote monitoring and monitoring services effective Jan. 1, 2021. This rule solicits comments on elements of the home infusion therapy benefit. In addition, this rule also proposes health and safety standards for home infusion therapy, an accreditation process for home infusion therapy suppliers, and an approval and oversight process for the organizations that accredit home infusion therapy suppliers.

Analysis provided for MHA
by Larry Goldberg,
Goldberg Consulting

COMMENT

This section is quite detailed covering more than 80 pages.
