

FOR DISCUSSION

For Agenda Item 2

How would MHCC qualify a jurisdiction as having a need for additional home health agency services?

Insufficient Consumer Choice

The jurisdiction has two or fewer HHAs that served 10 or more clients in the most recent three-year period for which data is available; or

Highly Concentrated Market

The jurisdiction's market concentration as measured by the Herfindahl-Hirschman Index (HHI) is, for example, 0.25 or higher; or

Insufficient Choice of High Performing HHAs

Existing agencies serving 60% of total clients in the most recent year for which data is available achieved CMS Star Ratings of less than 3.5 Stars, for example.

As a prerequisite, no jurisdiction would be qualified under any of the above criteria if an HHA serving the jurisdiction has less than three years of operational experience in the jurisdiction or a new HHA for the jurisdiction or expansion of an existing HHA into the jurisdiction has been authorized but not yet implemented.

Discussion Questions:

- How do we address impact?
- What consideration, if any, should be given to less densely populated jurisdictions with concentrated HHA markets and small size HHAs?
- What would be a newly established agency's targeted caseload in order for it to be sustainable?

For Agenda Item 3

Once a jurisdiction is qualified as having a need for additional HHA services, how would applicants be qualified for submission and docketing of an application to serve that jurisdiction?

There are three types of potential applicants: (1) an existing Maryland HHA; (2) an entity operating a Medicare-certified HHA in another state but not in Maryland; and (3) an entity that does not currently operate an HHA in any state. Potential requirements for these three types of applicant are:

Existing Maryland HHA or Existing Non-Maryland HHA

- 1) Has met Maryland’s requirements for categorization as a high performing HHA;
- 2) Operational for at least three years;
- 3) Has not been cited for a serious condition-level deficiency in the most recent two surveys;
- 4) Has not had Medicare or Medicaid payments suspended;
- 5) Has not been cited with Medicare/Medicaid fraud or abuse;
- 6) Can document the availability of sufficient resources to implement the proposed project;
- 7) Has a history of serving and agrees to serve all payor types (Medicare, Medicaid, commercial insurance plans, HMOs, self-pay) and has provided an acceptable level of charity care;
- 8) [FOR MARYLAND HHAs ONLY] Agrees to implement the project through its existing Maryland HHA license and Medicare certification number; and
- 9) Affirms, under penalties of perjury, that its owners and senior management, or the owners and senior management of any related or affiliated entities, have not been convicted of a felony or crime.

Non-HHA Applicant – No previous experience in operating an HHA

- 1) Documented experience of at least three years as a licensed and accredited provider of hospital, comprehensive care facility (nursing home), residential service agency (RSA) services in Maryland or another state (except for RSAs, which must be licensed in Maryland and must have provided skilled nursing services for at least three years);
- 2) Has not had Medicare or Medicaid payments suspended;
- 3) Has not been cited with Medicare/Medicaid fraud or abuse;

- 4) Can document the availability of sufficient resources to implement the proposed project;
- 5) Has a history of serving and agrees to serve all payor types (Medicare, Medicaid, commercial insurance plans, HMOs, self-pay) and has provided an acceptable level of charity care;
- 6) Affirms, under penalties of perjury, that its owners and senior management, or the owners and senior management of any related or affiliated entities, have not been convicted of a felony or crime.

Discussion Question:

- Without the ability to use Home Health Compare, how would MHCC evaluate whether non-HHA applicants have a track record of quality performance as a hospital, nursing home, or RSA?