



Maryland-National Capital Homecare Association Comments on CON Modernization December 2018

The Maryland-National Capital Homecare Association (MNCHA) represents home health, private duty and durable medical equipment providers across Maryland and the District of Columbia. MNCHA has participated in the CON Modernization Task Force since its inception and has previously provided a position paper on behalf of the home care providers.

As stated in the MNCHA Position Paper on CON Modernization submitted to the MHCC workgroup in August 2018:

Home health patients are among the most vulnerable in our state. Nearly 70% of home health patients are elderly and 60% are women. Home health patients are more likely to live alone and have poorer health status – an estimated 36% live alone. Home health care patients average 4.2 medical diagnoses, and 86% have three or more chronic conditions. Sadly, their isolation, fragile health, and extreme vulnerability *make them the target of fraud and abuse*

Here in Maryland, we have 305 CONs held by 56 agencies (taking all counties agencies can serve into consideration). This home health infrastructure is a key component of the state's health care system, and it plays an important role in reducing hospital readmissions and reducing the overall cost of care. Maryland home health providers average 4 stars in the CMS Star Rating system – while the rest of the nation averages 3.5 stars. Our neighbors without CON requirements – Delaware, Virginia, and Pennsylvania – also remain at 3.5 stars. Hospital readmissions from Maryland home health providers are slightly lower as compared to the nation.

In a previous presentation, we emphasized that *6 of the 7 major home health fraud busts in 2017 were in non-CON states*. Historically, states with no home health CON requirement have the largest volume of fraudulent activity.

Further, and of great importance, recognition of Maryland's engagement in a CMS pilot program, "Home Health Value-Based Purchasing (HHVBP)" and the Total Cost of Care pilot. *Participation in these new projects raises concern about making any dramatic changes to the home health infrastructure at this time in fear of threatening the success of these projects and risking the interruption of the continuum of care. This should be a major concern for health planners and should be taken into consideration as we consider modernizing the program.*

Also, a new payment methodology for home health agencies is being implemented in 2020 (Patient-Driven Groupings Model) that will cause further disruption to the home health sector.

MNCHA's Specific Recommendations:

- Continue to be a role model in high quality and service standards, wide geographical access, and cost containment, in support of the Triple Aim
- Continue to control the volume and quality of home health providers in Maryland by maintaining the CON requirement for home health
 - Add patient satisfaction criteria, using the CMS Star Rating system
- Maintain a need-based standard that considers population growth, the aging of the population
- Continue to allow for the opening of rural areas of the state with fewer providers for new home health agency applicants
- Do not require data from applicants that has previously been submitted via the state report
- Streamline the process for both providers and the Commission by allowing existing, licensed Maryland providers that meet the quality standards to expand to high need jurisdictions, with a modified application process that does not require resubmission data already in the public domain (state report, quality ratings)
- MNCHA strongly believes that all home health providers approved in Maryland should be required to demonstrate a track record of charity care, and that the provision of charity care should be a requirement to do business in Maryland.

Sincerely,

Dawn E. Seek
Executive Director
Maryland National Capital Home Care Association