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**Council of State Home Care Associations Praises U.S. House Lawmakers for Asking CMS to Stop Proposed Home Health Cuts**

*- Proposed Medicare cuts threaten to further limit access to skilled home health care services for the nation's most vulnerable senior population -*

**Lemoyne, Pa.** - The Council of State Home Care Associations – an organization of the associations representing homecare and hospice provider communities across the United States – today praised 133 bipartisan members of the U.S. House of Representatives for signing a letter to the Centers for Medicare & Medicaid Services (CMS) asking the agency to revise proposed changes to the Medicare home health benefit, which would cut an additional \$350 million in funding from the program in 2016.

In addition a \$350 million across-the-board cut to all home health agencies (HHAs) nationwide, CMS is also proposing value based purchasing pilot program (HHVBP) among HHAs in nine states, including Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee and Washington. Under the value based purchasing program, between five and eight percent of an HHA's Medicare payments will be withheld and reimbursed based on performance specific to new quality measurements.

Punctuating the potential harm of CMS' most recently proposed cuts is the dramatic 14 percent cut already imposed on Medicare home health providers in 2014, which new data suggest will drive 48 percent of home health agencies into negative margins when combined with CMS' proposed changes for 2016.

“We commend all 133 bipartisan lawmakers in Congress who took steps to encourage CMS to carefully reconsider the proposed Medicare home health cuts,” said Vicki Hoak, Chair of the Council of State Home Care Associations. “Of greatest concern is the devastating impact these cuts could have on our nation's small, rural providers and the homebound patients they serve who have limited healthcare options.”

Indeed, data from DC-based research firm Avalere Health underscores the critical role of home health in America's rural communities. In 2013, 26 rural counties nationally relied on just one home health agency while an additional 27 counties were served by only two home health providers. Nationwide, 631,000 Medicare beneficiaries in nearly 2,000 rural counties relied on home healthcare services in 2013.

“We hope CMS will weigh the concerns expressed by bipartisan lawmakers, home health providers and seniors advocates alike, and revise their proposed home health payments policies for 2016. Without access to home health, Medicare beneficiaries may face delays in care, increased out of pocket costs and overall poorer healthcare outcomes,” added Hoak.

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*The Council serves more than 15,000 agencies by assisting them in improving the quality of care they deliver at home, advocating for fair and equitable Medicare and Medicaid reimbursement and representing their interests before state and federal government officials. The Council believes that "healing begins at home" and there is "no place like home," and firmly supports an individual's right to live as independently at home for as long as possible. To learn more, visit [thehomecarecouncil.org](http://thehomecarecouncil.org).*