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Sent on: Tuesday, August 6, 2024 2:50:29 PM

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Subject: Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-08-06T14:50:26Z

A new GMCB Public Comment has been received.

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Name: Jill Mazza Olson

Affiliation: VNAs of Vermont (home health and hospice)

Town/City: Montpelier, VT

Topic: Community Engagement: Hospital Sustainability and Act 167

Comment: The initial slide deck presented to the GMCB on July 8, 2024 called for support for primary care and mental health and substance abuse services (slide 18), but not the skilled home health and long-term care services on which the hospital system relies for timely discharges. The "home based services" referenced on slide 18 appear to apply to expansions of at-home care, not the core services already being provided. This is a deeply concerning omission. The report also makes no mention of the threat posed by migration to Medicare Advantage plans with poor reimbursement. Specifically: 1) The Act 167 report should call for support for skilled home health services on which 16% of hospital discharges currently depend. Skilled home health services are mostly provided under the Medicare benefit but include Medicaid and commercial plans too. They are threatened by (1) annual cuts to the standard Medicare rate (a "permanent adjustment") including one slated for January 1, 2025 (2) the ongoing threat of a "temporary adjustment" to make up for what CMS views as past "overpayments" for skilled home health services since 2020 (3) migration to poorly reimbursed Medicare Advantage plans and (4) workforce shortages/competition with other health care employers. 2) The Act 167 report should call for support for long-term care services in Vermont at home, in the community and in facilities. The report should call for updating and fully funding the Home and Community Based Service Provider Rate Study Report last published in February of 2023, prior to substantial Choices for Care policy changes that impact supervision costs. Please note while some GMCB publications/presentations have cited this study in reference to "home health" services, it only applies to long-term care services, including those provided at home, but not "skilled home health" care at home (i.e., nurses and therapists providing medical care). The initial slide deck makes no mention of increasing hospice length of stay and utilization as a health care reform strategy despite compelling evidence of the patient care, family support, and cost benefits and the opportunity presented by Vermont's relatively low utilization rates. Addressing hospice utilization requires no special waivers or other agreements with CMS – it could be improved under the standard benefit. This is a missed opportunity. Improvement in this area requires substantial engagement from the physician community and should be part of any health care reform effort.

Post Comment: Yes