

Tell CMS to Stop Additional Cuts to Home Health through the Preserving Access to Home Health Act of 2023 (S. 2137/H.R. 5159)

Cuts to home health care reimbursement threaten access to care to vulnerable populations – especially rural and hard to reach communities.

The Centers for Medicare & Medicaid Services (CMS) finalized a permanent **-9.48%** cut to payments for Medicare home health services in the CY 2024 Home Health Prospective Payment System (HHPPS) Final Rule.



Since 2020, CMS has implemented cuts equaling **-\$25 billion** over a decade to a program that annually spends **\$17 billion**.

51% of Medicare-certified home health agencies will plunge into **negative margins** forcing patients into more costly settings to receive the care they need.



Decrease in funding = decrease in caregiver wages

This leads to a reduction of available **workforce**, which then means patients have **less access to care**.

Nationwide, home health providers are being forced to close their doors, deny patients admission to care, and reduce their service delivery areas. Due to continuing cuts to reimbursement rates, this problem will only get worse.

Over half of home health agencies will be operating with **negative margins in CY 2024** as a result of these cuts. Unsustainable negative margins force providers to close their doors and force patients to receive care in higher cost settings.

SNF

\$2,010 Medicare Home Health base payment amount in 2023 for 30-day period. (MEDPAC).

HH

\$16,500 Medicare Skilled Nursing Facility (SNF) payment for 30 days in 2020 after accounting for beneficiary copays (Dobson Davanzo).

Home health spending leads to Medicare cost savings:

- A total savings of **\$3.376 billion** to Medicare (CMS).
- **Reduction in admissions** to more costly settings such as hospitals and emergency rooms (The American Journal of Accountable Care).
- Significant reduction in **readmissions and death** (American Journal of Medicine).

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