

TALKING POINTS:

IMPROVE REIMBURSEMENT FOR HOME HEALTH & FUND THERAPIES IN THE HOME

- According to the Department of Social Services (MO HealthNet), if a participant can manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services can be averted
- Average cost comparison per member per year:
 - **Home Health = \$1,058** (estimate FY21)
 - Inpatient Hospital = \$12,225 (estimate FY21)
 - Nursing Facility = \$32,710 (estimate FY21)
- Therapy needs can only be received during a hospital stay or in a nursing home which only increases the cost to the Medicaid program
 - Also removes their choice to least restrictive setting. Their only options: either go without services which increases risk of re-hospitalizations or go to nursing home
- Inadequate reimbursement for home health services are causing access problems by discouraging providers from participating in the program and forcing some agencies to limit acceptance of Medicaid patients
- The costs of providing services to the most vulnerable continues to rise making it cost prohibitive for agencies to provide services to those who need them the most and potentially forcing them into a nursing home for needed care
 - **The COVID-19 pandemic has brought this issue to the forefront as nursing homes closed their doors to new admissions and must now re-evaluate their infection control readiness.**
- Acknowledge, through higher reimbursement rates, the cost drivers that impact home care providers (gas/mileage/worker's compensation/overtime and drive-time/training/minimum wage increases).
- In FY19, nursing homes received an additional reimbursement rate increase in their daily rate along with the provision that rates for the homes are to be recalculated every year to account for constantly rising health care costs
- Every year home health patients have more complex care needs which only increases costs. In state fiscal year 2018, providers saw a decrease in rates that took them back to FY14 rates, however, the providers cost of doing business and providing needed care didn't change. **Currently providers are working on FY17 rates!**
- Recent minimum wage increases are an unsustainable challenge for providers without increased reimbursement
 - Low reimbursement equals workforce shortage and high staff turnover
- Rates must adequately reflect the cost of providing care (base rates off Medicare cost reports)
- It's not all about the money - Seniors have worked all their lives and deserve the right to live and receive care in the least restrictive setting