

“Securing Access Via Excellence for (SAVE) Medicare Home Health Act of 2014”

- The Affordable Care Act cuts Medicare home health payments by 3.5% per year for four years (2014, 2015, 2016, 2017) for a 14% total reduction.
- The SAVE Medicare Home Health Act repeals the Obamacare cuts in 2015 – 2017.
- Instead, the SAVE Medicare Home Health Act achieves savings by establishing a Value-Based Purchasing (VBP) Program that improves care and reduces avoidable spending.
- This VBP program is modeled after the program for Skilled Nursing Facilities that was signed into law earlier this year as a part of the SGR patch.

Quality Measures

- The Secretary is required to develop two separate quality measures that evaluate hospital readmissions rates for Medicare home health beneficiaries:
 - By January 1, 2016, the Secretary will specify a hospital readmission measure for individuals who were readmitted to the hospital for any reason.
 - By January 1, 2017, the Secretary will create a second readmission measure that is risk-adjusted for potentially preventable readmissions to a hospital.
- These measures must be created through a formal process that is based on input from stakeholders like senior advocates, Medicare beneficiaries, caregivers, and home health professionals (nurses, physicians, operators, etc.).
- January 1, 2017: home health agencies begin receiving quarterly reports on their ratings based on those readmission measures.
- January 1, 2018: HHS will establish a website where the public can see the performance of home health agencies based on the measures.
- Agencies will have opportunities to review and correct information before it is published.

Value-Based Purchasing Program

- January 1, 2019: the Secretary will use the preventable readmission quality measure to establish a value-based purchasing system.
- HHS will annually withhold from payment the amount that would have been cut under rebasing and then use a portion of those withheld funds to reward quality.
- High performing agencies will receive incentive payments for their quality care.
- Low performing agencies will receive the lowest value-based incentive payments.
- As opposed to arbitrary and across the board cuts, the VBP allows HHS to reward agencies that provide high quality, low cost healthcare and keep patients at home.

Reporting

- By February 1, 2015: HHS report to Congress a detailed accounting of the effect 2014 rebasing had on home health patients and industry. Report must consider:
 - The age, poverty level, gender, rural residence, ethnic or racial minority, and infirmity of Medicare home health beneficiaries compared to the general Medicare population.
 - The number, gender, and geographic distribution of professional Medicare home health caregivers
 - The number and location of home health agencies that have closed, consolidated, or been acquired since the rebasing reduction was implemented.
 - The number and location of professional home health caregiver jobs that have been lost since rebasing was implemented.
- By June 30, 2021: the Medicare Payment Advisory Commission must submit to Congress a report that reviews the progress of the home VBP program and make recommendations for improvements to the program. Report should consider:
 - Any possible unintended consequences.
 - Potential adjustments to the readmission measures.