



H. 721

HOUSE HEALTH CARE



January 24, 2024

# Care at Home, Across the Continuum

Health Care	Prevention	Long-Term Care	End-of-Life and Palliative Care
Nursing and Therapy	Health Screenings and Vaccinations	Pediatric and Adult High-tech	Palliative Care
Telemonitoring	Maternal/Child Health	Personal Care	Hospice Care
Wound Care		Homemaker services	Bereavement Services
Care Coordination		Case Management	Respite House

# Medicare Home Health Payment

- Patient-Driven Groupings Model (effective 1/1/20)
  - 30-day periods in 432 case-mix groups
    - Admission source (hospital or community)
    - First 30 days or 31-60 days
    - 12 clinical subgroups (e.g., musculoskeletal rehabilitation, stroke rehabilitation, wounds, medication management, teaching and assessment, surgical aftercare, “behavioral” health, complex nursing interventions)
  - Functional impairment level (low, medium, high)
  - Comorbidity adjustment (none, low, high)

# Medicare Home Health Payment

- Low Utilization Payment Adjustment
  - Visit threshold
  - Vary for 30-day period of care depending on which of the 432 case-mix groups is assigned
  - Cases with visits under the threshold are paid **per visit**
  - Fee-for-service fee schedule alone is lower than complete Medicare payment model – approximately 75% (national estimate, not Vermont-specific)
  - Vermont Medicaid pays only on the LUPA schedule