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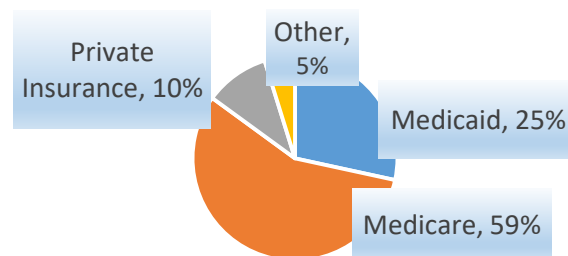
## Brief Overview

- 9 members serve all 251 Vermont towns
- Approximately a million visits every year – which take 6 million miles of travel to accomplish
- Home health is highly cost-effective, representing just over 2% of health care spending in Vermont

## Services

- Universal access to medically necessary **health care at home** (nursing and therapies) and **hospice services**
- **Maternal-child health, high-tech and other special programs**
- **Choices for Care:** Medicaid program that allows individuals who are eligible for nursing home care remain independent; some services for those with less acuity: **personal care, respite care, homemaker services.**

## Sources of Revenue for Home Health and Hospice Agencies



- Medicare rates declined by 14% between 2009 and 2018. The 3% rural add-on will be reduced to 2% on January 1, 2020, 1% on January 1, 2021 and then eliminated. The impact of a major overhaul of the Medicare payment program for home health in 2020 is not yet known.
- Home Health Medicaid and Choices for Care rates have increased inconsistently over the same period, well below the rate of inflation.

## Primary Concerns

- Home health agencies have very few options to adjust to major cost increases – public payers set prices; very little commercial business; obligation/mission to take all patients regardless of ability to pay
- Medicaid rates rise much more slowly than inflation. Many years they don't rise at all. Medicare rates are trending down for home health services; hospice cuts are on the table for 2020.

## Proposed Language

### Section X

On an annual basis, the Department of Vermont Health Access shall adjust the rates paid to providers of Medicaid services at the same rate of growth as the annual increase in the minimum wage required pursuant to this act.

## Growth Rates With S.23 Projection

