



## Summary of CMS' Final Home Health Rule

### November 2, 2021

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On November 2, CMS published the agency's final Home Health, Home Infusion, Hospice, Provider Enrollment Requirements and COVID-19 LTCH Reporting Requirements rule. The 528-page rule is [here](#). The fact sheet is [here](#) and the HHVBP webpage is [here](#).

What is likely most noteworthy about the final rule is CMS' decision to expand nation-wide the Home Health Value-Based Purchasing (HHVBP) demonstration that began in 2016 in nine randomly selected states. Evaluation data showed the between 2016 and 2018 home health participants improved quality scores by an average of almost 5% and achieved an average annual savings of \$141 million. These results caused the CMS Chief Actuary to certify the demonstration for national expansion – only one of four CMMI demonstrations to date to achieve Chief Actuary certification.

HHVBP will not however implement HHVBP until CY 2023. Data from 2023 will be used to calculate payment adjustments in 2025. Through 2022 CMS will provide home health providers with technical assistance to ensure providers are ready for 2023 implementation.

Other final home health rule provisions include:

CMS estimates the 2022 Home Health payment update will increase in the aggregate by \$570 million, or 3.2%.

Concerning Home Health Conditions of Participation (CoP), CMS is finalizing policies that makes permanent current blanket waivers related to home health aide supervision and the use of telecommunications in conducting assessment visits. CMS will also permit an occupational therapist to conduct an initial home health assessment visit and complete the comprehensive assessment but only when occupational therapy is on the home health plan of care with physical therapy and/or speech therapy and skilled nursing services are not initially on the plan of care.

The Home Health Quality Reporting Program (QRP) is pay-for-reporting meaning HHAs that fail to report receive a 2% reduction to their annual market basket update. The final rule removes one OASIS-based measure and replaces two claim-based measures. The rule also requires HHAs beginning January 1, 2023 to collect data on the Transfer of Health Information to Provider-Post Acute Care measure, the Transfer of Health Information to Patient-PAC measure, as well as six categories of standardized patient assessment data elements effective January 1, 2023.

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