

## Home Health Cuts and Barriers are Life and Death Issues for Medicare Beneficiaries

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New research paints a worrisome picture of how Medicare home health cuts and barriers to care are endangering the lives of Medicare beneficiaries. Home health services are critical for some of Medicare's sickest beneficiaries — those with serious illness who are homebound and struggle to access care outside their homes. For many, a lack of timely and quality home health care can be life-threatening.

Consider a patient just home from surgery, developing a severe complication like an infection or internal bleeding. For an isolated, low-mobility senior, an expert in-home nurse or therapist could be the last line of defense to identify the issue and intervene before it becomes fatal. Throughout my medical career, I have seen home health professionals avert disaster with skilled assessment and timely actions.

[A recent study led by Dr. Elan Gada](#) of UnitedHealthcare's Optum Group, found that Medicare Advantage beneficiaries in their plan who did not receive needed home health care after hospitalization were 42% more likely to die in the 30 days following a hospital stay than those who received the prescribed care. The relationship between receipt of prescribed home health after a hospital stay and lower mortality within the Traditional Medicare population was also [shown in a recent study at Brown University and University of Minnesota](#), and [in a recent analysis by Partnership for Quality Home Health / CareJourney by Arcadia](#). The mortality impact of home health suggested by this research is striking. If a drug or vaccine had the same mortality trend, it would dominate the news, restricting access would be considered immoral, and health officials would be pushing its adoption. This topic urgently needs further research and evaluation to confirm the results and better understand who is at risk.

Dr. Gada and the UnitedHealthcare Optum team outline many reasons why a Medicare beneficiary might not receive the recommended care, including system issues and patient refusals. [Dr. Gada's team also referenced a study](#) that showed it is all too common that Medicare beneficiaries do not receive prescribed care, with Traditional Medicare beneficiaries missing out about 25% of the time and Medicare Advantage beneficiaries missing out 38% of the time. These results were using older data and the number of people missing out on prescribed care has grown recently, likely due to payment cuts and workforce shortages. [Another study this year](#) also suggested these administrative and cost-control barriers to home health appear to be even worse for Medicare Advantage enrollees.

[A recent Senate Homeland Security Committee analysis](#) echoed these research articles and showed that Medicare Advantage plans are frequently rejecting prior-authorization requests for post-acute care. What the Senate Committee analysis didn't address about home health access barriers is that the problem goes far beyond prior authorization, it's the low provider reimbursement rates and antiquated payment models that are the critical factors limiting access. Even when a referral is "approved," there is no access if no quality home health agency can afford to help.

As both a physician and family caregiver to my parents who have recently needed home health, I am alarmed by these findings, especially in the context of what is happening to home health agencies. The Medicare home health payment model had traditionally offered agencies a stable financial foundation, enabling them to maintain skilled clinical teams on the ready to meet patients' needs. However, Medicare officials are year by year pushing forward with massive multi-billion-dollar cuts, despite warnings from doctors, nurses, and patient advocates about the risks to patient access and safety. The system is cracking from these cuts, another longstanding and respected agency serving highly vulnerable people in Philadelphia [has just been forced to close](#). At the same time there have been increasing rates of Medicare beneficiaries selecting Medicare Advantage plans, which research is showing may be even more likely than Traditional Medicare to put up potentially deadly barriers to home health care.

To save lives and avoid unnecessary suffering, Medicare officials must reverse their plans to cut Traditional Medicare home health payments for 2025 and ensure payments are stable after adjusting for the dramatically increased healthcare labor cost inflation experienced over the past 5 years. Additionally, Medicare officials and lawmakers must study and address the possibility of the disproportionate administrative and financial barriers to home health in Medicare Advantage. We are fortunate to have leaders in Congress like Senator Debbie Stabenow, Senator Susan Collins, Representative Terri Sewell, and Representative Adrian Smith who are working to champion a comprehensive

bi-partisan legislative fix. Our leaders in Washington must act swiftly, before the end of the year, to save lives and avoid further destabilizing home health services for Medicare beneficiaries.