

106TH CONGRESS
1ST SESSION

H. CON. RES. 79

Expressing the sense of the Congress regarding the regulatory burdens on home health agencies.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 1999

Ms. GRANGER (for herself and Ms. MILLENDER-MCDONALD) submitted the following concurrent resolution; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

CONCURRENT RESOLUTION

Expressing the sense of the Congress regarding the regulatory burdens on home health agencies.

Whereas 3.9 million elderly current use Medicare home health services and the Balanced Budget Act of 1997 included a number of changes to the medicare home health benefit;

Whereas a number of these changes had to be implemented by the Health Care Financing Administration (HCFA);

Whereas a number of HCFA's regulations to implement such changes are administratively burdensome and divert funds away from needed beneficiary care;

Whereas HCFA has implemented a branch office policy that imposes arbitrary distance and supervision requirements that are administratively burdensome and threaten access to home health services, particularly in rural areas;

Whereas, in order to implement the shift of medicare payment for home health services from part A to part B, HCFA has imposed a “sequential billing” policy that prohibits home health agencies from submitting bills for patient services if a previous bill for that patient is undergoing medical review;

Whereas HCFA has expanded medical reviews of home health claims so that processing has slowed down significantly nationwide;

Whereas HCFA is requiring home health agencies to submit patient data using the Outcomes and Assessment Information Set (OASIS) in anticipation of and to assist the development of a prospective payment system (PPS) for home health services;

Whereas most home health agencies will not be reimbursed for any of the costs or the increase in administrative requirements associated with OASIS;

Whereas the slowdown in claims processing, coupled with sequential billing and implementation of OASIS, has substantially increased home health agency cash flow problems because payments are often delayed by three months or more;

Whereas the vast majority of home health agencies are small businesses that cannot operate with such significant cash flow problems; and

Whereas there are many other elements of the medicare home health program, such as the interim payment system,

which are creating financial problems for home health agencies such that more than 2,200 agencies nationwide have already closed: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of the Congress that Con-
3 gress should actively oversee HCFA's administration of
4 the medicare home health benefit, paying particular atten-
5 tion to—

6 (1) HCFA's compliance with public notice and
7 comment requirements;

8 (2) HCFA's consideration of input from the
9 home health community;

10 (3) the coordination and consistent application
11 of policies among HCFA's central and regional of-
12 fices; and

13 (4) HCFA's adherence to Congressional intent
14 when implementing changes.

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