

Congress of the United States
Washington, DC 20515

October 1, 2010

Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Administrator Berwick:

We write to express our deep concern over the significant and preventable cuts in Medicare home health payments proposed by the Centers for Medicare and Medicaid Services (CMS) in its July 23, 2010 proposed rule regarding 2011 home health payment rates.

As you know, home health care services have allowed millions of seniors and the disabled access to the regular medical attention they need in the privacy of their own homes rather than in already-crowded hospitals or nursing homes. CMS now proposes cuts in home health services that would amount to approximately \$20 billion over 10 years. These payment rate reductions are on top of nearly \$40 billion in rate reductions mandated by the Affordable Care Act. These additional regulatory cuts could end access to valuable home health services for seniors and the disabled in our Congressional districts. Patients could be left with no alternatives for post-acute and long-term care other than more costly institutional care.

The CMS proposed rule would also require impractical in-person consultations between a medical professional and a patient no more than 30 days before the first home health service or later than 14 days after admission to home health that could restrict access to care and place an unnecessary burden on physicians. Without this in-person appointment, the Medicare patient would not be certified to receive home health services. Unfortunately, this requirement would prevent elderly and disabled patients (who often have physical limitations) from getting the regular care they need, especially if they live in an area with limited access to physicians.

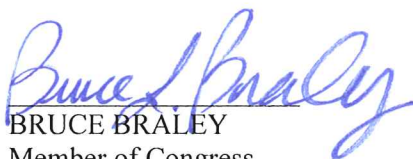
In addition to the detrimental impact this proposed rule would have on seniors, the disabled and those living in areas with limited access to physicians, it would also have an adverse impact on our economy at a time when we can least afford it. Cutting funding for home health services would result in layoffs and decreased hiring of nurses, nurse's aides and other workers at the state and local levels.

We urge you to delay finalizing the proposed rule until there is the necessary empirical data to fully assess the impact of the proposed rule on our economy and the millions of seniors, the disabled and others who depend on home health care services.

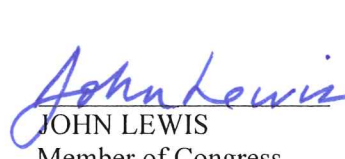
Sincerely,



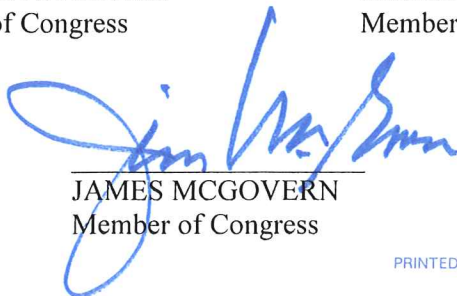
MICHAEL A. ARCURI
Member of Congress



BRUCE BRALEY
Member of Congress



JOHN LEWIS
Member of Congress



JAMES MCGOVERN
Member of Congress



HARRY TEAGUE
Member of Congress

AL GREEN
Member of Congress

RAUL M. GRIJALVA
Member of Congress

ALCEE L. HASTINGS
Member of Congress

MARTIN HEINRICH
Member of Congress

STEPHANIE HERSETH SANDLIN
Member of Congress

MAZIE K. HIRONO
Member of Congress

TIM HOLDEN
Member of Congress

MICHAEL M. HONDA
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STEVE J. ISRAEL
Member of Congress

HANK JOHNSON
Member of Congress

ANN KIRKPATRICK
Member of Congress

LARRY KISSELL
Member of Congress

SUZANNE KOSMAS
Member of Congress

FRANK J. KRATOVIL, JR.
Member of Congress

DAN MAFFEI
Member of Congress

CAROLYN B. MALONEY
Member of Congress

DORIS MATSUI
Member of Congress

KENDRICK MEEK
Member of Congress

MICHAEL E. MCMAHON
Member of Congress

CHARLIE MELANCON
Member of Congress

JERROLD NADLER
Member of Congress

GRACE NAPOLITANO
Member of Congress

JOHN OLVER
Member of Congress


BILL OWENS
Member of Congress

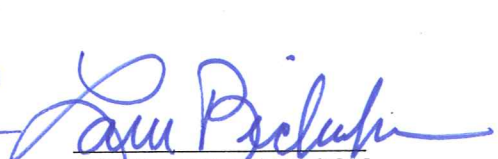
TOM PERRIELLO
Member of Congress


GARY PETERS
Member of Congress

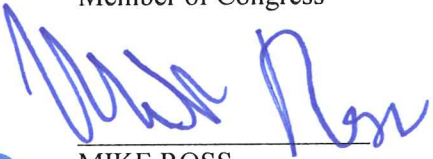
COLLIN PETERSON
Member of Congress

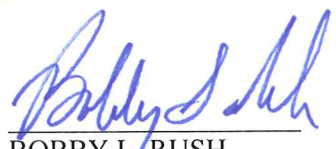

NICK RAHALL
Member of Congress



SILVESTRE REYES
Member of Congress


LAURA RICHARDSON
Member of Congress



CIRO D. RODRIGUEZ
Member of Congress



MIKE ROSS
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BOBBY L. RUSH
Member of Congress

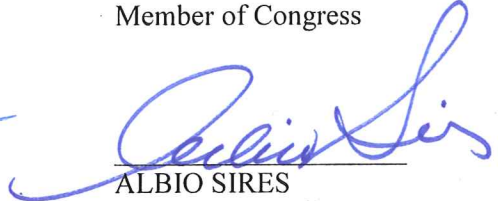

LUCILLE ROYBAL-ALLARD
Member of Congress


TIM RYAN
Member of Congress


PHIL HARE
Member of Congress

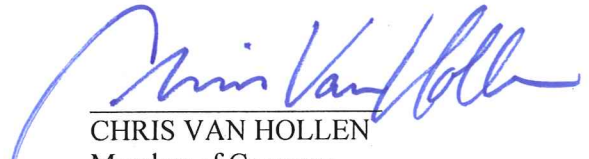

JOHN T. SALAZAR
Member of Congress

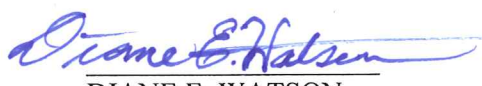

DAVID SCOTT
Member of Congress


ALBIO SIRES
Member of Congress

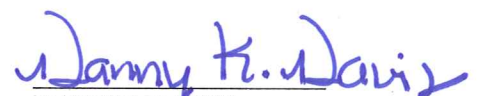

ZACK SPACE
Member of Congress

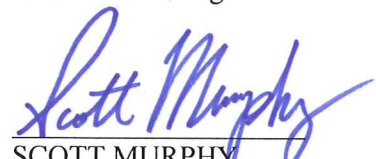

BETTY SUTTON
Member of Congress


CHRIS VAN HOLLEN
Member of Congress



DIANE E. WATSON
Member of Congress


GREGORIO KILILI SABLAN
Member of Congress


DANNY DAVIS
Member of Congress


SCOTT MURPHY
Member of Congress

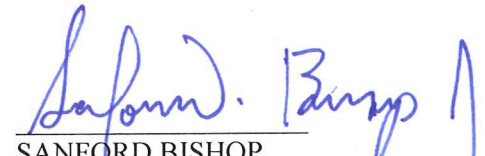

SOLOMON ORTIZ
Member of Congress


JERRY MCNERNEY
Member of Congress


ELIOT ENGEL
Member of Congress

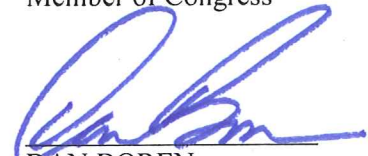

JOE BACA
Member of Congress


SHELLEY BERKLEY
Member of Congress

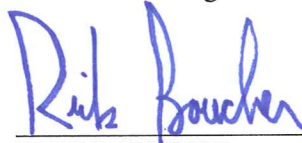

SANFORD BISHOP
Member of Congress


EDDIE BERNICE JOHNSON
Member of Congress


MADELEINE BORDALLO
Member of Congress

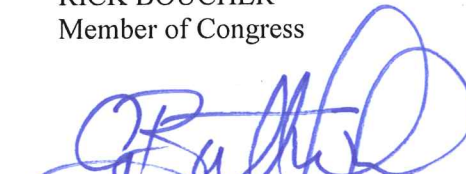

DAN BOREN
Member of Congress



LEONARD BOSWELL
Member of Congress

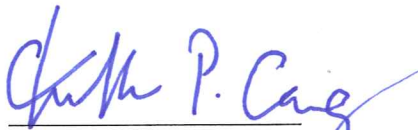

RICK BOUCHER
Member of Congress

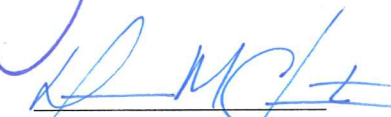

BOBBY BRIGHT
Member of Congress



CORRINE BROWN
Member of Congress


G.K. BUTTERFIELD
Member of Congress


TRAVIS CHILDERS
Member of Congress



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Member of Congress


DONNA M. CHRISTENSEN
Member of Congress


JUDY CHU
Member of Congress



YVETTE CLARKE
Member of Congress



JOE COURTNEY
Member of Congress

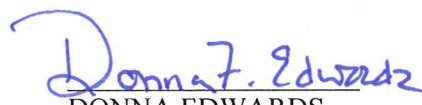

MARK S. CRITZ
Member of Congress



KATHY DAHLKEMPER
Member of Congress


ARTUR DAVIS
Member of Congress


STEVE DRIEHAUS
Member of Congress

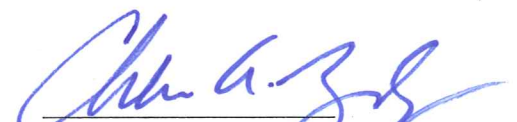

CHET EDWARDS
Member of Congress


DONNA EDWARDS
Member of Congress


MARCIA L. FUDGE
Member of Congress


ENI F.H. FALEOMAVAEGA
Member of Congress


GABRIELLE GIFFORDS
Member of Congress


CHARLES GONZALEZ
Member of Congress

Congress of the United States
Washington, DC 20515

September 23, 2010

The Honorable Donald Berwick, M.D.
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health Human Services
200 Independence Ave. SW
Washington, D.C. 20201

Dear Administrator Berwick:

We write to express concern over payment rate changes and regulatory changes contained in the Centers for Medicare and Medicaid Services (CMS) Medicare Home Health PPS Update for 2011 Proposed Rule.

The provisions in the Affordable Care Act, including those related to home health care, were precisely crafted to try to balance competing or complicated interests. In the case of home health, we sought to support Medicare solvency as well as industry sustainability with short term rate restructuring, reduction of certain "outlier" payments and long term rate rebasing.

We are concerned that the proposed rule lays out rate and regulatory changes that go beyond the Congressional intent in the Affordable Care Act and that these changes could be detrimental to both high quality Massachusetts providers and the patients who depend on them. These changes may also negatively impact our broader health reform agenda that looks to home care to partner with Medicare on such innovations as the Independence at Home Act, and chronic care and care transitions demonstrations.

While the CMS rule implements the planned market basket and outlier cuts, it increases the case-mix weight change adjustment in 2011 from an expected 2.71% to 3.79%; and it adds a further case mix reduction for patients with hypertension diagnoses. It is our understanding the later adjustment was done without any appropriate analysis of the impact of elimination of these hypertension codes on resource utilization and payment to home health agencies. Massachusetts home health agencies have reported that this policy change could be significant and certainly in excess of 1 percent. The result of these changes, when coupled with wage index adjustments, is that the Northeast, according to figures published in the Federal Register will see the highest average cuts of any area in the country.

We also request that CMS give serious consideration to comments from home health agencies regarding restructuring the proposed rules around physician face to face

The Honorable Donald Berwick, M.D.
September 23, 2010
Page 2

encounters. This language was included in the Affordable Care Act to strengthen physician home health relationships and improve care coordination. However, the regulation implements it in a way that will greatly complicate the transition process as patients move from other care settings into home health.

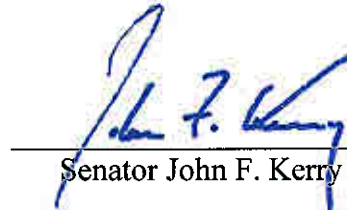
We have heard from home health agencies in Massachusetts that they need additional flexibility in the time periods for the encounter rather than the 30 days proposed by CMS and that telehealth or telephonic visits should be allowed in situations where leaving home would be considerably taxing.

Thank you for your consideration of this request.

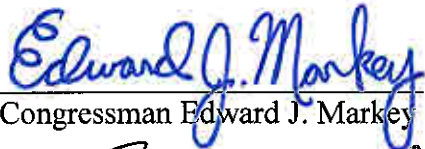
Sincerely,



Congressman Jim McGovern



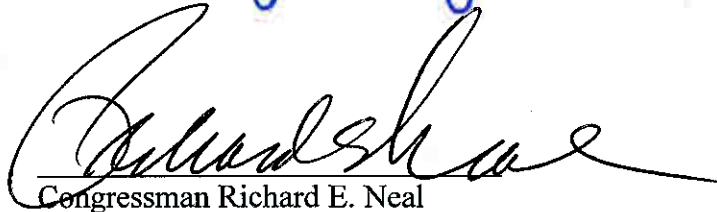
Senator John F. Kerry



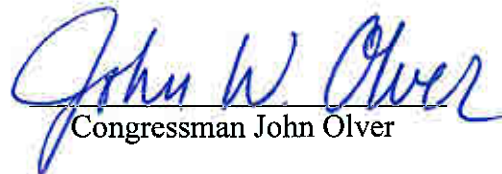
Congressman Edward J. Markey



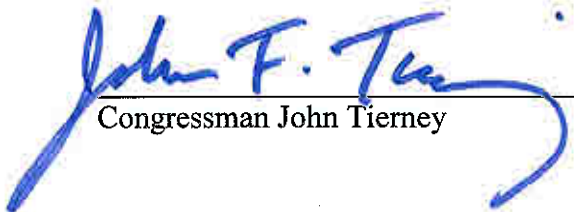
Congressman Barney Frank



Congressman Richard E. Neal



Congressman John Olver



Congressman John Tierney



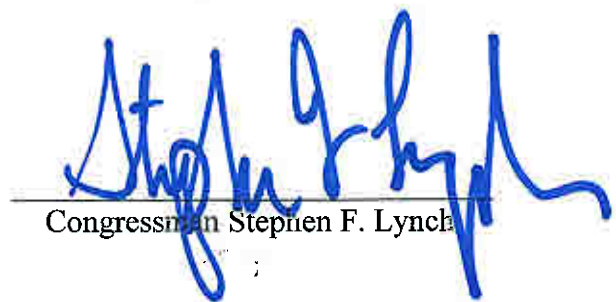
Congressman Bill Delahunt


The Honorable Donald Berwick, M.D.

September 23, 2010

Page 3


Congressman Michael Capuano


Congressman Stephen F. Lynch


Congresswoman Niki Tsongas

SCOTT P. BROWN
MASSACHUSETTS

317 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-4543
(202) 228-2646 FAX

2400 JFK FEDERAL BUILDING
BOSTON, MA 02203
(617) 565-3170

COMMITTEES:
HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS

ARMED SERVICES

VETERANS' AFFAIRS

United States Senate

WASHINGTON, DC 20510

September 21, 2010

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1510-P, P.O. Box 1850,
Baltimore, MD 21244-1850

Dear Administrator Berwick:

Massachusetts is home to approximately 130 Medicare-certified home health agencies providing care to nearly 100,000 patients in Massachusetts, which is why I am concerned about proposed rule CMS-1510-P, which could adversely limit patient access to home health services. I respectfully request the proposed rule be reviewed and modified as necessary to mitigate the harm that could come from the payment reductions and the face-to-face physician encounter requirement.

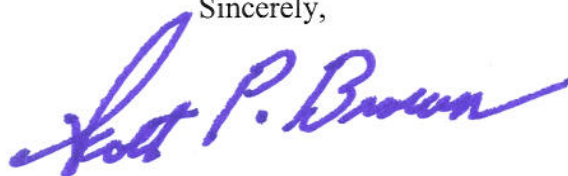
Unfortunately, the proposed rule, which anticipates payment reductions and imposes a face-to-face encounter requirement, will harm home health agencies across the Commonwealth of Massachusetts. Indeed, the Federal Register reported that the New England region will receive the most drastic reduction (-5.14%) as compared to other regions across the country. Across the board, the average loss in revenue for home health agencies will be more than \$450,000 while 38 percent will find themselves with zero or negative profit margins, according to the National Association for Home Care & Hospice and the Home Care Alliance of Massachusetts.

As you know, home health agencies are an essential safety net for the elderly, whose services we should support, not diminish, as evidenced by the many initiatives included in the Patient Protection and Affordable Care Act, such as the Independence at Home Act, chronic care management demonstrations, and the Advanced Primary Care Home. All of these initiatives depend on an efficient and effective home and community care agencies.

With the valuable role of home health care agencies in mind, I hope that you agree that we should work to limit cuts to these very important providers. Again, I respectfully request that your office give appropriate consideration to the impact that the proposed rule would have on home health care agencies.

Once again, I urge you to modify the proposed changes for the well being of my constituents who both serve and receive important home health services.

Sincerely,



Scott P. Brown
United States Senator

United States Senate

WASHINGTON, DC 20510-1804

October 8, 2010

Donald Berwick, M.D.
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Berwick:

I am writing to share my concerns about proposed changes to the case mix weight adjustment and implementation of the face to face encounter requirement included in the CY 2011 Proposed Rule for Medicare Home Health Prospective Payment Rate Update that was published by the Centers for Medicare and Medicaid Services (CMS) on July 23, 2010. Specifically, I believe that the proposed changes to the previous case mix weight policy result in inappropriate reductions to Medicare reimbursement for home health services, challenging providers' ability to continue furnishing high-quality services and compromising the long-term stability of patients' access to care in the home.

As you know, home health care allows patients to enjoy an improved quality of life and represents a unique value to the Medicare program. Quality home health services help patients avoid costly admissions to hospitals and reduce program spending while increasing beneficiary satisfaction. However, Medicare reimbursement for home health care has been the subject of cuts in both the regulatory and legislative environments. The current proposed reduction stemming from the case mix weight change is projected to amount to \$19.4 billion over the next ten years.

Many of the providers in Louisiana are committed to maintaining quality services, but cuts of this magnitude could make it financially difficult to maintain quality and access for all patients. Moreover, based upon the data analysis CMS considered when proposing the case mix changes, I question whether CMS has fully assessed the disruption this change could cause for Medicare beneficiaries.

In addition to the detrimental impact the case mix weight changes would have on seniors, the disabled and those living in areas with limited access to physicians, it would also have an adverse impact on our economy at a time when we can least afford it. Funding cuts for home health services could result in layoffs and decrease hiring of nurses, home health aides and support staff.

Finally, many of the payment and quality innovations included in the new health reform law were developed based upon the assumption that the use of home health services is preferable

to treating patients in higher-cost institutional settings. It should, therefore, be a priority of Congress and CMS to ensure that home health services are accessible and stable in order to responsibly implement these new models.

I look forward with working with you on the successful utilization of these promising payment and delivery models as well as protecting the home health services that serve as a core component of a value-driven Medicare program.

With kindest regards, I am

Sincerely,



Mary L. Landrieu
United States Senator

MLL:jas

Congress of the United States
Washington, DC 20515

August 6, 2010

Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Administrator Berwick:

We write to express our concern over the significant cuts in Medicare home health payments proposed by the Centers for Medicare and Medicaid Services (CMS) in its July 23, 2010 proposed rule regarding home health payment rates in 2011.

CMS already implemented 8.25 percent rate reductions between 2008 and 2010 for case mix weight changes and now proposes a 3.79 percent reduction in 2011 and 2012. These payment rate reductions are on top of \$39.7 billion in rate reductions mandated by the Affordable Care Act. These additional regulatory cuts could end access to valuable home health services in many parts of the country. Patients could be left with no alternatives for post-acute and long-term care other than more costly institutional care.

Our local home health agencies tell us there are very real clinical and policy explanations for why the average severity of home health patients' health conditions may have increased over the years. For example, the incentives built into the hospital DRG reimbursement system have led to the quicker discharge of sicker patients. Recent advances in technology and changes in medical practice have also enabled home health agencies to treat more complicated medical conditions that earlier could only be treated in hospitals, nursing homes, or inpatient rehabilitation facilities. Further, hospitals are reporting an increase in admissions of sicker patients thereby likely leading to more acutely ill discharges to home care.

As you may be aware, we have introduced the Home Health Care Access Protection Act (S. 3315; H.R. 5803) establishing a transparent process for determining whether payment rate cuts are needed to account for improper changes in "case mix scoring." This process would still enable CMS to enact rate adjustments provided there is reliable evidence that there are higher case mix scores resulting from factors other than changes in patient conditions or an improper increase in overall home health expenditures as a result of such factors.

We look forward to working together to find new and better ways of accessing extrapolating data. We urge you to ensure that a reliable methodology that takes into account changes in the severity of home health patients' conditions is adopted before

considering home health payment reductions. We would appreciate an opportunity to talk with you about our concerns and the proposals we've put forth for evaluating case mix changes in the Home Health Care Access Protection Act.

Sincerely,



Senator Susan Collins



Senator Russ Feingold



Congressman Jim McGovern



Congressman Walter B. Jones

United States Senate

133 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-2204

October 20, 2010

The Honorable Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Dear Dr. Berwick:

I am writing to share my concerns about changes included in the Proposed CY11 Medicare Home Health Prospective Payment Rate Update. Care provided in the home setting for clinically-appropriate patients allows them to enjoy an improved quality of life and represents a unique value to the Medicare program.

Specifically, I am concerned that the proposed rule lays out rate and regulatory changes that go beyond congressional intent in the Affordable Care Act, which sought to balance Medicare solvency with provider sustainability. While the CMS rule implements the planned market basket and outlier cuts, it increases the case-mix weight change adjustment in 2011 above what was expected to 3.79% and adds a further case mix reduction for patients with hypertension diagnoses. These additional changes could be detrimental to both high-quality providers in Michigan and the patients who depend on them.

Additionally, I have heard concerns about how the proposed regulation implements language from the Affordable Care Act on physician face-to-face encounters. The statutory provision is supposed to strengthen physician home health relationships and improve care coordination, but my understanding is that the proposed regulation implements it in a way that could complicate the transition process as patients move into home health.

I know providers in my state are committed to maintaining quality services, but cuts of this magnitude could make it financially difficult to maintain quality and access for all patients. I look forward to working with you to ensure home health services that serve as a core component of a value-driven Medicare program.

Sincerely,



Debbie Stabenow

United States Senate

WASHINGTON, DC 20510

October 21, 2010

Donald Berwick, M.D.
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Berwick:

We are writing to share our concerns about proposed payment reductions and implementation of the face-to-face physician encounter requirements included in the CY 2011 Proposed Rule for Medicare Home Health Prospective Payment Rate Update that was published by the Centers for Medicare and Medicaid Services (CMS) on July 23, 2010.

Quality home health services allow patients to avoid admission to costly institutional settings and can actually reduce program spending while allowing seniors to age in place. However, Medicare reimbursement for home health care has been the subject of cuts in both the regulatory and legislative environments. The current proposed reduction stemming from the case mix weight change is projected to amount to nearly \$20 billion over the next ten years, and this reduction will apply in addition to the roughly \$40 billion in home health payment reductions included in the Affordable Care Act.

Many of the providers in our state are committed to maintaining quality services, but reductions of this magnitude could make it financially impossible to maintain quality and access for all patients. According to the National Association for Home Care and Hospice, the cumulative impact of the legislative and regulatory reductions will cause 88.4% of Oregon home health agencies to have negative margins in FY 2012. This is higher than any other state in the nation. In addition, we are concerned that the rule that would require in-person consultations between a physician and a patient no more than 30 days before the first home health service or later than 14 days after admission to home health could restrict access to care, particularly if patients live in an area with limited access to physicians.

Reductions of this magnitude seem to run counter to many of the payment and quality innovations included in the health reform bill, such as the Advanced Primary Care Home and Independence at Home, that were developed based upon the assumption that receiving care in the home is preferable to treating patients in higher-cost institutional settings. We look forward to working with you on the successful utilization of these promising payment and delivery models as well as protecting the home health services that serve as a core component of a value-driven

Medicare program. We respectfully request that CMS give appropriate consideration to the impact that the proposed rule would have on home health agencies.

Sincerely,

Handwritten signature of Ron Wyden in blue ink.

Senator Ron Wyden

Handwritten signature of Jeffrey A. Merkley in blue ink.

Senator Jeff Merkley

MICHAEL F. BENNET
COLORADO

COMMITTEES:
AGRICULTURE, NUTRITION, AND FORESTRY

BANKING, HOUSING, AND
URBAN AFFAIRS

HEALTH, EDUCATION, LABOR,
AND PENSIONS

SPECIAL COMMITTEE ON AGING

United States Senate

WASHINGTON, DC 20510-0609

September 29, 2010

WASHINGTON, DC:
702 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5852

COLORADO:
2300 15TH STREET
SUITE 450
DENVER, CO 80202
(303) 455-7600

<http://www.bennet.senate.gov>

The Honorable Donald Berwick, M.D.
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Administrator Berwick:

I am writing to express concern over payment rate changes and regulatory changes contained in the Centers for Medicare and Medicaid Services (CMS) Medicare Home Health PPS Update for the 2011 Proposed Rule.

The provisions in the Affordable Care Act, including those related to home health care, were precisely crafted to try to balance a variety of health care priorities. In the case of home health, changes were made to ensure Medicare solvency as well as continued home health care agency sustainability through short-term rate restructuring and long-term rate rebasing.

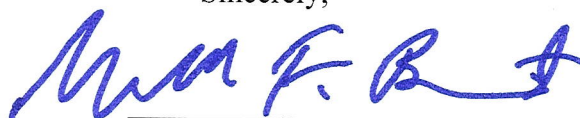
I am concerned that the proposed rule lays out rate and regulatory changes that could be detrimental to both high quality Colorado providers and the patients who depend on them. These changes may also negatively affect home care providers who look to partner on innovative models such as care transition programs, which can reduce the rate of costly readmissions.

It is my hope that CMS gives careful consideration to concerns regarding the proposed rules around physician face to face encounters which may be burdensome in light of final rules for physicians regarding the Provider Enrollment, Chain and Ownership System database. Additionally, CMS should reexamine the elimination of hypertension codes on resource utilization for case-mix reductions in the context of the entire case-mix weight change adjustments in 2011.

As new regulations move forward pursuant to the Affordable Care Act, I hope that you consider the overall requirements being asked to keep our community home health providers sustainable, and to provide high quality home care and access to the people of Colorado.

Thank you for your consideration of this request.

Sincerely,



Michael F. Bennet
United States Senator

Bring Transparency to CMS

Current Cosponsors: Arcuri, Boucher, Courtney, Cueller, Frank, Hare, Hinchey, Hodes, E.B. Johnson, Jones, Marshall, Paul, Platts, Ross, Rothman, Linda Sanchez

Dear Colleague:

As co-chairs of the Home Health Caucus, we invite you to join us as cosponsors of H.R. 5803, the *Home Health Access Protection Act of 2010*. Home health agencies are facing \$40 billion in reimbursement reductions to help pay for federal health reform and \$20 billion in payment rate reductions due to Centers for Medicare and Medicaid Services' (CMS) proposals. This combination of cuts puts an estimated 50% of all home health agencies nationwide at risk of closing. H.R. 5803 will help ensure that these vital services remain available to constituent patients in need.

The cuts proposed by CMS are erroneously based on the assertion that patients receiving home health care today are no different than a decade ago. However, strong evidence points to the fact that patients coming to home health care services are sicker than ever before. Instead of looking at appropriate patient factors at the time of admission, CMS uses hospital care data and ignores the fact that half of home health patients have not had a preceding hospital stay.

H.R. 5803 would require CMS to employ a transparent process for determining whether payment rate cuts are needed to account for improper changes in "case mix scoring," or changes in aggregate sickness. H.R. 5803 would also require the Secretary of the Department of Health and Human Services (HHS) to convene a Technical Advisory group of stakeholders, including organizations representing the interests of Medicare beneficiaries and home health providers, to consult with the Secretary on payment trends and standards. H.R. 5803 would not block CMS from making changes to payment rates that are warranted. Instead, the bill would require CMS to act in an accountable and transparent way when determining if cuts are appropriate.

Our constituents rely on home health services, and we must act to ensure that CMS is working in a transparent and collaborative manner with home health beneficiaries and providers to provide adequate and appropriate reimbursement. For more information or to cosponsor, please contact Lisa Salerno in Rep. McGovern's office at lisa.salerno@mail.house.gov or Cybil Roehrenbeck in Rep. Jones' office at cybil.roehrenbeck@mail.house.gov.

Sincerely,

Jim McGovern
Member of Congress

Walter B. Jones
Member of Congress

October 6, 2010

Donald Burwick, MD
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Burwick:

I am writing on behalf of the National Hispanic Council on Aging (NHCOA) to express our deep concern over proposed cuts to home healthcare in the Medicare system. As you know, Hispanic older adults are the fastest-growing segment the U.S.'s aging population. Such cuts would disproportionately negatively affect Hispanic older adults and their families.

Hispanic older adults carry a higher burden of chronic disease, including diabetes and Alzheimer's disease, than the larger population. In addition, because many Hispanic older adults have worked in blue-collar labor intensive job, they are likely to suffer from injuries and disability. They are also more likely to be uninsured by private insurance. Cuts in funding for home healthcare through Medicare would leave many Hispanic older adults without the option to receive the care they need at home, forcing them into institutionalized care, representing a greater expense for the healthcare system. Such cuts would also leave home caregivers, which are often female relatives of older adults, overburdened. The usual profile of such caregivers in the Hispanic community is that they are daughters, daughter-in-laws or nieces of the person needing care. They often have their own families and work in addition to acting as caregiver. The accumulated stresses make them especially vulnerable to infectious disease and depression representing additional costs to the healthcare system. Home healthcare assistance can provide these caregivers with a much needed break and peace of mind, while they go about the business of their jobs or caring for their own families, preserving their health.

In addition, cuts in home healthcare represent a loss of needed jobs in the usually stable healthcare field, during an economic recession, when these jobs are needed most. Home healthcare funding would seem to be both advantageous to local U.S. economies through provision of jobs and to the Medicare system, providing a more economic alternative to institutionalized care.

NHCOA is happy to work with you to identify ways to ensure quality and affordable home healthcare for America's seniors and those with disabilities while protecting jobs in the healthcare field. I would welcome the opportunity to meet with you to discuss economically viable options and their impact on the Hispanic community. Please do not hesitate to contact me with any questions or to schedule a meeting at 202-347-9733 or via e-mail at ycruz@nhcoa.org

With all best regards.

Sincerely,



Yanira Cruz, Dr.PH
President & CEO



September 15, 2010

Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Administrator Berwick,

The National Caucus and Center on Black Aged, Inc. (NCBA) would like to express its concern over the significant cuts in Medicare home health payments proposed by the Centers for Medicare and Medicaid Services (CMS) in its July 23, 2010 proposed rule regarding home health payment rates in 2011.

As you know, low-income African American seniors are already disproportionately affected by lack and access to health care services. Now, with the proposed cuts in home health services, low-income African Americans and other minority seniors who depend on home health agencies to administer nursing care and physical therapy face immeasurable devastation.

Under the proposed CMS rule, seniors around the country will not have the same access to care if there are fewer people providing it. Seniors in need of home health care services do not have the wherewithal or the luxury to wait thirty days or more before Medicare approves home health services. This requirement will most assuredly result in elderly and disabled seniors who often have physical limitations from getting the regular care they need, especially if they live in an area with limited access to physicians.

Moreover, it is also important to understand that eliminating home health services also eliminates jobs. With the recent decline of our economy and the loss of jobs, the healthcare industry has always been a reliable source of employment opportunities. However, if the CMS proposed rule takes place, this will no longer be the case. Dr. Berwick, to circumvent cuts in home health care services and prevent job loss amongst healthcare professionals, NCBA is willing to work with you to identify new and better ways to ensure quality and affordable home health care services for seniors around the country as well as help you identify methodologies to thwart off job loss amongst healthcare providers.

We welcome the opportunity to meet with you to discuss the matter. If you would like to meet with me, please do not hesitate to contact me at 202-637-8400 or via email at kjones@ncba-aged.org.

Sincerely,

A handwritten signature in blue ink that reads "Karyne Jones". The signature is fluid and cursive, with the first name being the most prominent.

Karyne Jones
CEO/President

*Improving the
quality of life
for elderly
African Americans
and low income
minorities*