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An Independent Licensee of the Blue Cross and Blue Shield Association

Delivery via Email

November 18, 2008

West Virginia Health Care Authority
Dayle Stepp, Director, Certificate of Need
100 Dee Drive
Charleston WV 25311

Re: Comments on Certificate of Need Standards for Home Health Care
Version 11/13/1998

Dear Mr. Stepp:

As an insurer and third party administrator of health benefits for West Virginia residents and employers, Mountain State BlueCross BlueShield (MSBCBS) appreciates the opportunity to furnish these comments related to this portion of the structure by which Home Health Agencies provide care in West Virginia.

Please understand that we support the Certificate of Need (CON) process and the critical function of identification of unmet need imbedded in the logic. We also support each CON guideline intended to avoid the potential development of services in excess of the capacity of patients to fiscally support them. We strongly believe that over supply of services leads to excess cost in the healthcare economy.

Occasional difficulties and the future environment to be considered

The current home health care CON standard functions in a manner which grants the provider a 'franchise' on a county by county basis. There have been instances where this concept has posed the potential to be detrimental to care of patients. Specifically:

- We note instances when the approved agency may not have staff available to provide services, either because of low staff to patient ratios or a surge of need in the community;
- We note instances when the approved agency may not have staff suitably trained and experienced to provide services, either because of staffing difficulties or the unique needs of some patients (such as infusion or pediatric patients);
- We note instances when the approved agency simply is not available to provide care, typically because of the remote location of some patients or difficulties with the patient or patient's family.

While these instances are certainly not everyday occurrences, they are frequent enough to cause periodic concern in procuring care for patients. We realize the CON guidelines

may not be able to address every currently conceivable event without continuous review/modification *or a grievance process*. However, we feel anecdotal difficulties, along with the developing environment for home services, should be considered in any new modifications to the current CON guideline. We foresee a continuing trend for services previously performed at a hospital, clinic or physician's office (such as infusion, chemotherapy, dialysis and anticoagulation management) to move into the home setting.

More involved data collection and planning?

As it appears additional types of patients and therapies could eventually safely transition to the home setting, it might be appropriate to consider modifications to reporting and analysis which could help refine identification of future needs in the community. For example, some states have adopted data aggregation and use projections divided into age groups (such as *Under Age 18, Ages 18-64, Ages 65-74, and Ages 75 and Over*) to allow more definitive examination of trends in needs and care attributable to children or senior adults.

While zip code, diagnosis and/or age-specific data can form a foundation for more finite reporting of current use and therefore projection of future "need", we realize these characteristics may not be available in current West Virginia data. However, the end result of such a collection and analysis effort would be to more specifically quantify utilization in the community (by location, diagnosis and/or age) leading to more refined planning for community needs.

Thank you for allowing these comments.

We will be available for future discussion of these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "E. R. Hamilton". The signature is fluid and cursive, with a prominent loop at the end.

Edward R Hamilton CLU PAHM
External Operations