



**Comments on Boost Home Healthcare Petition for a Home Health Agency
Special Need Determination for Union County in the
Proposed 2026 State Medical Facilities Plan**

COMMENTER:

Atrium Health, Inc.
Greg Bass
Director, Core Market Growth and Business Development
1228 E. Morehead Street, Suite 200
Charlotte, NC 28024
Phone: 704-355-0314
greg.bass@advocatehealth.org

Atrium Health, Inc. (Atrium), part of Advocate Health, is filing these comments in opposition to the Boost Home Healthcare (Boost) petition to add a Medicare-certified home health agency special need determination for Union County in the Proposed 2026 State Medical Facilities Plan (SMFP).

The Boost petition seeks an adjusted need determination for Medicare-certified home health agency but fails to adequately demonstrate how the current home health providers are not meeting the needs of the community. There are numerous claims of inadequate service with adverse effects, but these claims are not supported by verifiable data from documented or reliable sources. Atrium believes the Boost petition does not sufficiently demonstrate the needs of Union County patients are not being met by the existing providers serving the community. Atrium is asking the State Health Coordinating Council (SHCC) to deny the petition.

To support our request Atrium has highlighted numerous questionable claims made by Boost below with supporting data to refute the claims regarding the adverse impacts without the requested change.

1. Hospital System Impact

- Claim: Extended length of stays of 5–8 days for discharge delays due to lack of home health availability

Rebuttal: No public data supports this. Atrium clinical care management leaders report that the average wait time for a home health placement is 2 to 3 days from our Union County facilities. Discharge delays may result from many factors including insurance, social, or housing factors.

- Claim: 23% higher 30-day readmission rate in target ZIPs

Rebuttal: Inflated. State average is ~17.2%. Their number lacks risk adjustment. Functional status and social determinants of health (SDOH) are bigger contributors, not agency location.

- Claim: 15–20% of hospital beds filled with discharge-ready patients awaiting home health

Rebuttal: Percentage is extremely high and unverified. Atrium clinical care management leaders estimate less than 10 percent of patients who are delayed in discharging from acute care are delayed waiting for home health services.

Patient and Family Hardships

- Claim: Patients travel 45–60 minutes round trip to agency offices

Rebuttal: Irrelevant. Home health care is delivered in-home with no travel required by the patients or family members. The proximity of the home health agency office is not a factor that negatively impacts patients or family members.

- Claim: 22% Spanish-speaking households lack bilingual care

Rebuttal: Major providers (e.g., Atrium, BAYADA) already employ bilingual staff and offer interpreter services to meet the needs of these patients.

- Claim: \$2,500/year in transport and lost wages

Rebuttal: Misleading for home health because visits occur in the patient's home. These costs would only relate to other types of outpatient care, not home health.

- Claim: Patients decline home health services due to access barriers

Rebuttal: Anecdotal. Patients decline home health services for numerous reasons; access is not one of the most common.

Primary Care Provider Challenges

- Claim: PCPs unable to refer for home health in 40% of cases

Rebuttal: Unsubstantiated. No PCP names or survey method provided. Referrals may have been rejected for clinical or eligibility reasons.

- Claim: 30% more office visits due to lack of home health monitoring

Rebuttal: No citation provided. Even if true, it could reflect national trends in chronic care complexity—not a local/Union County home health failure.

Skilled Nursing Facility Diversion

- Claim: 25% of SNF admissions could be avoided with adequate home health services

Rebuttal: Assumes all patients are safe for home health. Many lack caregivers or qualify for SNF based on ADL/infrastructure needs.

- Claim: SNF care 3–4x more costly than home health

Rebuttal: Cost differential is known, but petition fails to show *actual* cost savings from their agency, especially without payer mix or care model details.

- Claim: 85% of patients prefer home care

Rebuttal: Broad national preference does not imply unmet local need. Many patients still require institutional care based on acuity.

Boost also provided misleading information related to the alternative options available to meet the needs of the community.

Alternative Solutions Not Fully Explored

Boost prematurely dismisses less disruptive alternatives and claims other agencies were researched but cannot expand. However, Boost offers no proof of outreach to the 27 existing Medicare-certified agencies serving Mecklenburg/Union. There are no letters from hospitals stating that partnering with current agencies failed. Union County hospitals and clinics are already collaborating with existing home health providers on coordination strategies utilizing technologies and protocols, including telemonitoring, hospital-at-home, quick escalation protocols, and urgent-response nurse deployment.

While Atrium appreciates the petitioner's intent to address access concerns, many of their claims are either unsubstantiated, exaggerated, or misrepresent how home health services are delivered. Union County is already served by 27 agencies; adding another will fragment coordination and intensify workforce shortages. Although increasing access to home health is important, Boost's petition fails to demonstrate a justifiable and exceptional need for a new agency under the criteria set forth in the Proposed 2026 SMFP:

Atrium believes the Boost petition does not sufficiently demonstrate the needs of Union County patients are not being met by the existing providers serving the community. Atrium appreciates the opportunity to provide these comments and is asking the SHCC to deny the petition.