June 18, 2019

The Honorable Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1714-P
P.O. Box 8010
Baltimore, MD  21244-1850

Submitted electronically to http://www.regulations.gov

Re:  Medicare Program; Fiscal Year 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

Dear Administrator Verma:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, appreciates the opportunity to comment on this Medicare hospice proposed payment rule. Our comments will focus on the proposed hospice election statement content modifications, a proposed addendum to provide greater coverage transparency, and the request for information (RFI) regarding the role of hospice and coordination of care at the end-of-life.

Proposed Hospice Election Statement Content Modification

AARP appreciates CMS’ intent to provide greater transparency about the extent of hospice coverage and patient’s rights in the hospice election statement. We support the proposed additions to the hospice election statement that indicate the comprehensive nature of the hospice benefit; the possibility that services will not be covered by the hospice; and information about cost-sharing for hospice services.

We also support the requirement for hospices to develop an election statement addendum, “Patient Notification of Hospice Non-Covered Items, Services, and Drugs”, but do not support CMS’ proposal to require the beneficiary (or representative) to request an election statement addendum. The election of the hospice benefit is a very stressful event and the beneficiary, their family, and their representative might not...
understand the significance of requesting the information in the election statement addendum. AARP believes all beneficiaries (or representatives) should automatically receive both the election statement addendum and any updates. As appropriate, this information should also be shared with the beneficiary’s family.

**Election Statement Addendum**

AARP supports the election statement addendum but believes all beneficiaries and their representatives should automatically receive the addendum within 48 hours after the time of hospice election and any updates to the addendum should also be automatically provided. If appropriate, such information should also be shared with the beneficiary’s family. This requirement would be consistent with CMS’ goals to provide greater transparency about coverage under the hospice benefit and inform the beneficiary about services they might need to obtain outside the hospice benefit.

We believe it is important for CMS to develop a model election statement addendum which can be used to provide information to beneficiaries (or representatives) in a manner that is complete and can be easily understood. The addendum should also make clear to beneficiaries that they have to access items, services and drugs that are unrelated to the terminal illness and related conditions independent of their hospice care, as these are not covered by the hospice benefit. For items, services and drugs not covered by hospice, the hospice providers should refer the beneficiary to non-hospice providers and appropriately communicate and coordinate with such providers. Model language will also help ensure consistent information is provided about the right to immediate advocacy through the Medicare Beneficiary and Family-Centered Care-Quality Improvement Organization (BFCC-QIO), including its role and how it can provide assistance.

We support CMS’ proposal that the beneficiary or representative signature on the addendum, or update, is only an acknowledgement of receipt of the information. We agree that signing of the addendum should not indicate agreement with the hospice determination.

**RFI: The Role of Hospice and Coordination of Care at End-of-Life**

Hospice is a unique, interdisciplinary team approach to end-of-life care that not only benefits a person with a terminal illness, but also provides services and support to their family. We believe it is critical the benefit remains a person-and family-centered approach that provides quality care to beneficiaries and their families. On its face, allowing Medicare Advantage Organizations (MAOs) to administer the hospice benefit has the potential to encourage greater accountability among MA plans for the full continuum of care for all life-stages and transitions.

AARP believes that CMS will receive information it needs to help evaluate incorporating hospice into other care delivery models from the Value-Based Insurance Design (VBID) demonstration which, starting in 2021, can offer a hospice benefit through MAOs. It is
important that the payment and star ratings metrics are aligned to allow the hospice benefit to work as best as possible and that MA plans are incentivized correctly to provide beneficiaries and their families with optimal care.

The evaluation of the VBID should provide information related to the questions raised in the RFI and also provide answer to the following questions:

- Was access to an adequate number of hospice providers decreased by MAOs?
- Did MAOs use requirements, such as prior authorization, and if so, how did they impact access to care?
- Was the breadth of the services provided under the MA hospice benefit equal to the current traditional program offerings?
- How did the quality of the hospice benefit under the MA program compare to quality for the benefit in traditional Medicare?
- If an MA enrollee sought a faith-based hospice provider, was one available?
- How does the beneficiary and family experience with hospice compare under MA and traditional Medicare?

We also offer the following recommendations and beneficiary safeguards for the hospice benefit under the VBID demonstration:

- MAOs must cover the full scope of the Medicare hospice benefit, including the required care team and written care plan;
- For services in the Medicare hospice benefit (services under the FFS benefit), no additional cost sharing should be allowed beyond what is allowed under traditional Medicare;
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey should be used to assess consumer and family experiences with hospice care; and
- Quality metrics used should include measures of access, beneficiary choice, if beneficiaries and families received the care they needed and their wishes were followed, and evaluation of how beneficiary and family caregivers experienced care.

While it may be possible for MAOs to provide the Medicare hospice benefit, we believe careful study and rigorous oversight is first necessary to ensure the benefit received by those enrolled in MA is the same or better as compared to the traditional program and that beneficiaries and their families are not adversely impacted. The results of the VBID demonstration and evaluation, the evaluation questions, recommendations, beneficiary safeguards, and other factors we note above should inform the consideration of hospice in other care delivery models.
AARP appreciates the opportunity to comment on this important proposed rule. If you have questions, please contact me or Rhonda Richards (rrichards@aarp.org) on our Government Affairs staff at 202-434-3770.

Sincerely,

[Signature]

David Certner  
Legislative Counsel & Legislative Policy Director  
Government Affairs