



The Honorable Orrin G. Hatch
Chairman
Senate Finance Committee
219 Dirksen Senate Building
Washington, D.C. 20510

The Honorable Johnny H. Isakson
Co-Chair, Chronic Care Working Group
131 Russell Senate Building
Washington, D.C. 20510

The Honorable Ron L. Wyden
Ranking Member
Senate Finance Committee
219 Dirksen Senate Building
Washington, D.C. 20510

The Honorable Mark R. Warner
Co-Chair, Chronic Care Working Group
475 Russell Senate Building
Washington, D.C. 20510

Re: Bipartisan Chronic Care Working Group Policy Options Document

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Kentucky Association of Hospice and Palliative Care (KAHPC) appreciates the opportunity to provide comments on the Bipartisan Chronic Care Working Group Policy Options Document released on December 18, 2015. KAHPC is a non-profit state organization representing the hospices and palliative provider organizations across all 120 counties of the Commonwealth of Kentucky. These providers are comprised of free standing hospice programs, hospital based programs, programs offering innovative advanced illness models of care, and programs that provide hospice in conjunction with home health. Since 1981, the mission of KAHPC has been to advocate quality care for all persons with life limiting illnesses, promote hospice and palliative care education, and serve as a voice and resource for its members.

KAHPC believes in the strength of the philosophy of hospice care which:

- Seeks to enable patients to continue an alert, pain-free life
- Assists in managing symptoms to ensure dignity
- Affirms life and does not hasten or postpone death
- Treats the person rather than the disease
- Focuses on quality of life
- Promotes self-determination, as patients and their family make their own decisions

- Is available in homes, hospitals, nursing homes, and inpatient facilities
- Provides a holistic approach, encompassing compassionate physical care, emotional, and spiritual support

KAHPC and its members applaud the broad policy initiatives proposed within the Chronic Care Working Group Policy Options Document. Specifically, in the area of Advancing Team Based Care, KAHPC recognizes the strength of the hospice benefit for nearly forty years based on experience providing care through an interdisciplinary team to patients and families while under hospice care. KAHPC has several key points of emphasis as it relates to providing Medicare Advantage Enrollees with Hospice Benefits.

Preserving the Full Scope of the Hospice Benefit

KAHPC strongly support the language outlined in the policy under consideration that, “The full scope of the hospice benefit, including the required care team and written care plan, would be required”. We recognize the full scope of the hospice benefit is required to deliver a high quality hospice experience to patients and families across the Commonwealth. Leaving out any aspect of the currently defined Medicare Hospice Benefit is simply not hospice.

Key Points for Specific Plan-Level Measures to Ensure Appropriate and High Quality Care:

- Provision of hospice services to patients across all diagnoses
- Family and caregiver satisfaction
- Presence of hospice acute and residential facilities
- Grief programs offered to adult and adolescent populations
- Pediatric hospice and palliative care programs
- Fellowships and Traineeships for medical professionals
- Robust volunteer programs
- Documentation of individuals’ preferences

Key Point for Safeguards to Ensure MA Enrollees Have Access to High Quality Hospice Services:

- Assure providers are not overly burdened with additional reporting requirements through Medicare Advantage plans.
- Assure beneficiaries are not burdened with additional co-pays and deductibles which they do not face today in fee for service Medicare under the current Medicare Hospice Benefit.
- Maintain the requirement for the full delivery of the Medicare Hospice Benefit by not allowing Medicare Advantage plans to pick and choose elements such as nursing care, social work, or spiritual care in or out of hospice.
- Maintain existing Medicare fee for service Rates as the floor for Medicare Advantage bidding and ensuring existing choice for beneficiaries.
- Ensure providers continue to receive timely payment from Medicare Advantage plans compared to Fiscal Intermediaries today under existing Medicare fee for service hospice to settle claims.
- Ensure community -integrated, not for profit hospices are always included within Medicare Advantage networks.

In summary, based on the quality and safeguard areas addressed above, the **KAHPC recommends robust testing prior to carving in the hospice benefit to Medicare Advantage**. A pilot demonstration would answer the many questions posed in the provider community to assure Medicare Advantage beneficiaries receive high quality care and providers are not overly burdened. We appreciate your focus on solving the complex issues in this space and the opportunity to respectfully comment.

Sincerely,

A handwritten signature in black ink that reads "Brandy Cantor". The signature is written in a cursive, flowing style.

Brandy Cantor
Executive Director
Kentucky Association of Hospice and Palliative Care