

January 25, 2016

To whom it may concern:



As CEO of the Texas Non Profit Hospice Alliance I am writing on behalf of our members to oppose the proposal by the Senate Chronic Care Working Group that would include hospice under Medicare Advantage. The Texas Non Profit Hospice Alliance (TNPHA) is a statewide association of not-for-profit, community based hospices that works to enhance the quality and availability of non-profit hospice care across Texas. Our 21 members provide more than 1.2 million days of hospice care each year and serve patients all across the state of Texas and much of Arkansas. TNPHA has been serving the non-profit hospice community since 1995 and our member average 25-30 years of hospice experience.

We are very concerned about the negative impact that this proposal to include hospice under Medicare Advantage would have on patients, families and the hospices that serve them. Hospice has long been the gold standard in patient care and we believe that this “carve-in” would be the dismantling of what truly works. Such a “carve-in” would result in the following negative outcomes.

- Limiting patient choice: Patients choose a hospice based on a range of clinical, emotional and spiritual factors. This decision should not be limited based on narrow, in-network requirements. When patients are coming to hospice time is of the essence and they and their families are often in a state of crisis. Hospice patients do not have the time to fill out burdensome paperwork, wait for administrative approval or change plans.
- Loss of local, community healthcare: Truly good healthcare is about the patient receiving world-class care from their local community. Under Medicare Advantage a patient’s care is no longer local or community based. While we support your efforts to take profit out of the healthcare conversation, we do not believe that anything that erodes local and community based care is the way to do this.
- Endangering the quality and integrity of the hospice benefit: Hospice employs an interdisciplinary team of physicians, nurses, social workers, chaplains, volunteers and others to address all of the patient's clinical, psychological, spiritual and family needs. This integrated approach, which is the unique benefit of hospice, would likely become a casualty of administration by MA plans.
- Increased administrative and financial burden on hospices: Under Medicare Advantage hospices would be required to negotiate, manage and process claims from many plans and thus greatly increase administrative costs. Additionally, MA plans are slower to pay claims, and would likely cut hospice rates. This delay and lower payment would threaten the viability of local hospice providers.

We urge you to reject this proposal to include hospice in Medicare Advantage.

Thank you for your support of hospice.

Sincerely,

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