

January 22, 2016

RE: Comments on the hospice / Medicare Advantage "Carve In"

Dear Senate Finance Committee Chronic Care Working Group,

As the President and Chief Executive Officer for Chapters Health System that oversees hospice services for Good Shepherd Hospice, HPH Hospice and LifePath Hospice across seven counties (Citrus, Hardee, Hernando, Highlands, Hillsborough, Pasco and Polk) in Florida, I write in strong opposition to a proposal to include hospice within Medicare Advantage, and agree with the concerns raised by the National Hospice and Palliative Care Organization in their official comments on this subject. I am especially concerned that this proposal could negatively impact hospices and their patients in the following ways:

**Patient's choices would be limited.**

Patients choose a hospice due to a range of medical, emotional and spiritual factors. Based on exclusive, in-network requirements, this decision should **NOT** be limited. In addition, hospice patients do not have the luxury of time to fill out burdensome paperwork or wait for administrative approval. Patients choose the hospice they know best in their community. For more than 30 years, each of our hospice affiliates at Chapters Health has been an integral member of the community it serves. On any given day, we provide hospice and palliative care for more than 2,500 patients as well as offer support for their family and friends.

**The quality and integrity of the hospice benefit would be diluted.**

Like any hospice across the United States, Chapters Health employs a team of physicians, nurses, social workers, chaplains, volunteers and others to address all of the patient's medical, psychosocial and spiritual needs. We are required to provide the hospice benefit for patients in each of the seven counties we serve and not just as a result of our benevolence. With the "carve-in" suggestion, our integrated approach could be a casualty of an administration focused on the "bottom-line."

**The administrative and financial burden on hospices would be increased.**

Rather than a single claims process, hospices would be required to negotiate, manage and process claims from many different plans. As a result, there would be a need for an increase in staff, with the cost, not necessarily justifying the return on investment due to a number of reasons such as Medicare Advantage plans are slower to pay claims, and would likely cut hospice rates. This delay and lower payment would require hospices to have much larger cash reserves, increase their interest charges and threaten their financial viability.

In short, including hospice in Medicare Advantage could harm the vulnerable patients and families that hospices, like LifePath Hospice, Good Shepherd Hospice and HPH Hospice, serve. I urge you to reject this controversial proposal, and in its place, adopt and include provisions of S. 1549, the Care Planning Act.

For more information about end-of-life care, the Medicare Advantage carve-in, or the Care Planning Act, please feel free to contact me at [Kathy@chaptershealth.org](mailto:Kathy@chaptershealth.org). Thank you for your support of hospice.

Sincerely,



Kathy L. Fernandez, President/CEO  
Chapters Health System