Dear Senators,

I have been working in post acute provider ever since late 1980 as a Home health field Registered Nurse, Kaiser Home health in Los Angeles County area, and now I work as administrator/CEO of Evergreen Home Health, Inc. and Evergreen Hospice Care, Inc.. I have been working in matured managed market being in Southern California for last almost 30 years in post acute home care setting. I have personal experience working in managed care environment as well as manager experience.

I am very concerned about Medicare Advantage (MA) to cover hospice benefit. Here are the concerned areas if MA covers Hospice Benefit

1. MA may work with limited number of providers providing lowest negotiated rates. This will make only few agencies in market and agencies selected as hospice provider will get volume with less payment. To survive as selected agency, agency will hire more lower pay rate employees such as less experienced nurse, or LVN to cover the visits with less visit frequencies and this will make quality of services to be declined.

   Most excellent seasoned hospice nurses are much more matured with life experience and nursing experience. Hospice Care is Holistic care, and taking care of patients less than 6 months requires special nursing skills to assess a person who are in physical, psychological and spiritual pain within family dynamics. These special nurses needs to assess beyond dying and death even taking care of anticipated bereaved family members. Also hospice nurses need to know how to work with Medical Social Workers, Spiritual Counselors, Hospice Team Physician, Volunteer Coordinators, and Hospice Aides. This requires special dedication, experiences as hospice clinicians.

2. MA will use only few providers, so naturally most of the hospice providers do not have relationship with MA or IPA will disappear from market. This will make only few providers in market and will limit patient choices. This will make few hospice providers with limited access with reduced care. This may appeal patients to seek for aggressive treatment if patients see that care they receive in aggressive treatment setting is better than hospice, then many patients will opt out of hospice, and never will sign up hospice again due to poor hospice service. This will cause Medicare expense will go up for taking care of patients who are 6 months or less prognosis. If patients know that hospice care are worse care than aggressive care setting care, and sooner or later community will discourage hospice enrollment. Even if enrolled in hospice, patients will revoke hospice services due to not providing timely care to prevent 911 calls. Currently our organization has less than 2 percent revocation rates.

   This will go against all these years of educating market on hospice program to physicians and case managers.

3. Selected few providers dealing with MA will have large influx of patients and this will affect organization management. Hospice service is not making merchandise packets and using machines. Hospice field staffs are always in field, and managing large volume of staff with effective, efficient, quality approach will be very difficult task.

4. Due to above complications, if Medicare decide to go back for MA patients to be covered by Medicare if patients are enrolled in hospice, there are no hospice left except huge hospice having relationship with MA/IPA, and most of the providers are wiped out. It will take CMS many years to rebuild hospice industry.

5. I have been working with MA, and IPA patients for many years. One of my major concerned areas is getting payment in time. Currently large number of our hospice patients are from managed care, and we are getting paid by Medicare within 17 days electronically being in hospice program, but patients are getting paid by MA and IPA can take up more than 90 days. Home health for MA patients take a long time to get paid. This will make us very difficult to meet payroll needs even if we have strong relationship with MA and IPA.

6. The challenge we will have even if we are selected one of few hospice provider with volume, we will be challenged by managing big volume, lower rates, and timely pay.

Currently per CMS Federal Register, effective October 1, 2015, hospice provider is mandated to report all diagnosis in initial and comprehensive plan whether related or not related to terminal illnesses. This change made hospice provider to cover all expenses reported to Medicare including all medications, labs, ER/Hospitalization. I do not see much expense out of MA once patients are enrolled in hospice program. When patients go to ER, we pay for all diagnosis we reported to Medicare whether related or not related to terminal illnesses.

In conclusion, I am very concerned and object to proposal for MA to cover Hospice Benefit from working experience in matured managed market in Southern California even tough I have been working with Kaiser, CareMore, Prospect, Health Care Partners for several years and have maintained good relationship including collaboration and communication.

If this proposal becomes law, this will affect end of life care in America and will end up driving Medicare cost especially the most expensive periods of 6 months life term due to less competition for selected providers with big volume influx with poor care, and reversing back in the future can be costly due to time and expense to rebuild excellent hospice providers in market and the demands for hospice services will be increasing since baby boomers requiring hospice services in the future.

Thank you so much for allowing me to send input to this proposal.

Sincerely,

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