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Dear Senate Finance Committee Members:

As a provider of end-of-life care for twenty-eight years, Niagara Hospice staff, volunteers and board members are concerned with your recent policy proposal being considered in the Bipartisan Chronic Care Working Group Policy Options Document. The policy in question requires Medicare Advantage (MA) plans to offer the hospice benefit provided under traditional Medicare.

It is Niagara Hospice's position that Congress should reject current efforts to incorporate hospice as part of the MA benefit package. As a hospice provider we are eager to work with Medicare Advantage Plan providers and the Senate Finance Committee to ensure terminally ill patients and their families receive the full benefit of hospice care. If inclusion of hospice under MA is to be considered, thorough analysis of the impact of such a change should first be conducted. If and when Congress contemplates inclusion of hospice under the MA benefit package, it should include both hospice and MA providers in the discussion, as well as consider the following safeguards:

- MA beneficiaries that are determined to be terminally ill and eligible for the hospice benefit should be given the option of immediately dis-enrolling from MA so that they may elect hospice from the provider of their choice;
- MA plans should be required to **contract with Medicare-certified hospices** based on fee-for-service benefit and payment terms and levels;
- The hospice inter-disciplinary group (IDG) should be the ultimate authority on hospice eligibility, the hospice plan of care, and determinations of which conditions are related to the terminal diagnosis. Likewise, the IDG should determine the conditions that are not related to the terminal and related conditions that should be covered by the MA plan; and
- The quality and coordination of care as patient's transition to end-of-life care should be closely assessed as part of the MA plan satisfaction ratings.

Beneficiaries entering MA are, as a general rule, anticipating their needs for curative care rather than end-of-life care. Decisions about end-of-life care are deeply personal and of great significance to patients and their families. When a beneficiary is diagnosed with a terminal illness, he or she should retain the right to determine what level of care to pursue and under what provider's care. Historically, Niagara Hospice's referral advocacy from MA's leaves much to be desired despite maintaining a professional relationship.

I urge you to rescind inclusion of hospice under the Medicare Advantage Benefit package and instead request further details by engaging both hospice and MA providers in detailing how such an inclusion would impact patients, including those not served by a MA plan.

Thank you for your consideration. Please feel free to contact me for input in moving forward to ensure end-of-life care continues to be provided as the gold standard of care for which hospice has become known.

Respectfully,

John L. Lomeo
President & CEO