



National Partnership for Hospice Innovation
1299 Pennsylvania Ave., Suite 1175
Washington DC, 20004

March 1, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2018-0154
7500 Security Boulevard,
Baltimore, MD 21244-1850

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Call Letter: Part 1

Dear Administrator Verma:

The National Partnership for Hospice Innovation (NPHI) greatly appreciates the opportunity to provide comments on *Part I of the Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Call Letter* (the “call letter”) (CMS-2018-0154). NPHI is a collaborative of the nation’s most innovative, community-based, not-for-profit, hospice and palliative care providers that serve as a critical safety net in communities across the United States. In coming together, we work to identify, enhance, and spread the best practices in which our members are engaged. NPHI members have decades of experience in providing the highest-quality hospice and palliative care to those facing the final stages of their lives. This commitment is fundamental to our mission and distinguishes us as leaders whose innovative programs reflect the original intent of the Medicare Hospice benefit.

NPHI applauds CMS’ commitment to the goal of promoting innovation and flexibility in the Medicare Advantage (MA) program, while ensuring that the proposed programmatic updates safeguard and enhance patient and family wellbeing. With CMS set to test the delivery of Medicare Hospice Benefit (MHB) services through the MA program via the Value-Based Insurance Design (VBID) demonstration beginning in 2021, it is more critical than ever that non-profit, community-based hospice provider perspectives on proposed MA changes are acknowledged by CMS. To that end, we are pleased to be able to offer the following comments on specific provisions in the Call Letter:

Alternative CMS-HCC Model Specification (pg. 9)

CMS has proposed “for consideration” an alternative Payment Condition Count (PCC) model that adds the following HCCs:

- HCC 51: Dementia with Complications
- HCC 52: Dementia without Complication
- HCC 159: Pressure Ulcer of Skin with Partial Thickness Skin Loss

NPHI supports the addition of the two dementia-related HCCs to the Payment Condition Count (PCC) model. Neurological conditions, including Alzheimer’s disease and dementia, comprise almost one-fourth of all diagnoses among Medicare hospice patients,¹ so it is important for these two dementia-related HCCs to be included in the MA risk-adjustment model when the hospice benefit is included in MA covered benefits, starting as soon as 2021 under the MA VBID demonstration.

We thank you for the opportunity to provide input on these proposed changes to the MA program, and we look forward to continuing to work with CMS to ensure that non-profit, community-based hospice and palliative care providers can contribute to MA innovation that will improve the lives of beneficiaries and reduce costs for the healthcare system. If you have any questions regarding this letter, please contact Davis Baird at dbaird@hospiceinnovations.org.

Sincerely,

A handwritten signature in blue ink that reads "Tom Koutsoumpas". The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Koutsoumpas".

Tom Koutsoumpas
President and CEO
National Partnership for Hospice Innovation

¹ Medicare Payment Advisory Commission, A Data Book: Health care spending and the Medicare program, Chart 11-10 (June 2018).