



March 2, 2018
Centers for Medicare and Medicaid Studies
c/o Demetrios Kouzoukas
7500 Security Boulevard,
Baltimore, MD 21244

Public Comment- Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for the Medicare Advantage (MA) CMS-HCC Risk Adjustment Model
Submitted Electronically via: www.regulations.gov CMS 2017-0163

RE: Section II-Part C Health Related Supplemental Benefits pages 182-183

Dear Mr. Kouzoukas,

Hosparus Health appreciates the opportunity to provide comments regarding the Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for the Medicare Advantage (MA) CMS-HCC Risk Adjustment Model currently under review by the Centers for Medicare and Medicaid Studies.

Hosparus Health is one of the nation's largest **non-profit** hospice and palliative care organizations with a current daily census of over 1175 patients. Our 37 county footprint spans over 11,000 square miles in Kentucky and Indiana including 9 urban, 17 mostly rural, and 11 completely rural counties as defined by the US Census Bureau. Our interdisciplinary teams have garnered national acclaim for innovative and compassionate end of life care, including Kourageous Kids, our long standing pediatric palliative and hospice program. In 2015 we began piloting an innovative adult advanced illness care program in 22 Kentucky counties. Our explosive and continued growth spanning 40 years qualifies us as a credible influencer to pioneer improved access to care and enhance cost savings to our healthcare system.

Patients who have serious, potentially life-limiting illnesses or multiple chronic conditions coupled with functional limitations are not well-served by the current fragmented, intervention-oriented health care system. The expansion of the supplemental health care benefit within Medicare Advantage is an opportunity to disrupt the health system by launching innovative, sound programs that bend the cost curve, provide increased value to both providers and users of the system, enhance beneficiaries' quality of life, and improve health outcomes while reducing avoidable emergency health care utilization.

Healthcare systems worldwide are facing macro scale changes involving advanced illness and end-of-life care that could affect both the quality of care and quality of life for patients and their caregivers. Expanding the definition of supplemental health care benefits would allow for coverage of advanced



illness care treatment models holding great promise for both improving quality of care for Medicare beneficiaries with serious illness and reducing costs for the Medicare program.

Expanding the supplemental health care benefit would allow organizations like Hosparus Health to pioneer models with the triple aim of:

- Improving the patient experience of care,
- Enhancing population health through caregiver and patient quality of life, and
- Reducing the per capita costs of care

by addressing the key gaps that currently exist under the Medicare program to provide high-quality palliative care services which meet the primary health related purpose of diminishing the impact of serious health conditions and reducing avoidable utilization of health services, enhance beneficiaries' quality of life, and improve health outcomes.

Payment for palliative care and support services delivered by non-billing clinicians (e.g. nurses, social workers, pharmacists, or spiritual care professionals) is generally only available to patients through the hospice benefit, which requires a patient to forgo many treatment services and to have two physicians determine that their life expectancy is six months or less.

Many patients who do not qualify for, or are unwilling to enroll in, hospice care could benefit from interdisciplinary palliative care services, including 2.75 million Medicare beneficiaries¹. New payment mechanisms are clearly needed to enable access to high-quality palliative care for patients until they are eligible and willing to enroll in hospice care.

Fee-for-service payments that are currently available to physicians for chronic care management, complex disease management, and non-face-to-face services are insufficient to support high-quality palliative care services for patients with advanced illness, multiple chronic conditions, and/or functional limitations. Including palliative care in the supplemental health benefit of the Medicare Advantage plan would allow innovators, such as Hosparus Health, fill the gaps in care that other payments and models fail to sufficiently address.

Hosparus Health encourages CMS to expand the definition of supplemental health care benefit in the Medicare Advantage plan so that it may be used to pioneer new patient-centered programs focused around the patients' needs and complexity of care rather than life expectancy, while minimizing health care utilization and ultimately increasing cost savings.

Hosparus Health has taken the lead in Kentucky in testing innovative, community-based palliative care services by expanding our service delivery model to include an adult advanced illness/palliative care pilot program to reach patients earlier and longer. Between 2015 and 2016 Hosparus Health led an advanced illness care pilot program involving twenty-two (N=22) patient participants. The pilot was conducted in collaboration with, and partially funded by, a commercial health insurance provider. During the study 30 emergency room visits were avoided with an estimated cost avoidance of \$36,000. The estimated cost

¹ <https://aspe.hhs.gov/system/files/pdf/255906/ProposalAAHPM.pdf>

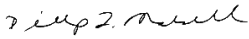


avoidance of inpatient care was \$180,000 (six stays of three days at a cost of \$30,000 per stay), and the patient/family satisfaction was rated, on a scale from one to five, as a 4.9.

The small pilot inspired Hosparus Health to allocate significant financial resources to expand the pilot in 2017 as a private pay model in 22 Kentucky counties. We continue to work with commercial insurance companies to pilot our program with their costliest and most needy patients, and plan to expand the program to Indiana in the first half of 2018. Because we have invested in the staff to support an expanding palliative care program, the expansion of the Medicare Advantage supplemental health care benefit would allow us partner more closely with Medicare Advantage plans in Kentucky and Indiana immediately to serve a far greater number of patients under this model, providing high-quality of care, improving health outcomes, and lowering the cost of care.

The expansion of the supplemental health care benefit to include services that enhance beneficiaries' quality of life, improve health outcomes, and reduce avoidable utilization could close key reimbursement gaps to help Medicare beneficiaries with serious illness get the right care, in the right place, at the right time, while also bending the cost curve in our healthcare system. Hosparus Health is eager to expand our palliative care/advanced illness program to include Medicare beneficiaries under the supplemental health benefit in Medicare Advantage.

Respectfully submitted by:



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