

March 5, 2018

Ms. Seema Verma
Administrator
U.S. Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2017-0163
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Docket Number CMS-2017-0163, Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter

Dear Administrator Verma:

The Home Care Alliance of Massachusetts (HCA), is a statewide not-for-profit trade association representing nearly 200 home health and home care providers, as well as allied organizations with a mission of promoting home care as an integral part of the health care delivery system.

On behalf of our member agencies from all corners of Massachusetts, we appreciate the opportunity to provide comments on the U.S. Centers for Medicare and Medicaid Services (CMS's) proposal to increase flexibility in the MA program by allowing more options and new benefits to Medicare beneficiaries (CMS-2017-0163 Draft Call Letter).

HCA Strongly Supports CMS's Proposed Change to Increase Flexibility in the Medicare Advantage Program

HCA strongly supports CMS's intention to expand the scope of the primarily health related benefit standard to permit the offering of "healthcare benefits" as supplemental benefits and to interpret this term broadly. HCA supports this new interpretation that, in order for a service or item to be "primarily health related", "it must diagnose, prevent, or treat an illness or injury, compensate for physical impairments, act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization."

HCA of MA applauds CMS for recognizing that as more and more Americans are living well into their 80s and 90s, there needs to be a new and broader definition of the continuum of care for certain beneficiaries. It is our understanding that the CMS criteria for coverage of supplemental services allow plans to recognize and use non-medical home care services, such as the provision of a nutritious meal or a home safety assessment, as an important part of health maintenance and hospital avoidance. Our own experience with our state funded home care

program in Massachusetts has shown that for seniors with challenging physical and cognitive impairments, help with such things as bathing, meal preparation and dressing has clearly been shown to be the differing factor in allowing them to stay at home much longer than they might otherwise have been able to. Such services positively impact physical and mental health of frail, disabled and elderly beneficiaries, and improve quality of life. Moving Medicare Advantage plans in this direction is clearly in keeping with new thinking and research that health is by product of many factors.

HCA Suggests Consideration of Applying These Concepts to Medicare Fee-for-Service

Enrollment in MA is at an all-time high as approximately one-third of all Medicare beneficiaries are enrolled in a plan. However, HCA is concerned that - for the other two-thirds of Medicare beneficiaries that utilize Medicare FFS – will be unable to enjoy the same kind of service flexibility that MA beneficiaries would experience under this proposal. The beneficiaries in FFS tend to be older and frailer and with the most potential to experience the improved quality of life, reduced costs that would accompany such a target set of supplemental services.

HCA recommends that CMS move forward to offer and include Medicare FFS beneficiaries in this important new policy coverage change.

HCA Supports More Guidance on Agencies that can provide new HHA/PCA In-Home Services and Supports

As CMS outlines the requirements and structure of this new coverage category of services and supports, HCA recommends that quality of care, high standards, and program integrity remain consistent in determining the types of providers that can participate in delivering these new services to Medicare beneficiaries.

HCA recommends that MA participating providers should be expanded beyond those that currently meet federal home health certification requirements, to include certain non-medical home care providers. However, several states, including Massachusetts, do not currently license agencies that provide Home Health Aide/Personal Care Aide services. To ensure access to these services in such states without licensure, we recommend that CMS establish alternative quality standards for MA plans. The structure that we have developed at HCA of MA to accredit such entities could provide some guidance.

HCA Supports Proactive Coordination of Services for the current Medicare Home Health Benefit and the New Supplemental Home Care Services and Supports

HCA recommends to CMS that they require the MA plans to institute the proactive screening of Medicare beneficiaries to determine a patient's eligibility and need for *either* skilled home health or non-medical home care services. In cases where a MA member receives both skilled home health and Home Health Aide/Personal Care Aide services, we suggest that all these services be included in a coordinated plan of care that is managed by a certified home health agency.

In addition, HCA urges a more intense proactive screening process of all MA patients for these benefits, as the result can be a successful effort to age in place, a reduction in physician, hospital and nursing home services, and a higher quality of life for the beneficiary.

HCA is pleased with this recent announcement of the expansion of the supplemental benefits that would provide for HHA/PCA services for Medicare beneficiaries enrolled in MA plans. We thank CMS for this opportunity to submit comments and respectfully request CMS's consideration of our concerns and recommendations.

I would be pleased to answer any questions or assist CMS staff in any way going forward and can be reached anytime at pkelleher@thinkhomecare.org or 617-482-8830.

Sincerely,

Pat Kelleher

Executive Director

Home Care Alliance of Massachusetts

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