

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 Association for Home and Hospice Care of North Carolina (“AHHC”) is a comprehensive association, representing the full continuum of home care, private duty, companion-sitter, skilled home health care, hospice and palliative care (both outpatient and inpatient), and Program for All-inclusive Care for the Elderly (“PACE”) providers. AHHC is one of the nation’s oldest and is the largest full-continuum state home care and hospice association in the United States. AHHC represents more than 825 licensed agencies serving patients in all 100 North Carolina counties. In 2015, North Carolina home care and hospice agencies employed over 100,000 people and provided in-home care, home health, or hospice services to over 350,000 North Carolinians.

Our Medicare-certified home health agencies already serve Medicare Advantage (“MA”) and Medicare fee-for-service beneficiaries. Our licensed home care agencies also look forward to the opportunity to

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Association for Home & Hospice Care of North Carolina

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provide services to Medicare beneficiaries to allow them to remain safely and independently in their homes.

**On behalf of our member agencies, AHHC applauds CMS' proposal to grant flexibility to MA plans by expanding options and benefits to Medicare beneficiaries.** We provide the following comments to bolster and clarify our support of CMS' proposal in its 2019 Draft Call Letter.

**AHHC Strongly Supports CMS's Proposed Change to Expand Home Care Services in the Medicare Advantage Program.**

CMS' unprecedented announcement reinforces AHHC's strongly held belief that individuals' health can be positively affected by delivering care to them in the right time and the right place. It also acknowledges Medicare beneficiaries' desire, as supported in numerous studies, to age in place. As you stated in your corresponding press release: "This is a big win for patients."

AHHC endorses CMS' anticipated expansion of the primarily health related benefit standard to permit the offering of "healthcare benefits" as supplemental benefits and the new interpretation of the term "primarily health related" to include services or items that "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."

Your corresponding press release makes clear that this broader interpretation would cover in-home care services beyond what is already covered under the Medicare Home Health benefit for skilled nursing and skilled therapy as well as other supports such as assistive

devices and modifications for MA beneficiaries. Evidence from other payors shows the cost-effectiveness and improvement in health outcomes when patients are given access to personal care and home health aide services.

AHHC encourages CMS as it refines this plan to ensure that the new supplemental benefits include assistance with activities of daily living—such as bathing, toileting, mobility, dressing, and eating—and instrumental activities of daily living—such as medication reminders, meal preparation, bill paying, shopping, and cleaning. These services and benefits will allow MA beneficiaries to remain in their homes and out of more expensive institutional settings. These services will also allow MA beneficiaries to maintain and improve their health and overall quality of life.

**AHHC Recommends CMS Uses Appropriate Terminology.**

In the corresponding release, CMS referenced the addition of “non-skilled” services. Although this is a common expression and helps to distinguish these in-home services from the skilled services provided by nurses and therapists under the Medicare Home Health Benefit, the term does not recognize the training and experience of the aides providing these services. In North Carolina, many of these nurse aides are listed with the North Carolina Division of Health Service Regulation as a Nurse Aide I or at the North Carolina Board of Nursing as a Nurse Aide II. State licensure rules require all in-home aides have verified competencies and registered nurse supervision. Thus, a more appropriate term would be home health aide services or personal care aide services.

**AHHC Recommends That CMS Use the Agency Model for  
Provision of New In-Home Services and Supports.**

Home care agencies in North Carolina are licensed and regulated by the state. These requirements ensure that agencies have the appropriate leadership and experience to oversee these aide services, they are accountable, and they provide quality care with integrity. As CMS refines its proposal, AHHC recommends that CMS only permit providers to participate that meet federal or state licensure or certification requirements.

**AHHC Recommends that MA Plans Proactively Screen Medicare  
Beneficiaries.**

The expected addition of these in-home aide services offers an opportunity for CMS to ensure better utilization of in-home services more generally. Although the Home Health benefit already exists for MA beneficiaries, many beneficiaries do not use this benefit and end up in being hospitalized or served in another institutional setting. Therefore, AHHC recommends that CMS require MA plans to develop a proactive screening process to determine a beneficiaries' eligibility for home health or aide services. This tool would allow more beneficiaries to age in place and access the services they need to remain at home.

**AHHC Recommends Proper Oversight and Education of MA  
Program/Plans with Announced Expansion.**

As CMS refines its proposal to offer these new in-home services and supports, AHHC recommends that CMS proactively educate MA plans on how this benefit can improve the health outcomes and quality of life for Medicare beneficiaries and also reduce costs to the Medicare program. CMS should also carefully monitor the utilization of these

new services to ensure that MA plans are offering and authorizing these services and reimbursing providers for services rendered.

**AHHC Recommends that CMS Consider Expanding Services  
into Medicare Fee-for-Service Program.**

CMS' 2019 Draft Call Letter is a recognition of the importance of serving Medicare beneficiaries where they live and addressing the social determinants of health. Although AHHC is grateful for the expansion of these new services and supports for MA beneficiaries, AHHC also urges CMS to consider the expansion of these same services and supports to the Medicare fee-for-service program. If the cost-benefit proposition is present for MA plans, then it should also be compelling for traditional Medicare.

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On behalf of our member agencies, AHHC welcomes this opportunity to support and refine CMS' proposal and looks forward to engaging with CMS and other stakeholders as CMS transforms its vision of offering these services to beneficiaries into reality.

Sincerely,

A handwritten signature in black ink, reading "Tim Rogers". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Timothy R. Rogers  
President and CEO