



Denise Schrader, RN MSN NEA-BC
Chairman of the Board

NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE
228 Seventh Street, SE, Washington, DC 20003 • 202/547-7424 • 202/547-3540 Fax

William A. Dombi, Esq.
President

March 5, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

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 National Association for Home Care & Hospice (NAHC) is the nation's largest trade association representing home health and hospice agencies including Visiting Nurse Associations, government-based agencies, multi-state corporate organizations, health system affiliated providers, and freestanding proprietary agencies. NAHC members serve several million Medicare home health and hospice beneficiaries each year.

NAHC supports the Centers for Medicare & Medicaid Services (CMS) decision to provide greater flexibility in the Manage Care Advantage (MA) Plan supplemental health-related benefit. While the draft Call Letter does not describe which items and services might be considered under the revised definition of health-related services, in the press release announcing the expanded definition, CMS addresses non-skilled in-home support services as a potential health-related service provided under the supplemental benefit.

At the outset, NAHC recommends that CMS replace the use of the term “non-skilled” with home care aide (HCA). The personnel involved may not be professionals, but they should and do possess important skills.

NAHC believes HCA support services that help people to live independently in their community by assisting with activities of daily living, such as assistance with bathing, toileting, transferring, dressing, feeding, etc. and instrumental activities of daily living, such as, meal preparation, bill paying, shopping, cleaning, etc. would greatly contribute to advancing CMS’ goals of mitigating the impact of injuries and health conditions and reducing avoidable emergency room utilization in the high risk Medicare population

If CMS chooses to include HCA support services as a supplemental health-related service, the welfare of the patient must be paramount when structuring the benefit.

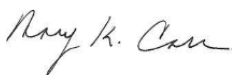
NAHC offers the following recommendations regarding elements for CMS’ consideration when applying HCA support services as a supplemental health-related benefit.

RECOMMENDATIONS:

- CMS should use an agency model for the provision of HCA support services. The structure of an agency model allows for greater accountability for both personnel and management of service delivery.
- CMS should develop credentialing criteria for providers of HCA support services where state licensure and/or certification do not exist. The credentialing process will assist in assuring that appropriate personnel and oversight is in place. Additionally, quality control mechanisms in place for skilled in-home services could be developed for the provision of HCA support services.
- CMS should ensure that the MA Plans provide beneficiaries who are eligible for skilled home health services receive those services. The home health benefit should include a requirement that the MA Plan evaluate the patient’s need and eligibility for the home health benefit before considering the supplemental services as those services should never substitute for needed home health care. For patients who require both services, the plan should assure that the services are coordinated by and preferably integrated with the home health agency.

Thank you for the opportunity to provide these comments and recommendations. Please do not hesitate to contact me with any questions.

Very truly yours,



Mary K. Carr
Vice President for Regulatory Affairs