



March 5, 2018

Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
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 Pennsylvania Homecare Association (PHA) represents more than 700 providers of homecare, home health and hospice services across the commonwealth. On behalf of our member agencies who serve over 147,000 Medicare home health beneficiaries annually, we write to express our support for the proposal to increase flexibility in the Medicare Advantage (MA) program to allow more options for benefits that are not traditionally health related. It is our strong belief that the personal care provided by non-medical homecare providers is directly related to a patient's overall health and well-being and a vital component of keeping Medicare beneficiaries at home as they age. We look forward to increased opportunities for seniors to access this care through the MA program.

Before discussing our recommendations related to the draft call letter, PHA would like to take this opportunity to address a common misnomer applied to personal care services. The letter refers to this non-medical homecare using the term "non-skilled." While these services are not provided by professionally licensed clinicians, they are provided by a trained, dedicated and caring workforce that can make the difference in a patient's ability to age in place and avoid an institutional setting. As the healthcare industry embraces this long-term care option, PHA recommends utilizing terminology such as personal care, personal assistance services or home-based care rather than "non-skilled" services.

PHA Strongly Supports Increased Flexibility in the MA Program

PHA strongly supports CMS' intention to expand the scope of the primarily health-related benefit standard to permit the offering of additional supplemental benefits that complement the more traditional physical health services that the MA plan coordinates for its members. By implementing a new interpretation to allow a service or item to be "primarily health related" if it would "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," CMS will guarantee access to important personal care services in the home.

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MA plans can use this expanded scope of benefits to offer not just personal care but also portable wheelchair ramps, home modifications and other assistive devices that enable patients to recover from an illness at home or maintain independence as they age.

We recommend CMS include clarification in the final call letter to expressly state that these supplemental benefits may include assistance with activities of daily living, such as bathing, toileting, transferring, dressing, or feeding and instrumental activities of daily living, such as meal preparation, paying bills, shopping or light housework.

The number of Medicare beneficiaries increases each year. Pennsylvania has an MA penetration rate of more than 40% and that number grows steadily each year, up 4% from 2016 to 2017. By expanding the opportunity for coverage of in-home services and supports, the Medicare benefit will become transformative and modernized and remain responsive to the goals and expectations of the aging baby boomer population.

CMS Should Monitor Utilization of the Homecare Benefit

While it is certainly encouraging that Medicare beneficiaries report high satisfaction rates for MA health plans, our organization has learned from many of our home health providers that they have encountered difficulties and delays in securing appropriate and timely authorization for Medicare home health services, especially given the nuanced standards and procedures for each individual MA plan provider. If many MA plans are underutilizing or delaying the current home health benefit, our concern is that many will not take appropriate advantage of added in-home services and supports.

As CMS implements this new supplemental benefit design, PHA recommends a proactive and aggressive educational campaign to MA plans on the importance of home-based care, not only from a quality of life perspective for the beneficiary, but also an overall cost benefit to both the MA plan and entire Medicare program. We also recommend that CMS closely monitor MA utilization of this new benefit to ensure that it is being used to its fullest potential.

Adopt the Proposal in the Fee-for-Service Program

While enrollment in MA is at an all-time high, PHA is concerned that this redesign disadvantages Medicare beneficiaries who choose not to select an MA plan for their coverage. One of the key tenets of success in healthcare is protecting and promoting patient choice, but without this same benefit package open in fee-for-service (FFS), CMS is taking away that meaningful choice. Beneficiaries who choose to stay in the FFS program should enjoy the same kind of service flexibility that MA beneficiaries would experience under this proposal.

Maintain Licensure and Quality Standards for Personal Care Providers

As CMS outlines the requirements and structure of this new coverage category of services and supports, PHA recommends that MA plans be restricted to contracting with only licensed homecare agencies to provide personal care services at home. The Pennsylvania Department of Health licenses and monitors over 2,000 homecare providers. MA plans should be required to offer this supplemental benefit through licensed agencies to ensure quality care is provided and state regulations are met.

Proactively Screen Medicare Beneficiaries for Home-Based Care Needs

As discussed above, home health providers often question the underutilization of home health services in the Medicare program. With the advent of even more home-based care options under

this proposal, PHA recommends CMS require MA plans to proactively screen Medicare beneficiaries to determine a patient's eligibility and need for homecare. This approach was included in Pennsylvania's recent rollout of Medicaid Managed Long-Term Services and Supports (MLTSS). Each MLTSS plan is required to perform a needs screening on its members that are dually eligible for Medicare and Medicaid coverage but are not already receiving long-term services and supports. This screening can be done in-person, over the phone, or through a mailing and helps the plan identify unmet needs in the community that could lead to more costly care or hospitalization.

As managed care providers, it is incumbent on the MA plans to ensure their members receive the care they need when they need it instead of allowing chronic conditions to compound into more costly hospitalizations or institutional needs. A needs screening requirement would not only protect beneficiaries who need more support to stay healthy, it would protect the investment of the MA plan and CMS in the health of that patient.

Conclusion

PHA was so pleased to hear CMS' support for expanding supplemental benefits to provide for Medicare-covered personal care services in the home. We look forward to the flexibility this will bring to the MA program, but more importantly we look forward to seeing more seniors receiving the care they need to stay at home, where everyone wants to be.

Sincerely,

A handwritten signature in black ink, appearing to read "Vicki Hoak". The signature is fluid and cursive, with the first name "Vicki" and last name "Hoak" clearly distinguishable.

Vicki Hoak, CEO