

Protect Hospice Patient Access to End-of-Life Care Amidst the Pandemic & Delay Medicare Advantage Carve-In of the Hospice Benefit until 2023

■ Due to COVID-19, urgent provider and patient challenges in hospice delivery continue including inability to reach patients residing in nursing homes and other locales due to fear of coronavirus exposure. Considering spikes in COVID-19 infection rates, patients and providers continue to experience problems with access to care.

THE NATION'S LEADING HEALTH EXPERTS PREDICT THAT THE COVID-19 PANDEMIC IS LIKELY TO EXTEND INTO 2021 – OR BEYOND. WITH THE SPECTER OF A SECOND WAVE AND LACK OF A VACCINE, THERE IS MAJOR UNCERTAINTY AND INSTABILITY IN THE HEALTHCARE SYSTEM.

Medicare Advantage Plans and Bipartisan Lawmakers Agree that the MA VBID Carve-In of Hospice Should be Delayed

➤ “Given the rapidly changing [COVID-19] environment and the strain on resources, electing to participate in a demonstration that looks to test how their care is delivered does not seem timely... It would be difficult to accurately interpret and attribute the results of the demonstration given the unusual environment in which it would be tested.”
April 13, 2020 Letter from the Better Medicare Alliance (MA plan advocacy group), Leading Age and VNAA

CMS RESPONSE: *Despite Medicare Advantage plans, et al request for delayed start, in a CMS letter dated May 28, 2020 Administrator Verma stated: “As we continue to support providers and health plans responding to COVID-19 and treating Medicare beneficiaries, we believe that it is more important than ever to continue testing innovative models that encourage a focus on value-based care, which would include beginning the testing of the hospice benefit component of the VBID Model in 2021, as we committed to in December 2019.”*

➤ “...in light of the current COVID-19 pandemic, we are very concerned the model could have the opposite effect by hindering access and diminishing quality of care due to the strain on resources all providers are facing, as well as the limited time available to operationalize the model by January 1, 2021.”
May 13 Letter from Representatives Jackie Walorski (R-IN), Adrian Smith (R-NE) and Teri Sewell (D-AL).

Congress has Twice Carved-Out the Medicare Hospice Benefit as an Already Fully-Managed End-of-Life Care Benefit

➤ Hospice is not a chronic illness, it is an end-of-life, palliative and pain management benefit for patients with a life expectancy of 6 months or less.

➤ **The CMMI proposal to incorporate the Hospice benefit into the Medicare Advantage plan has been twice reviewed by Congress and twice “carved-out” given, lack of evidence of quality of care under MA plans, and significant pushback from the Hospice and patient rights advocates. (1997 BBA & 2017 CCWG)**

➤ The Bipartisan Budget Act of 1997 carved-out hospice from the Medicare managed care benefits package. To this day, the full-complement of services managed by Hospices and their Interdisciplinary Care Teams (IDT) act as a model to ensure that the right pain management, palliative and end-of-life care is provided at the precise time it is needed.

➤ The Senate Chronic Care Working Group (2017) also excluded hospice under the Medicare managed care benefit given hundreds of stakeholders who argued MA plans had no experience in managing the complexities of end-of-life care, nor is the MA model constructed to do so.