

United States Senate

WASHINGTON, DC 20510

July 29, 2015

Mr. Andrew Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Slavitt:

We write today to express our concern regarding the timeline for the implementation of proposed changes to Medicare and Medicaid hospice payment methodologies, outlined in the Centers for Medicare & Medicaid Services' "Medicare Program: FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements."

We generally support the proposed establishment of a two-tiered payment system for patients receiving the routine home care level of hospice care, based on their length of stay in hospice, as well as the proposal to provide a "Service Intensity Add-on" (SIA) payment for certain skilled care visits during the last seven days of a hospice patient's life.

However, we also recognize the hospice community's concerns that the proposed changes in payment policy and methodology pose infrastructural and procedural implementation questions and challenges. We are therefore concerned about the potential for disruption in the hospice care sector, which could negatively impact patients, caregivers, and providers. It is essential that CMS, the Medicare Administrative Contractors, state Medicaid agencies, and hospices have sufficient capacity and infrastructure to be able to put in place and test these system changes, and conduct the necessary education and training for these changes to be implemented without problems.

Most hospice programs are dependent on the accuracy and reliability of Medicare and Medicaid reimbursement; in 2013, over 90% of hospice patients received care through either Medicare or Medicaid. Without proper education and testing of the new methodologies hospices could face errors or delays, limiting patient access to quality care at the end of life.

For these reasons, as CMS continues to move forward with consideration and implementation of this rule, we urge you to further consider the impact of these changes, especially the potential for disruption for these vulnerable patients and for the hospice community. CMS should adequately test proposed system changes to ensure that beneficiary access to quality hospice care is not adversely affected, and that claims can be processed in an accurate and timely manner. Thank you in advance for your prompt attention to this matter.

Sincerely,



Pat Roberts
U.S. Senator



Mark R. Warner
U.S. Senator



Chuck Grassley
U.S. Senator



Sherrod Brown
U.S. Senator



Richard Burr
U.S. Senator



Robert P. Casey Jr.
U.S. Senator



Rob Portman
U.S. Senator



Charles E. Schumer
U.S. Senator



Lamar Alexander
U.S. Senator



Michael F. Bennet
U.S. Senator



Tim Scott
U.S. Senator



Debbie Stabenow
U.S. Senator



Susan M. Collins
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Tammy Baldwin
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Kelly A. Ayotte

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Al Franken

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U.S. Senator

David Vitter

David Vitter
U.S. Senator

Jon Tester

Jon Tester
U.S. Senator

Tom Cotton

Tom Cotton
U.S. Senator

Tim Kaine

Tim Kaine
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Shelley Moore Capito

Shelley Moore Capito
U.S. Senator

Jeanne Shaheen

Jeanne Shaheen
U.S. Senator

Chris Coons

Christopher A. Coons
U.S. Senator

Mazie Hirono

Mazie K. Hirono
U.S. Senator

Cory Gardner

Cory Gardner
U.S. Senator