National Hospice and Palliative Care Organization

March 7, 2016

Patrick Conway, M.D.
Deputy Administrator for Innovation & Quality, CMS Chief Medical Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Deputy Administrator Conway,

On behalf of 140 Medicare certified hospice programs participating in the Medicare Care Choices Model demonstration, we write today to express our grave concerns about implementation of this demonstration, and to strongly urge you to revisit and refine this initiative to ensure that it is able to achieve its full potential.

As you may know, the Medicare Care Choices Model was created to allow certain Medicare beneficiaries to receive supportive palliative care services while concurrently receiving curative care. The demonstration is intended to test whether these patients benefit from additional care coordination, enjoy a higher quality of life, experience fewer hospitalizations and other preventable health expenditures, and – if their health deteriorates -- are able to transition to hospice in a more timely fashion.

Unfortunately, the early indication from the first group of 71 hospice awardees is that this demonstration has been constructed too narrowly, and that CMS has so tightly managed it that few patients' are able to participate. A patient must meet a total of 14 individual requirements before he or she can be enrolled. While some of these requirements are common sense (e.g., Medicare eligibility, medical eligibility criteria, and volunteering to participate), others create such onerous barriers that – when layered one on top of the other – mean that few individuals qualify. For example:

1. The demonstration is only open to individuals diagnosed with late-stage cancer, chronic obstructive pulmonary disease (COPD), human immunodeficiency virus (HIV), or congestive heart failure, and be otherwise hospice eligible. According to the most recent Medicare Hospice Data set, only 1/3rd of hospice eligible beneficiaries has one of these diagnoses.
2. An individual cannot participate if they are not enrolled in a standalone Part D plan (that is, a prescription drug plan, (PDP)). Less than half (45%) of Medicare beneficiaries receive their PDP through a stand-alone plan. As a result fifty-five percent of potential participants in the demonstration don't qualify.
3. The participant must have been in Medicare fee-for-service for at least the last 2 open enrollment years. Younger individuals or individuals who delay enrollment into fee-for-service are prohibited from participating. We share the example of a patient who had been enrolled in

Medicare for 14 months. Because she did not meet the 2 open enrollment year requirement, she was immediately disqualified.

4. Eligible individuals must have had at least two hospitalizations in the last 12 months which were related to his/her MCCM qualifying diagnosis. Emergency Room visits and observation stays are not sufficient to meet this requirement. We share the example of a patient with lung cancer and brain metastasis, still seeking treatment. Her husband was very much in need of the extra support that MCCM could provide. Her last qualifying hospitalization was in 2012, yet she had had more than a dozen ER visits and observation stays, neither of which qualify.

In the first 60 days of the demonstration, providers have conducted meetings with many physicians and referral sources, explaining the concept and sharing examples of patients that could qualify for the services. There has been genuine excitement about the program, and immediate identification of patients who could benefit from the extra support. MCCM providers have been unable to convert that interest into enrollment because the patient does not have a stand-alone drug plan, or has not been in the Medicare program long enough, or was only in the hospital under observation status. At this time, enrollment is dangerously low. Surely this is not what Congress intended when it authorized this program, nor is it instructive to CMS or policymakers on how they can better coordinate curative and palliative care for individuals with advanced illness and at the end of life.

While CMS staff has been accessible and open to our concerns, we are weary of waiting too long to make a course-correction. We implore CMS to revisit its eligibility criteria to ensure that the MCCM have the opportunity – through a steady pipeline of appropriate participants – to demonstrate its effectiveness. We would welcome the opportunity to work with you to address these issues and other challenges that might be stifling its growth.

Sincerely,

Don Schumacher
President/CEO
National Hospice and Palliative Care Organization

cc: Senator Ron Wyden (D-OR)
Sean Cavanaugh, Director of Medicare Services