



October 25, 2021

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20101

Elizabeth Fowler  
Deputy Administrator & Director  
Center for Medicare and Medicaid Innovation  
Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure and Deputy Administrator Fowler:

We are writing today on behalf of the National Hospice and Palliative Care Organization (NHPCO), the Medicare Rights Center (MRC) and Families USA to request your consideration of a delay in the implementation of the second year of the hospice benefit component of the Medicare Advantage (MA) Value Based Insurance Design (VBID) model.

The National Hospice and Palliative Care Organization is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. NHPCO represents over 4,000 hospice locations and thousands of individual professionals caring for more than one million patients and their families across the country each year. NHPCO plays a critical role in helping to empower consumers to learn more about hospice and palliative care and in choosing a quality hospice provider through resources such as NHPCO's CaringInfo.org. Additionally, NHPCO is committed to encouraging an environment of paying for value over volume and working to ensure providers deliver person-centered, interdisciplinary care that builds on the field's four decades of service.

The Medicare Rights Center is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to nearly three million people with Medicare, family caregivers, and health care professionals.

Families USA, a leading national, non-partisan voice for health care consumers, is dedicated to achieving high-quality, affordable health care and improved health for all. Families USA's work is driven by and centered around four pillars: value, equity, coverage, and consumer experience. Families USA views these focus areas — and the various issues unique to each area — as the cornerstones of America's health care system.

As you are aware, starting in January 2021, the Centers for Medicare and Medicaid Services Innovation Center (CMMI)'s MA VBID Model included a hospice benefit component.

Given our shared concerns about access, equity, consumer experience and quality, and in light of CMMI's recently released White Paper,<sup>1</sup> **we believe that implementation of a second year of this component of the MA VBID model should be delayed. Without a pause in implementation to allow for sufficient review and adjustment to the model design, Medicare beneficiaries may not receive the hospice and palliative care they need and deserve, and the model is likely to fail to achieve its stated objectives.**

**Timing:** Given that the nation remains under a state of public health emergency and based on feedback we have received during the first few months of implementation, we are alarmed that CMMI has not delayed the second year of the hospice benefit component of MA VBID. Launched prematurely in January, we fear this model poses a threat to Medicare beneficiaries facing serious and life-limiting illness at the end of life, when they are often the most vulnerable, and when there are no second chances. Amid a global pandemic is not the time to experiment with a model that may deny a beneficiary a seamless transition to care and that offers undefined benefits.

**Beneficiary Access:** We are concerned by CMS's decision to implement a model which may not only fail to improve access to the care beneficiaries deserve at the end of life by limiting choice in providers especially in rural and underserved areas, but also misses an opportunity to reach all seriously ill beneficiaries who need person-centered interdisciplinary care offered by hospice. CMS should halt the model while they work with stakeholders to properly define transitional concurrent care and palliative care services.

**Palliative Care:** CMMI has failed to offer an important consumer protection by not defining a required set of core services for "comprehensive palliative care" that an MA plan must offer under VBID.

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<sup>1</sup> <https://innovation.cms.gov/strategic-direction-whitepaper>

Medicare beneficiaries facing serious and life-limiting illness currently have access to comprehensive palliative care services to support their care through the hospice benefit. CMMI must standardize these services offered through MA plans. Doing so would avoid the confusion beneficiaries may experience when faced with a choice of varying levels of palliative care services. It would also ensure beneficiaries receive appropriate care, which under the model as currently designed could be nothing more than a single telephone call from any organization not subject to CMS Conditions of Participation.

With these considerations in mind, continuing the second year of the model without thoughtful review and redesign could pose significant harm to beneficiaries during a national public health emergency is ill-advised. We request that CMS delay the second year of the hospice benefit component of the MA VBID model by at least one year to allow for evaluation of model activity, operational issues to be addressed, and adjustments to the model design. Hospice patients and their families need and deserve improved access to quality care at the end of life.

We request a meeting with you as soon as possible to discuss our concerns and share the findings from a convening that brought together consumer, provider, government, and plan stakeholders. Please direct questions and scheduling requests to Hannah Yang Moore, NHPCO Chief Advocacy Officer at [hmoore@nhpco.org](mailto:hmoore@nhpco.org), Cheryl Fish-Parcham, Families USA's Director of Access Initiatives at [CParcham@familiesusa.org](mailto:CParcham@familiesusa.org), or Lindsey Copeland, Medicare Rights Center's Federal Policy Director, at [lcopeland@medicarerights.org](mailto:lcopeland@medicarerights.org).

Sincerely,



Edo Banach, JD  
President and CEO  
NHPCO



Frederic Riccardi  
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Frederick Isasi, JD  
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