



NHPCO

National Hospice and Palliative  
Care Organization



December 13, 2019

Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, D.C. 20101

Amy Bassano  
Acting Director  
Center for Medicare and Medicaid Innovation  
Centers for Medicare & Medicaid Services  
2810 Lord Baltimore Boulevard, Suite 130  
Baltimore, MD 21244-2613

Dear Secretary Azar, Administrator Verma, and Acting Director Bassano:

The National Hospice and Palliative Care Organization (NHPCO) and The Medicare Rights Center (MRC) are committed to ensuring that all Americans including current and future Medicare beneficiaries have access to affordable, high quality health care. We appreciate CMS's efforts to develop a new payment and service model aimed at improving coordination of hospice care delivery and enhancing the quality of hospice care through the Innovation Center's 2021 Value-Based Insurance Design (VBID) Model. However, we are very concerned that the model could have the opposite effect by hindering access and diminishing quality due to the insufficient details currently available to operationalize the model, and its inadequate consumer protections.

NHPCO has appreciated the engagement with the Innovation Center to date and we would welcome an opportunity to discuss our concerns and to provide input on constructing an adequate Ombudsman Program. We are requesting a delay of implementation of the 2021 VBID model by at least one year to allow for sufficient time to incorporate stakeholder feedback and to ensure that there is a robust Ombudsman Program in place, as this will be an essential component for ensuring high-quality care for beneficiaries.

While we support innovation that enhances access to care for the seriously ill and their families, we are concerned about the effect this model will have on beneficiary access to high-quality hospice care because of CMS' delay in providing policy and operational details that are necessary for successful implementation. Absent the details of the design



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and the VBID Request for Applications (RFA), hospices do not have sufficient time to operationalize the model. Establishing provider networks and negotiating contracts takes significant time, especially for smaller providers that provide care to underserved and rural areas. Additionally, as stated above, we believe that constructing an Ombudsman Program to support this model is imperative to its success. Ombudsmen know what is going on at the community level as well as with state and federal policies and will be able to connect the dots between payers, providers and patients. This aligns with the Administration's goal of putting patients first and enhancing the positive impacts CMS policies have on beneficiaries who live in rural areas.

Thank you for your leadership and your consideration of this request. We would welcome the opportunity to discuss our concerns with you. Feel free to contact Annie Acs, NHPCO Director of Health Policy & Innovation at [aacs@nhpco.org](mailto:aacs@nhpco.org) if you have questions or would like to arrange a meeting to discuss this issue further.

Sincerely,

Edo Banach, President & CEO  
NHPCO

Frederic Riccardi, President  
Medicare Rights Center