

May 30, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
P.O. Box 8010  
Baltimore, Maryland 21244-1850  
*Via Electronic Mail*

**Re: CMS-1787-P: Medicare Program; FY 2024 Hospice Wage Index and Payment Rate Update and Quality Reporting proposed rule**

Dear Administrator Brooks-LaSure:

The Pennsylvania Homecare Association (PHA) is a statewide membership association with nearly 700 home health, homecare and hospice members across Pennsylvania. On behalf of our hospice provider members, we offer the following comments on the Medicare Program; FY 2024 Hospice Wage Index and Payment Rate Update and Quality Reporting proposed rule, CMS-1787-P.

**Proposed Rate Increase**

Hospice providers are very concerned that the proposed 2.8% increase to the hospice payment rate is not fiscally sustainable. The additional 2% sequester reduction would put the proposed increase at less than 1%. Such a small increase, in the face of ongoing workforce, expense-related, and other challenges, would threaten access to high-quality hospice care in Pennsylvania. Current and ongoing challenges include:

- Workforce issues. Like other healthcare providers, hospices face significant staffing challenges, including difficulties recruiting and retaining nurses, social workers, aides, and other members of the interdisciplinary team, increased turnover, and staff burnout. Hospice providers have had to increase wages and salaries to attempt to compete with hospitals and other healthcare providers in their communities.
- Inflation. As inflation continues to present a challenge, wages, fuel, medications, supplies, PPE, and other costs remain high. Higher interest rates only add to increased administrative costs.
- COVID-19 Public Health Emergency. Although the formal COVID-19 PHE has ended, challenges relating to COVID-19 persist. As a result of the PHE, hospices had to make a number of operational changes, including increased technology investments, reduced/late referrals, shortened lengths of stay, volunteer shortages, the need for loans, reduced fundraising, and staffing shortages. COVID-19 and related expenses have continued, including costs for PPE, infection control, the reinstatement of post-PHE regulatory requirements, and more.
- Sequestration. As noted above, resumption of the full sequester would nullify the bulk of the projected 2.8% payment update for FY2024.
- Increased Oversight & Resulting Costs. As you know, CMS has recently revised Survey Guidance for hospice surveyors and is actively considering additional reforms, quality measures,

and hospice oversight. PHA and its members strongly support measures that will improve access to high-quality hospice care. At the same time, the administrative costs of changing standards and increased oversight will increase costs and must be measured and accounted for in setting reimbursement rates.

PHA respectfully requests CMS to consider all of the above in establishing a base rate that will better reflect significantly increased costs in providing high-quality hospice care. In addition, we ask CMS to support a one-time adjustment (“forecast error correction”) to help hospices “catch up” from base rates that did not sufficiently account for the actual wage and other increased costs of providing quality care in recent years.

#### **Hospice Outcome and Patient Evaluation (HOPE) Update**

We appreciate the updates on CMS’s plans to develop quality measures relating to the HOPE. Providers continue to request more opportunities for public discussion and to provide feedback as the measures are implemented and future measures are considered.

Providers also want to better understand how the HOPE will be helpful to hospices in implementing and advancing health equity initiatives. It is critical that any new reporting tools must be useful in advancing the delivery of care to all beneficiaries.

#### **Hospice CAHPS Survey**

PHA members continue to support a web-based option for survey completion as a means to increase survey response rates and allow hospices to target areas for improvement. As previously shared, hospices also support a shortened survey for purposes of increasing response rates.

We ask CMS to consider that hospices report a difference in response rates between English and non-English speaking families. We ask CMS to review the survey through an equity lens to help to address these and other disparities.

#### **Chaplain and Telehealth Visits**

We support the collection of data (and HCPCS codes) relating to chaplain services and urge CMS to collect data for these services for HQR purposes.

We further urge CMS to develop codes or modifiers for telehealth visits in hospice and support the recommendation by MedPAC to record telehealth services on claims. Care delivered via telehealth must be measured to gain an understanding of the full scope of care provided to hospice beneficiaries.

#### **Request for Information Related to Health Equity**

PHA appreciates and supports CMS’s continued focus on health equity.

PHA members continue to report a wide range of “readiness” to develop and implement health equity initiatives. Some report that they are beginning to consider or incorporate health equity initiatives, while others have been engaged in these efforts for some time. Some hospice providers have made progress in employing and recruiting diverse staff to better represent and serve underserved populations. Some smaller and more rural organizations continue to need additional resources and support.

Factors impacting providers’ work on these initiatives include communities served (rural, suburban, metropolitan, etc.), workforce shortages, and financial constraints. Some hospices, such as those connected to hospital systems, have access to greater resources to address health equity and disparities.

Some shared that cultural values and beliefs of certain populations can be barriers to accessing hospice care. Providers asked CMS to consider these factors in its work to incorporate health equity measures and to allow providers of all types sufficient time to incorporate best practices most effectively.

Providers also continue to share challenges with data collection and analysis to measure the impact of diversity, equity, and inclusion efforts on health equity outcomes. They would appreciate additional data and assistance to better understand methods that have made positive impacts.

### **Ordering/Certifying Physician Enrollment**

PHA and our members strongly support program integrity initiatives.

Some PHA members have expressed concerns regarding the proposed requirement that physicians who order or certify hospice services for Medicare beneficiaries be enrolled in or validly opted-out of Medicare. These include the potential for delays in accessing care, the potential for impacting a patient's right to choose their attending physician, and the potential for increasing the burden on a patient or their family during their last days of life.

Others expressed concerns about meeting some of the short regulatory timeframes, e.g., two days after effective date of the hospice election to obtain verbal or written certification and raised concerns that such a rule could negatively impact smaller or rural hospices. Finally, providers asked CMS to recognize and account for time needed to implement technology-related system changes before any proposed rule would take effect.

Thank you for the opportunity to submit comments and for your consideration of our recommendations. Please contact me if we can provide any additional information at [kdotto@pahomecare.org](mailto:kdotto@pahomecare.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Katie Dotto', with a long horizontal flourish extending to the right.

Katie Dotto, Director of Government Relations  
Pennsylvania Homecare Association