

May 31, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS–1773-P
P.O. Box 8010
Baltimore, MD 21244–1850

RE: CMS–1773-P - Medicare Program; FY 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements; published at Vol. 87, No. 64 Federal Register 19442-19463 on April 4, 2022.

Submitted electronically via <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

UnityPoint Hospice appreciates this opportunity to provide comments on this proposed rule related to hospice rates and quality reporting. Our parent organization, UnityPoint at Home, is the home health agency affiliated with UnityPoint Health, one of the nation’s most integrated health care systems. Through more than 32,000 employees and our relationships with more than 480 physician clinics, 40 hospitals in metropolitan and rural communities and 14 home health agencies, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. As its home health arm, UnityPoint at Home offers a diverse set of programs: traditional home health, durable medical equipment (DME), pharmacy, palliative care, hospice care, and (in certain locales) public health.

UnityPoint at Home has long recognized the importance of hospice services for our patients. UnityPoint Hospice is affiliated with 5 Medicare certified agencies in Iowa and Illinois and provides high quality care in those service areas. In addition, we are committed to payment reform and are actively engaged in numerous initiatives which support population health and value-based care. Among these initiatives, UnityPoint at Home is an ACO Participant in the CMMI Global and Direct Contracting Model, is participating in the Home Health Value-Based Purchasing (HHVBP) Model in Iowa and was a former CMMI Medicare Care Choices Model awardee in three Iowa regions.

UnityPoint Hospice appreciates the time and effort of CMS in developing this proposed rule. **As a member of the National Hospice and Palliative Care Organization (NHPCO), we generally support the comments submitted by NHPCO to this proposed rule.** Additionally, we respectfully offer the following input.

Hospice Payment Policies

CMS proposes a permanent, budget neutral approach, to smooth year-to-year changes in the hospice wage index. Specifically, CMS proposes a permanent cap on negative wage index changes greater than

a 5% decrease from the prior year, regardless of the underlying reason for the decrease.

Comment: UnityPoint Hospice is supportive of the 5% cap on negative wage index changes. This proposal will encourage more transparency while holding hospices accountable in delivering high quality care.

Routine FY 2023 Hospice Rate Setting

CMS proposes a 2.7% update to the FY 2023 hospice payment rates. Hospices that fail to meet quality reporting requirements receive a 2-percentage point reduction to the annual market basket update for FY 2023. The hospice payment update includes a proposed cap amount for FY 2023 of \$32,142.65 (FY 2022 cap amount of \$31,297.61 increased by 2.7%)

Comment: UnityPoint Hospice appreciates the 2.7% payment rate increase and is supportive of the 2-percentage point reductions based on failed quality requirements.

Hospice Quality Reporting Program (HQRP)

CMS discusses potential future quality measures within the Hospice Quality Reporting Program. Additionally, CMS announces a potential future update to the CAHPS Hospice Survey, which is used to collect data on experiences of hospice care from primary caregivers of hospice patients.

Comment:

- **Hospice Quality Measures: UnityPoint Hospice is generally supportive of the hospice quality measures; however, additional considerations for improvement on the end-of-life visits measure are outlined below.** Terminal illness is unpredictable and, as noted last year, is still challenging to achieve the billable combination of a nurse and social worker to have two visits within the last three days of life. We would encourage CMS to revise the end-of-life visits measure to enable operational flexibility as follows:
 - **Billable Visits:** Authorize a visit by any hospice interdisciplinary team member to count as a “billable” or reimbursable visit for purposes of this measure. Case in point is the irony of a chaplain visit being an ineligible hospice visit. At minimum, **UnityPoint Hospice recommends adding chaplain visits within the final three-day, in-person visit count.**
 - **Timeframe:** The measure’s three-day timeline has posed staffing restraints and visit count challenges when death occurs unexpectedly overnight or on weekends and holidays. **UnityPoint Hospice recommends reverting the measure set visit count back to seven days rather than three days.** Our hospice interdisciplinary team is ready and able to offer support 24/7/365; however, we respect patient and family choice for desiring visits and the timing of those visits. Not all hospice families want to have visits during this sacred end-of-life time, and we respect their decision regarding the level and type of support preferred during the last few days of their loved one’s life. That patient / family choice should be reflected in the reporting. While UnityPoint Hospice has been working with our Analytics team and external companies on a last days care pathway, this work is expensive and time-consuming and ultimately death does not always conform to algorithms or logic.
- **CAHPS Hospice Survey: UnityPoint Hospice is supportive of surveying patients / caregivers**

electronically and is in the process of converting from traditional paper surveys to electronic real-time surveys. This will allow hospice interdisciplinary teams to be nimble in reviewing results and faster in deploying process improvement efforts.

Request for Information - Health Equity Initiatives and Structural Composite

CMS is seeking public comment from hospices on their health equity initiatives as well as a structural composite measure concept to inform future measure development.

Comment: As part of an integrated health system, our parent UnityPoint Health is committed to diversity, equity, and inclusion (DEI) at all levels of the organization. UnityPoint Health's Chief Diversity Officer (CDO) is a Senior Vice President with a direct reporting relationship to the UnityPoint Health Chief Executive Officer and Chief Human Resources Officer. The CDO leads a dedicated team charged with elevating and embedding DEI efforts and deploying resources across our system. Initiatives target internal education and development for team members including hospice as well as strategies to address health equity and health care disparities within the communities we serve. With this background, UnityPoint Health applauds CMS for prioritizing health equity within each of its annual prospective payment system rules to assure alignment across settings of care and for soliciting input from stakeholders regarding implementation and measurement. This sends a powerful message that the Administration and the Agency consider health equity to be ubiquitous and an area for continual improvement and vigilance. As an organization, we agree that health care providers should be encouraged to evaluate their structure and practices, from recruitment to access, to determine community impact and strive for excellence. In general, we strongly support the overall direction being proposed and welcome the opportunity to be transparent and accountable for health equity.

In response to the specific questions related to UnityPoint Hospice practices and policies encompassing health equity, this is an ongoing effort. Like our parent organization, UnityPoint Hospice is committed to ensuring that disparities are proactively identified and addressed in the workforce and our communities. This is intentional, embedded, and ongoing work but we are still refining goals and objectives. As many hospices are likely at different stages of their health equity journey, we respectfully suggest that CMS deploy a phased approach to measuring and implementing health equity strategies, to carefully evaluate underlying data collection burden and accuracy, and to begin with a rewards or incentive program instead of a punitive system for performance.

In terms of potential measures, UnityPoint Hospice supports the use of information already being collected by hospices as applicable. Health equity should be about action (or planning if in initial stages) and not about reporting (particularly if administrative burdens are added). UnityPoint Hospice generally agrees that CMS should consider domains for commitment, board and team training/education, and culture. In terms of culture, the measure proposed is targeted to hiring practices; however, there may be a missed opportunity to demonstrate how hospices partner with relevant community organizations or participate in community events/activities with a particular focus on underserved or vulnerable populations.

Hospice COVID-19 Public Health Emergency (PHE) Waivers

Since the beginning of the COVID-19 PHE, CMS has issued an array of temporary regulatory waivers and

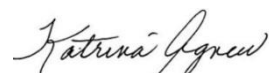
new rules to equip the American health care system, including hospice agencies, with maximum flexibility to respond to the COVID-19 pandemic.

Comment: UnityPoint Hospice strongly encourages CMS to extend certain flexibilities post-PHE, which have enabled efficient extension of workforce and timely service provision without jeopardizing patient care.

- **Telehealth Visits for Routine Home Care Services:** Under the COVID-19 flexibilities, hospice providers can provide services to a Medicare patient receiving routine home care through telecommunications technology (e.g., remote patient monitoring; telephone calls (audio only and TTY); and 2-way audio-video technology), if it is feasible and appropriate to do so. Only in-person visits are to be recorded on the hospice claim. This waiver of 42 CFR 418.204 authorizes telehealth services to include routine hospice visits on the plan of care and for assessment purposes and permits use of various technologies, including audio-only telephonic interactions, on an as needed basis based on technology available to the patient. **UnityPoint Hospice urges the continuation of this flexibility after the PHE, with the caveat that CMS consider permitting inclusion of telehealth visits on the hospice claim.** This flexibility has been vital during the PHE in terms of workforce efficiency and patient and provider safety (from virus exposure) and has proven particularly beneficial in delivering services in rural areas.
- **Hospice Aide Supervision:** Several flexibilities have addressed training and supervision needs:
 - **Competency Evaluation:** Under the COVID-19 flexibilities, hospices are allowed to use pseudo patients for competency testing of aides for tasks that must be observed on patient and “qualified hospice aides” are defined to include those who are competency tested only in the areas / tasks for which they will be assigned. These flexibilities have been very helpful in orientation of new hospice aides.
 - **Onsite Supervision:** Under the COVID-19 flexibilities, the requirement that a nurse conduct an onsite visit every two weeks (42 CFR 418.76(h)) is waived. The use of phone calls / audio-visual visits in supervision of aides has been used to promote efficient staffing with workforce shortages. UnityPoint Hospice encourages the continuation of telephonic / telehealth supervision of hospice aides and LPNs/LVNs to meet supervision requirements where appropriate.

We are pleased to provide input on this proposed rule and its impact on our hospice agencies and our patients, their caregivers and families. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Government & External Affairs at Cathy.Simmons@unitypoint.org or 319-361-2336.

Sincerely,



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