



May 27, 2024

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

**Re: File Code CMS-1810-P: Medicare Program; Fiscal Year 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation, and Hospice Quality Reporting Program Requirements**

Dear Administrator Brooks-LaSure:

The Pennsylvania Homecare Association (PHA) is a statewide membership association with approximately 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 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation, and Hospice Quality Reporting Program Requirements," CMS-1810-P.

**Proposed 2.6% Rate Increase**

Although we recognize that CMS is limited in hospice rate setting, hospice providers are very concerned that the proposed 2.6% increase to the hospice payment rate is not fiscally sustainable in the current climate. Current and ongoing challenges include:

- **Workforce:** Hospices are facing significant staffing challenges, including difficulties recruiting and retaining nurses, social workers, aides, and other members of the interdisciplinary team/ Hospices are challenged with increased turnover and staff burnout while competing with hospitals and other healthcare providers in their communities.
- **Inflation:** Inflation has hit unprecedented levels, especially following the COVID-19 PHE. Costs for gas, drugs, supplies, PPE, and other prices continue to significantly increase each year, leaving hospices in Pennsylvania with massive cost increases. Primarily Medicare and Medicaid-paid, they are unable to pass along increased costs to patients.
- **Hospice Drives Cost Savings:** As the seminal NORC analysis showed, utilization of the hospice benefit saves the overall Medicare program billions of dollars a year – CMS

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needs to recognize this dynamic value and provide appropriate and sufficient payment updates that encourage and support greater access to high-quality hospice care.

- **CMS Market Basket Forecast Errors:** CMS' own estimates of how much costs would increase over the last three fiscal years have been below the actual rate of increase. From FY2021-FY2023, the cumulative market basket forecast error is negative 4.6 percent, which creates additional cost pressures that challenges hospices' ability to serve all patients and families in need of their services and support. This further escalates the need for adequate increases to promote and continue the critical care that hospices deliver.

### **Updated labor market designations based on 2020 Census data (impacts hospices' wage indexes)**

- PHA agrees that updating labor market designations based on the most recent Census data is a valid and appropriate step.
- However, the absence of both the rural floor and geographic reclassification protections that are afforded to hospitals leaves hospices comparatively more vulnerable to dramatic decreases in their wage indices. This means that hospices in certain counties are at a significant disadvantage, for example, where providers must contend with metropolitan costs but receive payments based on a wage index that fails to account for actual market conditions. We encourage CMS to work with PHA and similar organizations to examine the wage index development process for hospices to avoid these pitfalls.

### **Proposal to Implement the Hospice Outcomes & Patient Evaluation (HOPE) Assessment Instrument and Two HOPE-based Quality Measures**

- PHA supports the expansion of the HQRP to include the HOPE, contributing to hospice patients receiving high quality and safe care.
- PHA urges CMS to include the full scope of patient and family services by specifically including telehealth visits and visits from all members of the IDG in the HQRP.
- PHA urges CMS to provide feedback to hospices about possible errors or problems with the completion of the tool and allow for ample time for any necessary corrections to be made. This feedback could be in the form of confidential reports for each hospice and/or a public retrospective analysis report.
- PHA asks CMS to consider its timeline, especially given the involvement of EMR providers. EMR companies need the final HOPE technical specifications before they can develop and implement the tool in their software programs. The final HOPE instrument will not be available until at least the final rule is posted and the technical specifications will likely not be available until later this year. Software vendors may need 12 months after the technical specifications are available to make the necessary software changes to their programs.

- PHA also requests that adequate time for testing of electronic submissions be allowed to ensure providers can mediate errors and issues that are bound to happen in this large-scale implementation.
- PHA seeks clarity in the final rule whether hospices are to complete the HOPE for all patients or only those over the age of 18.

### **Proposed CAHPS Hospice Survey and Measure Changes**

- PHA commends the proposed revisions to the CAHPS Hospice Survey instrument!
- PHA asks CMS to consider using race and ethnicity in the adjusting the Hospice CAHPS case-mix to accurately reflect service experience and quality across diverse patient groups.
- The final rule is expected to be available at the beginning of August 2024, however, CMS states that the technical provisions of any finalized CAHPS Hospice Survey revisions would be available in fall 2024. This provides less than four months before the first set of decedents would be required to be collected to conduct the surveys. CAHPS Hospice Survey vendors report that the volume and complexity of the anticipated finalized changes would take far more than 4 months. We ask that implementation of the revised survey and administration protocols not begin prior to January 1, 2026 to allow for a seamless implementation and adequate planning.

### **Proposed Clarifying Regulation Text Changes**

- CMS proposes to align regulatory and condition of participation text to clarify which physicians are able to certify terminal illness and recommend admission to hospice care. PHA supports these changes as they will bring clarity for hospice providers as well as audit contractors.
- CMS proposes to make regulatory changes to clarify and differentiate the Notice of Election (NOE) and election statement. PHA supports these changes as they will bring clarity for hospice providers as well as audit contractors.

### **RFI Regarding Future HQR Social Determinants of Health (SDOH) Items**

- PHA supports the addition of the following social determinants of health into the HQR: housing instability, food insecurity, utility challenges, and barriers to transportation access.
- PHA would support language that allows the clinician gathering this data to collect feedback through verbal questioning of the patient OR through observation of the patient home for the most reliable data – this would additionally ensure trust between the patient and clinician and address cultural or language barriers that may exist.

Thank you for your consideration and the opportunity to offer comments on this proposed rule.

Sincerely,

A handwritten signature in cursive script that reads "Mia Haney".

Mia Haney, CEO  
Pennsylvania Homecare Association  
MHaney@pahomcare.org

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600 N. 12th Street, Suite 200 • Lemoyne, PA 17043  
Toll-Free (800) 382-1211 • Tel (717) 975-9448 • Fax (717) 975-9456  
[www.pahomecare.org](http://www.pahomecare.org)