



April 13, 2020

Brad Smith
Director
Center for Medicare and Medicaid Innovation
2810 Lord Baltimore Boulevard
Baltimore, MD 21244-2613

Re: Request for Delay for Value-Based Insurance Design Model – Hospice Benefit Component

Dear Director Smith,

LeadingAge and our partners the Visiting Nurse Associations of America (VNAA) and ElevatingHOME (EH) and the Better Medicare Alliance (BMA) write to request a delay of the Value-Based Insurance Design (VBID) model – hospice benefit component. We ask that this model be delayed by a year – therefore the start date would be January 1, 2022 instead of January 1, 2021.

The COVID-19 emergency has put unprecedented pressure on the health care system, providers and plans alike as we try to care for the older adults in our care. Hospice providers are working to figure out how to secure Personal Protective Equipment (PPE), implement new telehealth systems, and continue to provide the best possible patient-and-family centered care to all of their patients, regardless of setting, in this uncertain and tumultuous time. Given the rapidly changing environment and the strain on resources, electing to participate in a demonstration that looks to test how their care is delivered does not seem timely. Providers want to innovate and see how this demonstration might work – but would be better able to test these new approaches in a moment during which attention can be paid to implementation details.

At the same time, in recent weeks, we have seen Medicare Advantage rise to the challenge presented by this pandemic in unprecedented ways, with many plans offering \$0 telemedicine visits for any reason, waiving cost-sharing for in-network medical treatment related to COVID-19, providers working diligently to ensure beneficiaries are receiving the care they need and their workforce is safe, and contributing to charitable efforts geared toward helping beneficiaries in this difficult time. As supporters of the high-quality, coordinated care that are driving principles of both the Medicare Hospice Benefit and Medicare Advantage, we recognize the potential of the demonstration and have previously expressed our support for it.

However, BMA, Leading Age, and its partner organizations, VNAA and Elevating Home share the concerns of hospice providers who believe that it would be best to delay implementation of this demonstration project for one year while plans, providers, and community partners seek to address immediate, unforeseen needs arising from this global health care emergency and the dramatic disruption this emergency has caused to the entire health care system. It would be difficult to accurately

interpret and attribute the results of the demonstration given the unusual environment in which it would be tested.

In a [recent blog](#), our organizations jointly expressed our vision for how this demonstration model could positively impact the future of serious illness care. This vision remains dependent on the close collaboration of all parties involved to ensure any implementation hurdles are overcome, however, at this time that collective energy needs to be on the COVID-19 crisis.

Thank you for the significant work that CMS have been doing to address this unprecedented crisis. We look forward to working with you to move forward with this model when the crisis is under control.

For further information, please contact Mollie Gurian, Director of Hospice, Palliative and Home Health Policy, mgurian@leadingage.org and Deborah Estes, Director of Policy & Research, destes@bettermedicarealliance.org.

Sincerely,



Katie Smith Sloan
President and CEO, LeadingAge
Acting President and CEO, VNAA/EH



Congresswoman Allyson Y. Schwartz
President and CEO, Better Medicare Alliance

CC: Amy Bassano, Pauline Lapin, Laura McWright, Mark Atalla, Sibel Ozelik