Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, Maryland 21244–1850  
June 20, 2016

Re: Medicare Program; FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

Dear Acting Administrator Slavitt,

On behalf of the Alzheimer’s Association, I appreciate the opportunity to comment on the proposed Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements for Fiscal Year 2017.

The Alzheimer’s Association is the world’s leading voluntary health organization in Alzheimer’s care, support, and research. Today, there are more than 5 million Americans living with Alzheimer’s disease. Given the progressive degeneration these beneficiaries experience, persons with dementia and their families often rely heavily on hospice care at the end of life. As CMS notes, this population of beneficiaries has grown dramatically—a trend that is likely to continue as the number of Americans with Alzheimer’s disease and other dementias grows.¹

Analysis of 2014 Spending

Although CMS does not specifically invite comment on its recent analysis of pre-hospice and hospice spending in 2014, we offer the following discussion for CMS’s consideration as it conducts future analyses and deliberates payment reforms.

First, we respectfully request that CMS clarify the objective of this analysis. It compares conditions or diseases with expensive treatments or therapies to dementia and other degenerative neurological disorders that have few and relatively inexpensive treatments. Discontinuing high-cost treatments leads to cost savings; when there is no treatment to end, cost savings are not reflected. CMS must consider this point when comparing diseases and beneficiaries.

Additionally, the average length of stay of beneficiaries with dementia has increased over the past decade, from 67 days in 1998 to 106 days in 2009 for beneficiaries with a primary diagnosis of Alzheimer’s disease, and from 57 days in 1998 to 92 days in 2009 for beneficiaries with a primary diagnosis of non-Alzheimer’s dementia.² As CMS notes, dementia prognostication is much more difficult than for other diseases. This can lead to more recertifications and longer lengths of stay. While some beneficiaries with dementia may have stays longer than 180 days, they are not representative of the population. Thus, we respectfully request that CMS examine both the median and mean lengths of stays for all diseases prior to comparing them.

² Ibid.
Patient Assessment Tool
The Alzheimer’s Association also asks that CMS clarify the purpose of a patient assessment tool beyond the stated Affordable Care Act objectives, and particularly “payment refinements.” While the Association understands and supports data collection in the pursuit of quality improvement, we are concerned that such an assessment may be used to regulate hospice enrollment. Prognostication relies on clinical judgment and we do not believe any “checklist” type of assessment could sufficiently encompass all variables to be considered. CMS must ensure that no assessment tool supplants a physician or other provider’s clinical judgment as to a beneficiary’s suitability for hospice care. Due to the unique challenges some providers may face in assessing persons with dementia, the Alzheimer’s Association would be pleased to form a workgroup to assist CMS in developing a thorough, informed tool and process.

Thank you for the opportunity to comment. The Alzheimer’s Association is glad to serve as a resource to CMS as it considers these important issues and how they relate to individuals living with Alzheimer’s and related dementias. Please contact Laura Thornhill, Manager of Regulatory Affairs, at 202-638-7042 or lthornhill@alz.org if you have questions or if we can be of additional assistance.

Sincerely,

Robert Egge
Executive Vice President, Government Affairs