



August 31, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: Agency/Docket Number CMS-4203-NC, request for information from the public regarding various aspects of the Medicare Advantage program

Dear Ms. Brooks-LaSure,

The Home Care Association of America (HCAOA) respectfully submits these comments to the Centers for Medicare and Medicaid Services (CMS) in response to the above-referenced request for information published in the Federal Register on August 1, 2022 at 87 FR 46918.

By way of background, HCAOA is the only national trade association exclusively representing home care agencies providing nonmedical, in-home support services. We currently represent over 4,000 companies that employ nearly two million caregivers (home care aides) across the country. HCAOA member companies primarily provide supportive services in people's private homes. Our caregivers assist with a variety of non-medical activities of daily living, such as bathing, dressing, eating, and many other services necessary to live at home as independently as possible.

The purpose of these comments is to assist CMS in ensuring that Medicare Advantage (MA) plans continue to deliver better outcomes and added benefits at a lower cost for an increasingly diverse group of enrollees, particularly our nation's aging population and those with disabilities. We've aligned our comments below with CMS's Vision for Medicare and its Strategic Pillars because, like CMS, HCAOA believes in a client first approach and strives for a future where enrollees receive more affordable, sustainable, and equitable care.

Advance Health Equity

What steps should CMS take to better ensure that all MA enrollees receive the care they need, including but not limited to the following: Enrollees with disabilities, frailty, other serious health conditions, or who are nearing end of life.

In 2019, CMS expanded the scope¹ of what it considered to be "primarily health related" supplemental benefits to "permit MA plans to offer additional benefits as 'supplemental benefits' so long as they are healthcare benefits." Previously, MA plans could not include a benefit "if the primary purpose [was] daily maintenance." Under the new definition, in-home support services and support for caregivers of enrollees were covered. Inclusion of these services led to an explosion of MA plans offering in-home support services. According to the Better Medicare Alliance², the

¹ CMS (April 2, 2018). Announcement of Calendar Year (CY) Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. Retrieved August 31, 2022, from <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/Downloads/Announcement2019.pdf>
² <https://bettermedicarealliance.org/publication/review-of-contract-year-2022-medicare-advantage-supplemental-healthcare-benefit-offerings/>



number of MA plans offering in-home support services went from 148 in CY 2020 to 544 in CY 2022. Similarly, 77 plans offered support for caregivers of enrollees in CY 2020, with that number rising to 144 in CY 2022.

This data clearly shows that in-home support services are a popular and sensible choice for individuals with disabilities and our aging population. This is the very subset of enrollees that CMS wishes to improve health outcomes for and who home care professionals interact with most. Unfortunately, there exists confusion among the enrollee base about what is included in each MA plan. Anything that CMS can do to encourage the prevalence of MA plans covering in-home support services and help enrollees understand what each plan covers would advance health equity for MA beneficiaries across the country.

Expand Access: Coverage and Care

What tools do beneficiaries generally, and beneficiaries within one or more underserved communities specifically, need to effectively choose between the different options for obtaining Medicare coverage, and among different choices for MA plans? How can CMS ensure access to such tools?

Too often, Medicare beneficiaries are unaware of the benefits included in their health plans. CMS provides helpful online resources for both traditional Medicare and MA plans, but if a senior is isolated, it can be difficult to navigate the choices and costs without additional assistance.

While a catalog of covered services is certainly helpful to enrollees, HCAOA believes that including a list of services that are not covered under a specific plan would also be beneficial. Most seniors are likely not aware that traditional Medicare offers no benefit for in-home support services. MA plans should clearly state what they do not cover as well. While more plans offer in-home support services today, many still do not.

Additionally, some beneficiaries may conflate the terms “home health care” and “in-home support services.” Home health care is generally characterized by brief and intermittent medical care provided in someone’s home, such as nursing therapy and wound care. In-home support services are long term, continuous care activities, such as assistance with activities of daily living (bathing, dressing, eating.) These are distinct services that should be clearly defined by CMS and all MA plans.

What additional information is or could be most helpful to beneficiaries who are choosing whether to enroll in an MA plan or Traditional Medicare and Medigap?

HCAOA supports a comprehensive benefit for in-home support services under both traditional Medicare and Medicare Advantage. As those benefits do not exist today, Medicare beneficiaries who know they need in-home support services should be directed to look at MA plans with home care supplemental benefits.



When evaluating those in-home support services, beneficiaries should know that they can ask if caregivers are trained, supervised, and have had a background check, as these are individuals coming into a senior's residence.

With MA enrollment expected to continue to rise, we strongly believe CMS should require standardized, detailed reporting of the supplemental services being offered. The number of hours covered, the payment rate for those hours, and the expected health outcomes of services would greatly assist enrollees in choosing a plan that's right for them.

Additionally, it would be useful for beneficiaries to know the following:

- The exact criteria a MA plan uses to approve or deny a request to receive a particular supplemental service, and
- When choosing a provider of a supplemental service such as a home care agency, what requirements does a MA plan place on their network providers?

What factors do MA plans consider when determining whether to make changes to their networks? How could current network adequacy requirements be updated to further support enrollee access to primary care, behavioral health services, and a wide range of specialty services? Are there access requirements from other federal health insurance options, such as Medicaid or the Affordable Care Act Marketplaces, with which MA could better align?

When contracting for in-home support service providers, HCAOA strongly believes that MA plans should take into consideration whether the home care agency has trained, supervised, conducted a background check, and is paying appropriate federal and state taxes for caregivers. All HCAOA members would meet this standard and follow state licensure in states where it is applicable. Unfortunately, a significant gray market exists in the home care industry and MA plans should be advised to resist contracting with in-home support service providers that will not meet these basic assurances.

How do MA plans evaluate if supplemental benefits positively impact health outcomes for MA enrollees? What standardized data elements could CMS collect to better understand enrollee utilization of supplemental benefits and their impacts on health outcomes, social determinants of health, health equity, and enrollee cost sharing (in the MA program generally and in the MA VBID Model)?

It is well documented that in-home support services improve health outcomes and social determinants of health. The benefits of in-home care include: 1) preventing falls and other common injuries (the leading cause of non-fatal injuries, hospital admissions, and death for Americans over 65); 2) promoting medication adherence (a problem for roughly 50 percent of seniors); 3) reducing loneliness and social isolation and promoting stimulation and companionship (which can contribute to depression & dementia); and 4) facilitating social engagement and community connections (keeping seniors more active and engaged).



HCAOA believes that having MA plans measure these areas for beneficiaries who utilize in-home support services versus those who do not would provide beneficial research to inform the promotion of the benefit.

Support Affordability and Sustainability

What policies could CMS explore to ensure MA payment optimally promotes high quality care for enrollees?

Adding the word supplemental to a term or title suggests that it is not essential. For many beneficiaries, access to in-home support services is critical to their wellness and independence. HCAOA believes CMS should do all it can to assist MA plans in offering robust home care benefits, including to those beneficiaries who do not qualify as being chronically ill.

Not all covered supplemental benefits are equal in their value to improving health outcomes and social determinants of health. HCAOA believes CMS should take this into consideration when funding MA plans. CMS might consider a tiered structure for a supplemental benefits rubric with bonuses given to MA plans that provide benefits with the highest likelihood of improving overall health outcomes and social determinants of health. Doing so will lead to a more sustainable and efficient administration of CMS's mandate.

Engage Partners

HCAOA appreciates that CMS has prioritized increased engagement with its partners and the communities it serves throughout the policy development and implementation process. HCAOA wishes to increase its engagement with CMS and believes it can be a source of meaningful feedback on a number of different issues currently facing Medicare Advantage enrollees across the country.

HCAOA is a model partner for CMS in its quest to provide enrollees more complete coverage under the current MA framework. Our members are held to the highest standards of home care and are expected to uphold the core values of "compassion, reliability, competency, respect, continuity, integrity, and honesty," while also abiding by all state and federal laws and regulations. Our guiding principles are aimed squarely at providing patient-centered care to seniors and the disabled who wish to age in the comfort of their own homes. These goals are entirely congruent with CMS's Vision for Medicare and its Strategic Pillars.

The Value of Increased Use of In-Home Support Services

HCAOA firmly believes that everyone who wants home care should be able to receive it. Unfortunately, many cannot afford to receive in-home support services because they are not currently covered under Medicare and have received only limited coverage under Medicaid and MA plans. This is a missed opportunity for CMS to realize substantial cost savings as shown below.



BrightStar Care, a nationwide franchise that provides in-home support services, recently partnered with Avalere Health, a US-based healthcare analytics firm. The partnership produced an analysis³ focused on client outcomes and the cost benefits they realized. The results of the analysis suggest that in-home support services were correlated with lower rates of inpatient admissions, emergency department visits, and skilled nursing facility utilization for clients diagnosed with certain chronic conditions.

Avalere Health compared clients to a matched control group of Medicare Beneficiaries and assessed the relative utilization of Medicare services between the two populations for different health care conditions with the average age of the population being 80. Avalere's analysis revealed that the change (baseline vs. follow-up) in the total cost of care was up to \$29,902 lower for patients who received BrightStar Care in-home support services when compared to patients who did not receive those same services.

This analysis is strong evidence that in-home support services, such as meal preparation, personal care assistance, and patient education can have a positive impact on overall health, leading, in turn, to a reduction in healthcare costs and substantial value creation for payers.

Additionally, the findings demonstrate the important role providers of in-home support services play in the health care ecosystem as patient care shifts to the home and payers optimize their highest cost beneficiaries by providing supplemental services to address all the social determinants of health. These findings also reinforce recent research⁴ from Moving Health Home suggesting that patients who utilize home-based care services within 14 days of discharge from an acute care facility are about 25% more likely to avoid readmission within 30 days of discharge.

Thank you for your consideration of our submission. Please know that our association stands ready to assist CMS in any way possible. Feel free to contact me at vicki@hcaoa.org or our Vice President of Government Relations, Eric Reinerman, at eric@hcaoa.org, with any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "Vicki Hoak". The signature is fluid and cursive, with the first name being more prominent.

Vicki Hoak, CEO
Home Care Association of America

³ <https://avalere.com/insights/home-care-services-reduce-medicare-spending-for-30-chronic-conditions>

⁴ <https://movinghealthhome.org/home-based-care/>