



May 24, 2024

Chiquita Brooks-LaSure Administrator  
Center for Medicare and Medicaid Services Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Subject: (CMS-1810-P) Medicare Program; FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements

Electronically via: <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

Trinity Health at Home (THAH), a National Health Ministry of Trinity Health, is a faith-based organization that provides Hospice Care to patients in six states; our average daily census exceeds six hundred patients. We appreciate the opportunity to comment on (CMS-1810-P) Medicare Program; FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements. Our comments and recommendations reflect a strong interest in public policies that support better health, better care, and lower costs to ensure affordable, high quality, and people-centered care for all. Trinity Health is one of the largest not-for-profit, faith-based health care systems in the nation. It is a family of 121,000 colleagues and nearly 36,500 physicians and clinicians caring for diverse communities across twenty-seven states. Nationally recognized for care and experience, the Trinity Health system includes 101 hospitals, 126 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. In fiscal year 2023, the Livonia, Michigan-based health system invested \$1.5 billion in its communities in the form of charity care and other community benefit programs.

**Our comments on the proposed payment rule for Hospice is provided with a sense of urgency. As our population ages, the Hospice Medicare benefit becomes increasingly important and the ability to remain financially sustainable and continue to serve the most vulnerable patient populations is threatened by high labor costs, workforce shortages, inflationary demands and bad actors entering the Hospice market with no intention of providing needed end-of-life services. Any payment update should be reflective of sustainability in an ever-growing difficult environment.**

Our Comments are as follows:

**2025 Proposed Payment Updates:** THAH is concerned that the proposed payment increase of 2.6% fails to cover the increases in cost of care in the current healthcare environment due to staffing shortages, labor costs, and inflation on medical supplies and pharmaceuticals. THAH and other healthcare industry providers have had to increase both wages and provide sign-on bonuses to recruit and retain clinical staff. We are often competing against other Hospice providers for the same staff in many markets. To be competitive and remain fully staffed, we have had to increase our pay rates. THAH implemented equity adjustments above other salary increases that alone amounted to \$106,000 over the last year. For Fiscal Year 2025, we are budgeting a 4.2% increase.

Although inflation has eased a bit, we are still experiencing extraordinary price increases for necessary patient supplies and covered pharmaceuticals. At a 4% increase, the inflation factor is in no way met by the proposed 2.6% increase.



Research shows hospice produces better outcomes and lowers Medicare costs. The study, conducted by the National Opinion Research Center (NORC) at the University of Chicago<sup>1</sup>, is one of the most comprehensive analyses of enrollment and administrative claims data for Medicare patients covered by Medicare Advantage and Traditional Medicare. The key findings clearly indicate the value of Hospice and why CMS should ensure its sustainability. Those findings include:

- NORC estimates that **Medicare spending for those who received hospice care was \$3.5 billion less** than it would have been had they not received hospice care.
- In the last year of life, the **total costs of care to Medicare for beneficiaries who used hospice was 3.1 percent lower** than for beneficiaries who did not use hospice.
- Hospice is associated with lower Medicare end-of-life expenditures when hospice lengths of stay are 11 days or longer. In other words, **earlier enrollment in hospice reduces Medicare spending** even further.
- **Hospice stays of six months or more result savings for Medicare.** For those who spent at least six months in hospice in the last year of their lives, spending was on average 11 percent lower than the adjusted spending of beneficiaries who did not use hospice.
- At any length of stay, **hospice care benefits patients, family members, and caregivers**, including increased satisfaction and quality of life, improved pain control, reduced physical and emotional distress, and reduced prolonged grief and other emotional distress.

Hospice has been proven to save Medicare dollars while serving the terminally ill Medicare beneficiary with greater satisfaction, improved pain management, reduced distress, and family/caregiver support. The value of the program is certainly not at issue but sustaining it at a payment rate that supports the agency's providing this level of care should be.

**THAH asks CMS to increase the Hospice payment rate to be reflective of the current workforce and inflationary environment.**

Trinity Health At Home appreciates the opportunity to submit our comments on the proposed Hospice payment rule. If you have any questions, please feel free to contact me at [donnaw@trinity-health.org](mailto:donnaw@trinity-health.org).

Sincerely,

/s/

Donna Wilhelm, Vice President of Advocacy  
Trinity Health Continuing Care

1) Value in Hospice Medicare Report, NORC, University of Chicago, March 2023 [Value of Hospice in Medicare\\_Final Report.pdf \(norc.org\)](#)