



*Home Hospice & Gosnell Memorial Hospice House*

**LD 2055 An Act to Prohibit the Department of Health and Human Services from Implementing Electronic Visit Verification for Hospice Providers Within the MaineCare Program Unless Mandated by the Federal Government**

**Testimony in Support  
January 9, 2024**

Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Daryl Cady. I am the CEO of Hospice of Southern Maine. I also serve as the vice chair of the Board of Directors for the Home Care and Hospice Alliance of Maine. I am here today providing testimony on behalf of Hospice of Southern Maine speaking in support of this bill.

Hospice of Southern Maine provides hospice services in 68 towns and islands in Cumberland and York Counties. We provide excellent, compassionate hospice care to nearly 2,000 patients annually, and on an average day our census is greater than 260 patients. We have approximately 150 employees and 170 volunteers.

As required by the 21st Century Cures Act, states were required to implement electronic visit verification (EVV) for personal care services (PCS) by January 1, 2020, and for home health services (HHSC) by January 1, 2023. The Act, however, does not require EVV for hospice services. Expanding the EVV regulatory burden to hospice is proposed at the sole discretion of the MaineCare program.

Our organization has worked closely with the Home Care and Hospice Alliance of Maine over the past year as they advised the Department of Health and Human Services of the hospice provider opposition to expanding the electronic visit verification requirement to hospice services.

Maine is a national outlier in its plan to adopt EVV for hospice care. Attempting to adopt EVV for hospice suggests a lack of understanding of the methodology by which hospice is reimbursed. Payment is made for each day a patient is in hospice care, regardless of whether an actual visit was made to them. Payment in hospice is a per diem bundled payment designed to cover not only visits, but all services a patient may need related to their terminal diagnosis, such as medications, durable medical equipment, medical supplies, ambulance services, labs, and 24/7 on call RN services.

EVV exists to prevent fraudulent billing for visits, which in the Home Health (section 40) space makes logical sense because home care agencies are paid by the visit. However, using EVV as a prerequisite to pay for hospice services (section 43) that are not paid by the visit will of course have no effect on fraud prevention and certainly will not enhance the care provided to our hospice patients and families.

Regulation requiring EVV will force hospices to institute a workaround to create and send an “artificial” datapoint for each day a patient is on hospice care in order for the EVV system to pay for that day, even though a visit may not have been made. This feels unethical, as hospices will be required to enter “visits” or “datapoints” that may not have actually occurred in order to match a per diem payment with the EVV regulation. Doing so will require additional staff time and delay billing, which for a non-profit is a significant burden. We also believe there is a greater risk of error and wide variation in data that will provide no value to the state nor our industry.

As noted, Congress was clear in passing a law to mandate EVV for home health and personal care services. Congress did not include hospice services nor does the law direct that states consider expanding the EVV requirement to hospice providers. Further, no other state has implemented the law as Maine is intending. We believe the MaineCare plan to require hospice providers to implement an EVV program is an unnecessary regulatory burden that results in no tangible benefit to the state, hospice providers and most importantly the patients and families in our care.

I ask that you support this important legislation. Thank you.

I am happy to respond to any questions you might have.