ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.
Your Total Home Care & Hospice Resource

HOSPICE REGULATORY AND POLICY UPDATE

Katie Wehri, CHPC

Director of Operations Consulting

Healthcare Provider Solutions

Info@healthcareprovidersolutions.com

www.targetedprobeandeducate.com

ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.

Your Total Home Care & Hospice Resource

PAYMENT RATES AND AGGREGATE CAP

FY2019 HOSPICE PAYMENT UPDATE PROPOSED

Code/Description	FY2018 Rate	Proposed FY2019 Rate
651/Routine Home Care days 1 - 60	$ 192.78	$196.25
651/Routine Home Care days 61+	$ 151.41	$154.21
Rates NOT adjusted for wage index, sequester or failure to meet HQRP requirements		

FY2019 HOSPICE PAYMENT UPDATE PROPOSED

Code/Description	FY2018 Rate	Proposed FY2019 Rate
652 -- Continuous Home Care (hourly rate for SIA)	$976.42 ($40.68/hour)	$998.77 ($41.62/hr.)
655 -- Inpatient Respite	$172.78	$176.01
656 -- General Inpatient Care	$743.55	$758.07
Rates are not adjusted for wage index, sequester or failure to meet HQRP requirements		

HOSPICE COST REPORT DATA ANALYSIS

Total Cost Per Day by Level of Care FY2016

	Median Cost	Rate
Routine Home Care	$125	**$161.89**
Continuous Home Care (hourly)	$51	$39.37
Inpatient Respite	$343	$167.45
General Inpatient Care	$879	$720.11

AGGREGATE CAP

- Aggregate cap
  - $28,689.04
  - Cap year change to match payment year
  - Self-determined aggregate cap calculation
  - Formula

ELECTRONIC PROCESSING NOE

CR10064 – Accepting Hospice Notices of Election via Electronic Data Interchange

Effective: January 1, 2017

Voluntary

Guidance for vendors to create interface

Overall intent: beneficiary status information to CWF faster

ELECTRONIC PROCESSING NOE

Updates to Medicare Claims Processing Manual, Chapter 11

- Reasons for exceptions to the 5-day NOE submission
- Other sections added/updated
  - NOTR
  - Change of provider/transfer
  - Change of ownership
- Corrections to admission date
  - Occurrence code 56
  - Condition code D0

CHANGES TO THE CLAIM

MLN SE 18007

- New Election Period File and Screen
- Benefit Periods
- Making Changes to Election Period or Benefit Period Information
- NOTR Submission Changes
- Void/Cancel Submissions
- Processing Impacts

HOSPICE AND MANAGED CARE

- 2014 MedPAC recommendation – bring hospice under MA bundle of services
- Currently sets with Senate Finance Committee – Chronic Care Work Group
- Same benefit bundle as FFS
- Potential impact
  - Insufficient payment
  - Selective contracting (no consumer choice)
  - Copays for patients

PAYMENT IMPACT – OTHER PROVIDERS

Bipartisan Budget Act of 2018

- Hospital transfer policy for early discharge to hospice care
- Effective: October 1, 2018
- Definition of “early”
- Hospice now more closely aligned with post-acute providers

ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.

Your Total Home Care & Hospice Resource

HOSPICE QUALITY REPORTING PROGRAM

HQRP UPDATE

- No new measures
- Proposed changes to public reporting
  - Removal of routine reporting of 7 HIS measures
  - Adding public use file (PUF) data to Hospice Compare
- Data review and correction timeframes for HIS data
- Extension of CAHPS Hospice Survey requirements
- Procedures:
  - Announce QM ready for public reporting
  - Public reporting timelines

MEANINGFUL MEASURES

Improving Patient Outcomes and Reducing Burden Through Meaningful Measures

- CMS initiative: Patients Over Paperwork
- Aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes

HQRP MEASURES

Proposed:

- Add Composite Process Measure to Hospice Compare
- Adding Hospice Visits When Death is Imminent measure later in FY2019

- Eliminate routine reporting of 7 HIS measures from Hospice Compare
  - NQF #1641 – Treatment Preferences
  - Modified NQF #1647 – Beliefs/Values Addressed
  - NQF #1634 & NQF #1637 – Pain Screening and Pain Assessment
  - NQF #1639 & NQF #1638 – Dyspnea Screening and Dyspnea Treatment
  - NQF #1617 – Patients Treated with an Opioid who are Given a Bowel Regimen

HQRP MEASURES

Transitions From Hospice Care, Followed by Death or Acute Care

- Live Discharges followed by:
  - Death within 30 days
  - Acute care within 7 days
    - hospitalization/ER visit/observation

- CMS requested feedback recently

HOSPICE COMPARE

Proposed: Adding PUF Data

- User-friendly format
- Section separate from the HIS and CAHPS Hospice Survey results
- Align with other providers
- Examples of PUF data
  - Percent of days a hospice provided routine home care (RHC) to patients, averaged over multiple years
  - Percent of days a hospice provided routine home care (RHC) to patients, averaged over multiple years
  - Site of service (long term care or non-skilled nursing facility, skilled nursing facility, inpatient hospital) with a notation of yes, based on whether the hospice serves patients in that facility type

HOSPICE COMPARE

Proposed:

- Timeframe to review and correct data to be publicly reported HIS data
- Align with PAC
- Approximately 4.5 months after the end of each CY quarter
  - 15th of the month - 11:59:59 PST
  - January 1, 2019

CAHPS HOSPICE SURVEY

Proposed:

- Extend participation requirements to all future years
- Extend public reporting policies to future years
- Continue policy for volume based exemption to future years
- Continue policy for newness exemption to future years

SOCIAL RISK FACTORS

CMS asked for input for hospice last year – specific to CAHPS

Comments from FY2019 Hospice Proposed Rule

- Stratified reporting
- Considering options to increase transparency of disparities
- Dual eligibility most powerful predictor of poor health outcomes
- NQF has extended the SES – Socio Economic Status trial

COMPREHENSIVE PATIENT ASSESSMENT INSTRUMENT

HEART – Hospice Evaluation & Assessment Reporting Tool

CMS currently in early stages of development of comprehensive patient assessment instrument tool

Tool would serve two primary objectives

- provide the quality data necessary for HQRP requirements and the current function of the HIS; and
- provide additional clinical data that could inform future payment refinements

HEART

- Allows more detailed clinical information collection
  - Symptom burden
  - Functional status
  - Patient, family, and caregiver preferences
- Information for use in development of future quality measures
- Data used for both quality and payment purposes
- Testing ends July 2018/CMS analyzes data August and September 2018

HQRP & PAYMENT

HEART

- Value based purchasing
- Case-mix based payment system

HQRP – PUBLIC REPORTING

Five Star Rating

- Will be part of the HQRP
- historically implemented approximately one year after Compare site
- Hospice may take longer

ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.
Your Total Home Care & Hospice Resource

CMS CONCERNS AND CONSIDERATIONS

CERTIFICATION OF TERMINAL ILLNESS – SOURCES OF CLINICAL INFORMATION

- The hospice is to admit a patient only upon the recommendation of the medical director in consultation, or with input from, the attending physician (if any)
- Current requirement is that medical director must consider at least the following
  - Diagnosis of the terminal condition
  - Other health conditions, related or unrelated
  - Current clinically relevant info supporting all diagnoses

SOURCES OF CLINICAL INFORMATION

CMS surveyors instructed to review the following:

- L667/418.102(b)
- L668/418.102(c)
- L676/418.104(a)(5)

HOSPICE UTILIZATION

- $17.5 billion Medicare spending on hospice care
- Expected to grow 8 percent annually
- Central Budget Office (CBO)
  - all Medicare spending expected to grow 7% annually through 2028
  - 5% due to cost

CMS MONITORING - DATA

- Length of stay
- Days of hospice care by level of care and site of service
- Live discharges
- Skilled visits in last days of life
- Non-hospice spending
- Gap spending
- Pre-hospice spending
- Revised cost report data

LENGTH OF STAY

	FY2015	FY2016	FY2017
Average Length of Stay	78.1	79.2	79.7 days
Average *Lifetime* Length of Stay	96.1	96.2	96.2 days
Average Lifetime Length of Stay (RHC at admission)		114.02	113.5 days
ALOS Cancer (RHC)		63.7 days	63 days
ALOS Chronic/Progressive Neuro Disease (RHC)		165.3 days	177 days
Median Length of Stay	Not Available	18	18 days

DAYS OF CARE BY LEVEL OF CARE/ SITE OF SERVICE

- No surprises
- Medicare days are 98% RHC
  - Patient's home: 56%
  - Nursing home or ALF: 41%
- MedPAC discussion

LIVE DISCHARGES

Overall decreasing trend of 22.8% between FY2007 and FY2016

- Seventeen percent of all discharges were live discharges
  - revocations 38%
  - discharges due to no longer terminally ill 51%
  - transfers 11%

SKILLED VISITS IN LAST DAYS OF LIFE

- Monitoring especially since implementation of payment reforms and changes to the HQRP
- Concern: lack of increase in visits
- Hours of care in final days of life stable at 1.6 hours/day
- Incremental improvement in FY2017 compared to FY2016
  - 42% of patients did not receive RN or MSW visit during last seven days
  - 20% of patients did not receive RN or MSW visits on last day of life

NON-HOSPICE SPENDING

- Medicare non-hospice payments under Parts A, B and D during hospice election
- Analysis suggests unbundling of items and services that perhaps could have been provided and covered under the Medicare hospice benefit
- Decreases have occurred each year since reporting began
  - Overall decrease of 23% from FY2011 to FY2017
  - Will continue to monitor
  - *Increase in Part D spending*

ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.

Your Total Home Care & Hospice Resource

REQUESTS FOR INFORMATION, PHYSICIAN ASSISTANTS AS ATTENDING PHYSICIANS

REQUEST FOR INFORMATION

FY2018 Proposed Rule: National conversation on improvements that

- reduce unnecessary burdens
- lower costs
- improve quality

One particular suggestion warrants revision to current policy – removal of detailed drug data on hospice claims *effective October 1, 2018*

- option to report detailed information or aggregate data
- option to report detailed DME information or aggregate data
- Change Request (CR) 10573 released April 27, 2018

REQUEST FOR INFORMATION

Interoperability

- Possible Establishment of CMS Patient Health and Safety Requirements for Hospitals and Other Medicare-Participating Providers and Suppliers for Electronic Transfer of Health Information
- Conditions of participation/Conditions for coverage
- Patient and provider access

PHYSICIAN ASSISTANTS RECOGNIZED AS ATTENDING PHYSICIANS

- PAs recognized as attending physicians
- January 1, 2019
- **PAs Cannot:**
  - Certify or recertify a hospice patient
  - Conduct F2F encounters
  - Fulfill the physician role on the Interdisciplinary Group (IDG)
- PA services reasonable and necessary for beneficiaries who elect the PA as their attending will be paid by Medicare at 85% of the physician fee schedule

ACCREDITATION UNIVERSITY

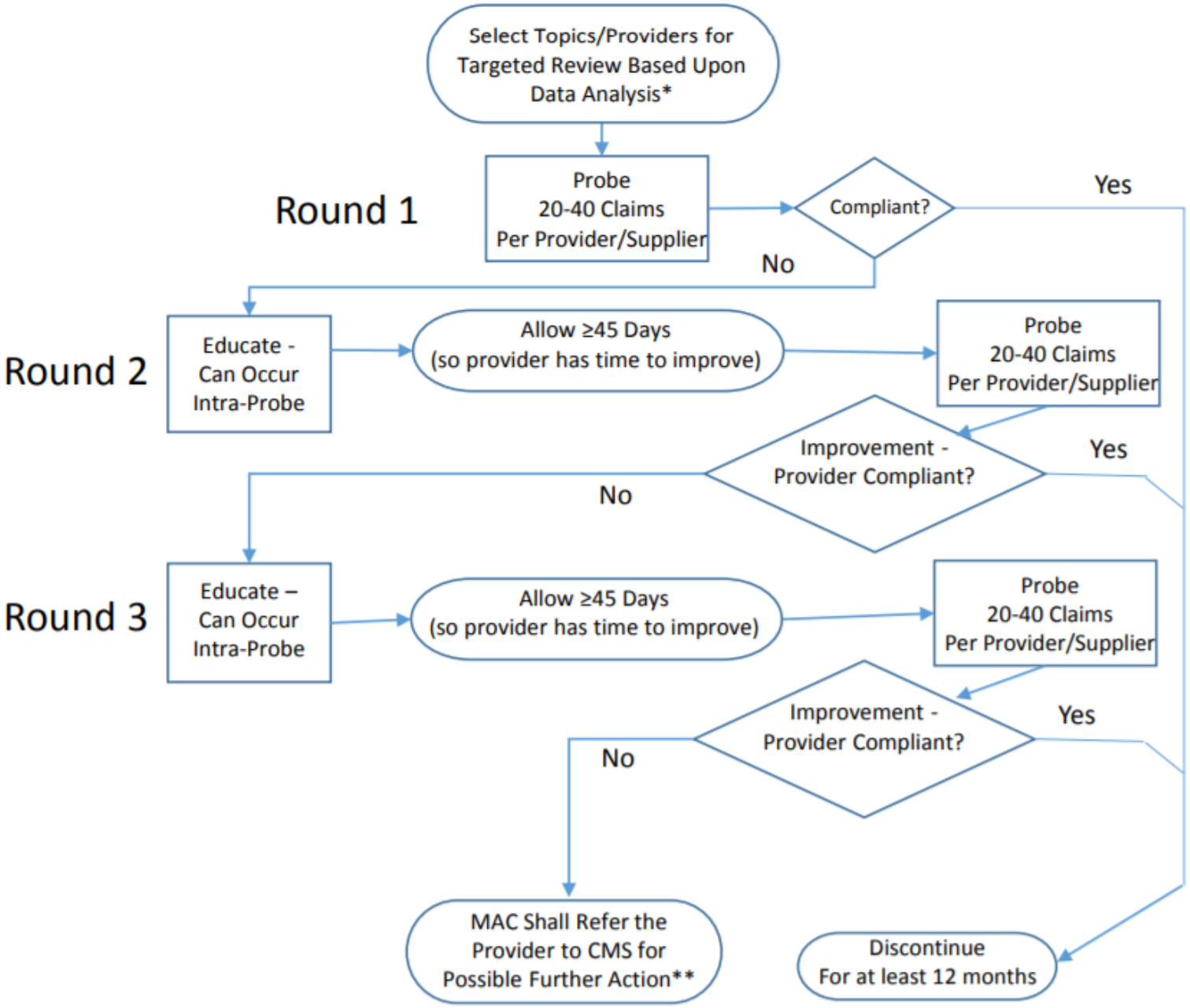
Healthcare Provider Solutions, Inc.

Your Total Home Care & Hospice Resource

OVERSIGHT

TARGETED PROBE AND EDUCATE

- October 1, 2017
- Targets providers – based on data
- Purpose
  - Identify and prevent inappropriate payment
  - Identify potential risk to the Medicare trust fund
  - Educate providers
  - Appropriately pay for covered services
- Can be MAC-specific


Select Topics/Providers for Targeted Review Based Upon Data Analysis*
Round 1
Probe 20-40 Claims Per Provider/Supplier
Compliant?
Yes
No
Round 2
Educate - Can Occur Intra-Probe
Allow ≥45 Days (so provider has time to improve)
Probe 20-40 Claims Per Provider/Supplier
Improvement - Provider Compliant?
Yes
No
Round 3
Educate – Can Occur Intra-Probe
Allow ≥45 Days (so provider has time to improve)
Probe 20-40 Claims Per Provider/Supplier
Improvement - Provider Compliant?
Yes
No
MAC Shall Refer the Provider to CMS for Possible Further Action**
Discontinue For at least 12 months

OIG

- Duplicate Drug Claims for Hospice Beneficiaries
- Medicare Payments for Unallowable Overlapping Hospice Claims and Part B Claims
- Trends in Hospice Deficiencies and Complaints
- Hospice Home Care — Frequency of Nurse On-Site Visits to Assess Quality of Care and Services
- Review of Hospices' Compliance with Medicare Requirements
- Medicare Payments for Chronic Care Management
- Medicare Hospice Benefit Vulnerabilities and Recommendations for Improvement: A Portfolio

MEDPAC

- No payment update
  - Projected 2018 aggregate Medicare hospice margin is 8.7%
  - Adequate access to capital – number of hospices increasing
- Greater program integrity focus:
  - Hospices over the aggregate cap
    - Long stays and high live-discharge rates
  - Medical review focused on hospices that have many long stay patients
    - All sites, and
    - Assisted Living Facilities (ALF)
  - Possible: providers that receive a high share of their payments for hospice patients before the last year of life

ACCREDITATION UNIVERSITY

Healthcare Provider Solutions, Inc.
Your Total Home Care & Hospice Resource

REGULATION/POLICY

MEDICARE PART D PRESCRIBERS

- Requires active and valid physician or eligible practitioner NPI on the claim
- All prescribers must be enrolled in PECOS/have valid opt out by January 1, 2019
  - Tiered implementation

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Prescriber-Enrollment-Information.html

OPIOIDS/MEDICATIONS

- DEA Disposal Act
  - Effective October 9, 2014
  - Many states responding with state-specific legislation
- Nursing home requirements – F757 Unnecessary Medications
  - PRN Anti-psychotics
  - PRN Psychotropics

Katie Wehri, CHPC
Director of Operations Consulting
Healthcare Provider Solutions, Inc.
810 Royal Parkway, Suite 200
Nashville, TN 37214
615.399.7499
615.399.7790
info@healthcareprovidersolutions.com
www.targetedprobeandeducate.com