


**HOSPICE AND  
PALLIATIVE CARE LEADERSHIP**

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NHPCO

November 2011

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Mood in Washington

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**Unprecedented Challenges**

- Debt ceiling
- Economy and jobs
- Partisan gridlock
  - “Super Committee”
  - Threat of Sequestration
- 2012 election

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### Debt Limit/Deficit Reduction

- 12 member, bipartisan, bi-cameral SUPER COMMITTEE
- Targets cutting costs and raising revenues by \$1.5 trillion over ten-years
  - Few rules
  - Expedited and streamlined process
  - Votes out a bill by Thanksgiving

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### Super Committee, continued

- Short time frame
  - Reliance on previous ideas?
- Might entail across the board Medicare/Medicaid cuts
- Might target cuts for specific providers
- Limitless possibilities (cuts could be 1/1/2012)
- Congress must agree by Christmas

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### Physician Fix

- Years old issue with the formula for physician payments in Medicare
- MedPAC releases their idea for “fixing” the formula
- Among MedPAC recommendations for the fix:
  - Possible 3% decrease in hospice payments for hospice care in the nursing home

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## NHPCO Response

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Late breaking news.....

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Rate Cuts

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### Cuts in Place

Rate Cut	Amount of Reduction	Where Reduction Occurs
Budget Neutrality Adjustment Factor (BNAF)	-4.2% over 7 years Began October 1, 2009. October 1, 2011 is Year #3 October 1, 2015 - complete	Reduction to the multiplier in the wage index Invisible cut to most providers
Productivity Adjustment Reduction	-1.3% each year Begins October 1, 2012 Continues until September 30, 2018	% reduction to the hospital marketbasket update
Hospice Productivity Adjustment Reduction	-0.3% each year Begins October 1, 2012 Continues	% reduction to the hospital marketbasket update

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### Potential for Additional Cuts

- 3% decrease in rates for hospice patients in nursing homes – proposed by MedPAC
- 1-2 % decrease for all Medicare providers – as a recommendation from the Super Committee

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### Payment Reform

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### Payment Reform

- Required by Congress in the ACA
- Focused on Routine Home Care
  - Might entail “relatively” higher payments at the beginning and end of care and “relatively” lower payments in the middle of care
- “U-shaped curve”
- No earlier than FY2014

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## Options?

- Must be “revenue neutral” in the first year of implementation
  - ▣ Site of service differentiation?
  - ▣ General reduction in routine home care reimbursement?
- Not subject to Congressional approval
  - ▣ Implemented via regulation

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## Data to Inform

- Claims data
  - ▣ Visits
  - ▣ Visit intensity (time in 15 minute increments)
  - ▣ Q codes for site of service
- Cost report data
  - ▣ Margins
- Published articles
  - ▣ Hospice in the nursing home
  - ▣ Length of stay and survival

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## Progress

- Contractor for work: Abt Associates
- Technical Advisory Panel named
  - ▣ First meeting June 2011
  - ▣ Second meeting November 2011
  - ▣ Analysis of data continuing

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### NHPCO Response

- The Moran Project
- Data from more than 500 hospice provider numbers
- 500,000 patients
- 13 million visits
- Analysis for what might work and what the impact is...

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### Hospice in the Nursing Home

- Likely to be reviewed by MedPAC (2011-12)
- Possible recommendations (March/June 2012)
  - ▣ Prohibition of services?
  - ▣ Differentiation of payment rates based on site of service?
  - ▣ Enhanced review of long LOS facilities?
  - ▣ Rate cuts for hospices nursing home residents on hospice

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### Quality Reporting

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## ACA

(Affordable Care Act – Health Reform Legislation)

- Implement quality reporting measures for **hospice programs**
- Requires hospices to submit data on selected quality measures
- Begins with FY2014 year
- Hospices that do not submit will have their market basket rate **reduced by 2%** for that FY.

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## Hospice Wage Index Final Rule FY2012

- Published in August 2011
- Included:
  - ▣ **Publication of mandatory quality reporting requirements for FY2014**

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## Quality Reporting Measures FY2014

### 1. Outcome Measure NQF #0209:

*Comfortable Dying = Percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought under control within 48 hours*

### 2. Structural measure:

Participation in a QAPI program that includes at least 3 quality indicators related to patient care

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## First Year Quality Reporting Measures FY2014

### Comfortable Dying

- First year data collection timeframe:  
**October 1, 2012 – December 31, 2012**  
Data submission due: **April 1, 2013**

### Structural Measure

- First year data collection timeframe:  
**October 1, 2012 – December 31, 2012**  
Data submission due: **January 31, 2013**

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## More information

- Comfortable dying is a NHPCO-developed measure
- Specifics of creating a system to implement this measure can be found at:

[www.nhpco.org/outcomemeasures](http://www.nhpco.org/outcomemeasures)

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## Time Frames for Reporting

- 2013 and beyond
  - Data collection period:
  - **January 1 – December 31**

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### Additional Measures

- Expect additional mandatory measures in FY2013, 2014 and 2015
- Family Evaluation of Hospice Care – expected for FY2015
- Iterative process for next several years

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### Value Based Purchasing

- Required by ACA
- Pilot project implemented by FY2016
- Expect payment differentials based on quality reporting

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### Other Health Care Reform Provisions

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## Concurrent Care for Children

- For children in Medicaid and CHIP
- Children **electing the Medicaid hospice benefit** may also receive curative treatments
- NHPCO working closely with CMS on issue

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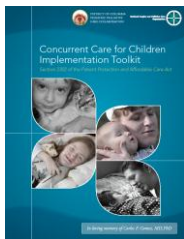
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## Resources Available



Website:

[www.nhpc.org/pediatrics](http://www.nhpc.org/pediatrics)

- Download toolkit
- Questions and answers from CMS about concurrent care for children

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## Concurrent Care Demonstration Project

- **On hold**
  - **Until wording is clarified, and**
  - Until funds for demo are identified
- 3 year demonstration program for 15 hospice providers
- Would allow patients who are eligible for hospice care to also receive all other Medicare covered services while receiving hospice care

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### Center for Medicare and Medicaid Innovation (CMMI)

- Broad authority to Secretary of HHS to test innovative delivery and payment models
- Establish by 1/1/2011 within CMS
- Purpose is to:
  - Test models to reduce expenditures
  - Preserve or enhance quality of care
  - Preference to models that improve:
    - Quality
    - Coordination
    - Efficiency

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### Bundled Payments

- Secretary must establish by 1/1/2013
- Five-year pilot
- Integrated care
  - Improve coordination
  - Improve quality
  - Improve efficiency and care
- Services
  - Acute care inpatient services
  - Physicians' services
  - Outpatient hospital services (including ER)
  - Home health, skilled nursing, inpatient rehab
  - Other services, as determined by Secretary

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### Accountable Care Organizations

- HHS Secretary must establish by 1/1/2012
- Could be networks of practitioners or joint ventures between hospitals and other providers
- CMS released proposed rules – 60 day comment period
- Likely to be designed based on community needs and interests
- Hospices should look for opportunities to be at the table in these discussions

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## Medical Homes

- Focused on primary care and prevention
  - Stresses coordinated team approach facilitated by information technology
  - Typically, internal medicine, family practice, geriatrics and general practice physicians

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## Creation of Health Benefit Exchanges

- PPACA expands access to health insurance through the creation of Health Benefit Exchanges.
- Exchanges can be administered by:
  - a governmental agency
  - a nonprofit entity established by the state.
- If a state does not create an Exchange by Jan. 1, 2014, HHS will create and operate one.

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## Minimum Essential Benefit Plan Details

### Essential Benefit Plans (EBPs)

- States must cover the cost of benefits over and above the Essential Benefit Plan
- At a minimum, the EBPs must include:
  - outpatient services
  - emergency services
  - Hospitalization
  - maternity and newborn care
  - mental health services, including behavioral health treatment;
  - prescription drugs
  - laboratory services
  - preventive and wellness services
  - chronic disease management
  - rehabilitative services
  - pediatric services, including dental and vision care

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## Our Goal

*Ensure that coverage for hospice is included in the Essential Benefits Package.*

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## Other regulatory requirements

- Face-to-face
- Changes in cost report
- More data collection expected
- 100% medical review for hospices with high percentages of long stay patients

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## Proposed Legislation

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### HELP Hospice Act – S 722

- Introduced in the Senate April 4, 2011
- Senators Ron Wyden (D-OR) and Pat Roberts (R-KS)
- Late breaking news on House sponsors
  
- **SHORT TITLE:** Hospice Evaluation and Legitimate Payment Act

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### Three Goals of Legislation

- Face to Face Modifications
  - ▣ 7 days after admission to complete
  - ▣ Expands healthcare professionals who can conduct
    - Physician Assistants
    - Clinical Nurse Specialists

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### Three Goals of Legislation

- Payment Reform
  - ▣ 2 year, 15 site demonstration of payment reforms
  - ▣ 1 year assessment period with report back to Congress
  - ▣ Assess impact on beneficiary access and delivery of quality services

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### Three Goals of Legislation

- Surveys
  - ▣ Initial surveys within 6 months
  - ▣ All hospice programs to be surveyed every 3 years

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### Fraud and Abuse

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### Fraud and Abuse

- New CMS contractors looking for fraud and abuse
- Hospice not immune
  - ▣ \$\$ recoupment for ineligible patients, non-compliance with "letter of the law"
  - ▣ Data analysis from claims
  - ▣ On-site reviews

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## Players

- Medicare and Medicaid
- Audits by
  - MACs
  - QIO
  - Recovery Audit Contractors (RACs)
  - Zone Program Integrity Contractors (ZPIC)
  - Medicaid Integrity Contractors (MIC)
  - OIG and Department of Justice

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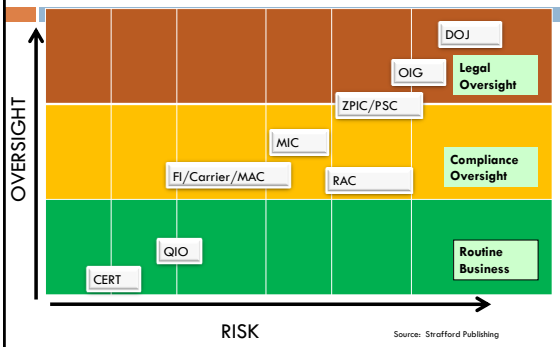
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## New Levels of Scrutiny




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## What Your Hospice Can Do?

- Written compliance plan
- Protocol for front desk and mail forwarding
- Involved staff – not just one person
- Documentation, documentation, documentation
- Pay attention to deadlines and timelines
- Be prepared for this audit activity to continue indefinitely into the future

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**We Honor Veterans**  
A National Awareness and Action Campaign

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**Did You Know...**

- 28% of Americans who die each year are veterans
- Over 1,800 veterans die each day
- Veterans have special care needs at the end of life, especially if they are combat veterans
- It is imperative that hospices step up, acquire the necessary skills and serve these veterans with the dignity they deserve

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**What does We Honor Veterans mean?**

- Asking about military history and knowing what to do with the answer
- Partnering to design care specific to veteran needs
- Extending VA and agency "reach" to improve care and access
- Improving quality by measuring the impact of VA and agency interventions

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[www.WeHonorVeterans.org](http://www.WeHonorVeterans.org)

- Centralized Information
- Educational Resources
- Enhancing Partnerships

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### Enroll Your Hospice as a We Honor Veterans Partner Now

- Recruit: Get oriented and commit
- Level 1: Provide Veteran-centric education
- Level 2: Build organizational capacity
- Level 3: Develop & strengthen relationships
- Level 4: Increase access & improve quality

□ 1100 partners so far

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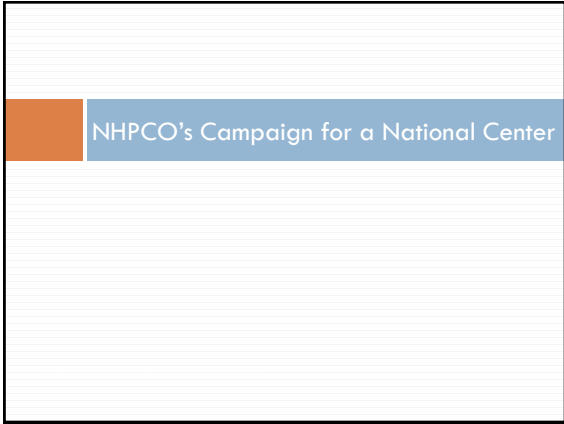
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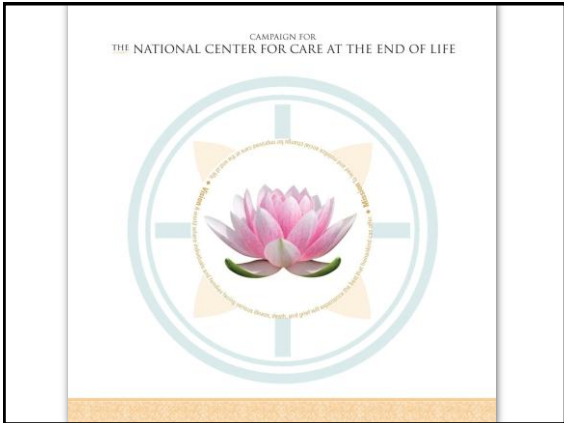
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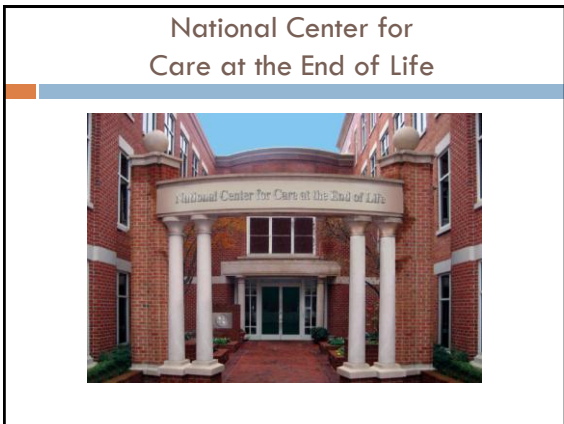
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- 5 year campaign
- \$2.6 M raised so far
- Gifts of all sizes
- Naming Opportunities
- You can help!!



*For more information please contact:*  
[info@nationalhospicefoundation.org](mailto:info@nationalhospicefoundation.org) or call  
703-516-4928

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