HOSPICE COMPLIANCE/REGULATORY REQUIREMENTS, WITH MEDICARE REIMBURSEMENT CHANGES

2009 - 2016
CR642: Report Revocations as Separate Code on Claim Form
July 1, 2011
Hospice must code revocation recertification separately on the hospice claim for CMS tracking of revocations separate from hospice-related diagnoses.

Claim Form
CR6440: Reporting Visit Intensity on Concurrent Care for Children

February 23, 2010
CR6440 adds physical therapists, occupational aides. CR6440 adds physical therapists, occupational aides.

Hospice Data Collection
CR7337: Face-to-Face Encounter Requirements
October 1, 2011
For recertifications on or after January 1, 2011, a hospice physician or hospice nurse needed to revise payment for hospice care.

Quality Reporting for Hospice Programs
CR7473: Report Revocations as Separate on CMS Claim Form for Hospice Services
Deadline for CY2013 Hospice Quality Reporting

Section 3132 of the ACA directs the Secretary of HHS to revise the hospice payment methodology no sooner than October 1, 2013. Such revisions may be based on an analysis of the new data and information collected beginning in 2011.

CR8358: Additional Data Collection on Claim Form
April 1, 2014
Hospice will be required to report the percentage of claims denied due to not meeting patient facility national provider identifiers (NPI), post-mortem visits, and services provided in the face-to-face encounter not non-reimbursable by HH CAHPS (Centers for Medicare & Medicaid Services) and HHS Data Collection
January 1, 2011

CR6132: Beneficiary Encounter Information
January 1, 2011
The data is collected from hospice records and can be used to calculate 6 months of length of stay (LOS) of 180 days or less.

CR6133: Hospice Survey Requirement
March 31, 2015
A post-death family caregiver survey, developed by CMS for the assessment of patient and family experiences with hospice care, will be administered by survey vendors on behalf of hospices. A different version of the survey will be administered based upon the hospice type.

CR6134: CAHPS Survey (formerly known as the Hospice Experience of Care Survey), which is sent to the hospice, the beneficiary and the bereaved included in the hospice applicant. The survey results are used by Medicare to assess hospice care quality and to evaluate a hospice’s performance.

Hospice Care Act of 2008
Division B—Health Care
Subtitle A—Medicare
Section 6204 (b)(2) to require the hospice to provide the hospice the ability to provide hospice care to patients who are not enrolled in hospice care.

CMS Revised Guidance on Hospice and Part D
Part II—July 1, 2014
The revised guidance replaces March 10, 2014, guidance and changes the prior guidance in Part II, which will have an effect on hospice providers who have patients waiting for coverage.

CMS Revised Guidance on Hospice and Part D
April 1, 2014
CMS now requires the name of each patient’s attending physician to appear on the claim form in all cases. The attending physician may be responsible for providing all care and services as detailed in the plan of care but without reimbursement from the Medicare Hospice Benefit for those days.

Penalty for Failure to Participate in CY2013 Quality Reporting

October 1, 2011
The penalty for failure to participate in CY2013 Quality Reporting results in a 2% FY2016 payment reduction.

October 1, 2011
Provision to delay the BNAF phase out until October 2009.

The Secretary is directed to consult with MedPAC and hospice programs regarding the implementation of 2010 Census CBSA or State Designations.

Implementation of 2010 Census CBSA or State Designations

Effective October 1, 2014, hospices will have a maximum of 5 days to submit the BNAF, and/or HCIH data to the CMS.

Penalty for Non-Participation in CY2014 Quality Reporting in CY2014

October 1, 2015
Failure to participate in CY2014 Quality Reporting will result in a 2% FY2016 payment reduction.

Penalty for Non-Participation in Quality Reporting in CY2014

ACA Productivity Adjustment

October 1, 2014
In FY2015, Medicare providers will receive a productivity adjustment of -0.4 percent. Hospice will experience an overall decrease in hospice payments of 0.3 percent, for a total payment reduction of 0.7 percent.

ACA Productivity Adjustment

October 1, 2014
CMS will implement a new cost report for freestanding hospice providers for cost reporting periods beginning October 1, 2014, or later. Hospice providers will be required to submit their cost reports on a 10-month interval basis.

ACA Productivity Adjustment

October 1, 2014
CMS now requires the name of each patient’s attending physician to appear on the claim form in all cases. The attending physician may be responsible for providing all care and services as detailed in the plan of care.

CMS Revised Guidance on Hospice and Part D
March 10, 2014
The revised guidance replaces March 10, 2014, guidance and changes the prior guidance in Part II, which will have an effect on hospice providers who have patients waiting for coverage.

Medicare when the hospice determines that continued hospice GIP (Global Intensive Plan) level of hospice care that likely won’t be covered by Medicare.

October 1, 2014
The revised guidance replaced March 10, 2014, guidance that will result in a delay in the implementation of the 2% market basket reduction.

April 1, 2014
The revision to the guidance is to delay the implementation of the 2% market basket reduction until October 1, 2014.

April 1, 2014
CMS now requires the name of each patient’s attending physician to appear on the claim form in all cases. The attending physician may be responsible for providing all care and services as detailed in the plan of care, but without reimbursement from the Medicare Hospice Benefit for those days.

October 1, 2014
The revised guidance replaces March 10, 2014, guidance and changes the prior guidance in Part II, which will have an effect on hospice providers who have patients waiting for coverage.

Hospice Cost Report

October 1, 2014
Hospice providers will be required to submit their cost reports on a 10-month interval basis.

Hospice Cost Report

October 1, 2014
CMS revised guidance on hospice and part d.

October 1, 2014
This final rule requires long term care facilities (SNFs and NFs) that arrange for hospice care services to report the describable events to the hospice. The hospice is required to report on the hospice claims.

October 1, 2011
Hospice cost report for free-standing hospice providers for cost reporting periods beginning October 1, 2014, or later. Hospice providers will be required to submit their cost reports on a 10-month interval basis.

ACA Productivity Adjustment

October 1, 2014
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Medicare when the hospice determines that continued hospice GIP (Global Intensive Plan) level of hospice care that likely won’t be covered by Medicare.

November 1, 2015
The Secretary must establish the methodology for determining the 2016 payment rate for hospice care.

November 1, 2015
The Centers for Medicare and Medicaid Services will contract with the appropriate state survey agency in each state. Surveys may also be performed by accrediting agencies on behalf of hospices.

CMS Revised Guidance on Hospice and Part D
March 31, 2013
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CMS Revised Guidance on Hospice and Part D
March 10, 2014
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Hospices are facing a perfect storm
- multiple Medicare reimbursement reductions, a series of costly regulatory changes, and hospice payment reform.

With the confluence of reimbursement cuts, increased regulatory and administrative burdens, and the prospect of significant additional changes to the Medicare Hospice Benefit in the near future, the health of the hospice community, and access to it, is in danger.

Hospice care relies far more heavily on Medicare and Medicaid reimbursements (91% of patients) compared to other types of providers. This poses a challenge for hospice providers, allowing little room for shifting costs in response to the financial, administrative, and regulatory challenges.

According to recent MedPAC data...
the projected hospice margin for 2015 is 6.6%. Once other mandatory but non-reimbursable costs are included (bereavement services and volunteer programs), the aggregate margin drops to 4.9%.