FY2023 Final Hospice Rule

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- Rate Updates and Wage Index
- Hospice Quality Reporting Program Updates
- Survey and Enforcement Updates
- Hospice Telehealth Update

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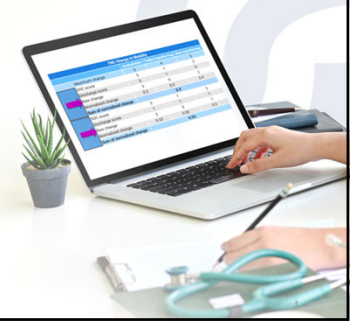
Rate Updates



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FY2023 Rate Update

Proposed Rule

- Payment increase of 2.7% ($580 million)
- Corresponding increase in hospice cap amount to $32,142.65
- Hospices that fail to meet quality reporting requirements will be penalized with a 2.0% reduction

Final Rule

- Payment increase of 3.8% ($825 million)
- Hospice Aggregate Cap Amount $32,486.92
- Hospices that fail to meet quality reporting requirements will be penalized with a 2.0% reduction

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FY2023 Rate Update

Code	Description	FY22 Rate	Final FY23 Rate
0651	Routine Home Care (Days 1-60)	$203.40	$211.34
0651	Routine Home Care (Days 61+)	$160.74	$167.00
0652	Continuous Home Care (Full Rate)	$1,462.52 ($60.94/hour)	$1,522.04 ($63.42/hour)
0655	Inpatient Respite Care	$473.75	$492.10
0656	General Inpatient Care	$1,068.28	$1,110.76

Notes: Hospice must submit quality data

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Additional Items to Consider

Increased cost of doing business (notably recruitment/retention)

Impact of price and wage inflation

CMS used 2019 data to calculate the 2023 rates, including wage and cost reports

- These time lags are typical on reimbursement decisions
- However, conditions Hospice's operated since 2020 has been anything but "normal"

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Wage Index Update

Permanent 5 percent cap on wage index losses from one year to the next, starting October 1, 2022

- Win for the Hospice Industry!

The appropriate wage index value would be applied to the labor portion of the hospice payment rate based:

- Geographic area in which the beneficiary resides when receiving RHC or CHC
- Geographic location of the facility for beneficiaries receiving GIP or IRC

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Hospice Quality Reporting Program Updates

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Updates and Future Quality Measure Development

No New Measures in this Rule

Hospices are subject to a payment reduction in their annual payment update (APU) if they fail to comply with the HQRP requirements.

Beginning in FY2024 (CY2022 data), the APU penalty will increase from 2% to 4%

- FY 2024 Compliance Checklist Submit at least 90 percent of all HIS records within 30 days of the event date (patient's admission or discharge) for patient admissions/discharges occurring January 1, 2022–December 31, 2022. AND Ongoing monthly participation (from January through December of each year) in the CAHPS Hospice Survey with an approved third-party vendor that submits data according to the quarterly deadlines on behalf of the hospice.
- Note: Since administrative data are already collected from claims, hospices are considered 100 percent compliant with the submission of these data for HVLDL and HCI

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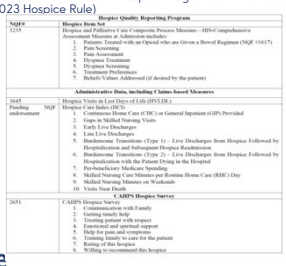
Updates and Future Quality Measure Development

Quality Measures finalized in the FY 2022 Hospice Wage Index Final Rule and in Effect for FY 2023 for the HQRP (Table 5: FY 2023 Hospice Rule)



Hospice Quality Reporting Program	
NQF #	Hospice Item Set
3235	Hospice and Palliative Care Composite Process Measure – HIS-Comprehensive Assessment Measure at Admission includes: 1. Patients Treated with an Opioid who are Given a Bowel Regimen (NQF #1617) 2. Pain Screening 3. Pain Assessment 4. Dyspnea Treatment 5. Dyspnea Screening 6. Numeric Pain Intensity 7. Beliefs/Values Addressed (if desired by the patient)
Administrative Data, including Claims-based Measures	
3645	Hospice Visits in Last Days of Life (HVLDL)
Pending NQF endorsement	Hospice Care Index (HCI): 1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided 2. Gaps in Skilled Nursing Visits 3. Early Live Discharges 4. Late Live Discharges 5. Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission 6. Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital 7. Per-beneficiary Medicare Spending 8. Skilled Nursing Care Minutes per Routine Home Care (RHC) Day 9. Skilled Nursing Minutes on Weekends 10. Visits Near Death
CAHPS Hospice Survey	
2651	CAHPS Hospice Survey: 1. Communication with Family 2. Getting timely help 3. Treating patient with respect 4. Emotional and spiritual support 5. Help for pain and symptoms 6. Training family to care for the patient 7. Rating of this hospice 8. Willing to recommend this hospice

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Hospice Care Index

The FY2022 Hospice Care Index (HCI) measures are to continue throughout FY2023.

The Hospice Care Index (HCI) captures care processes occurring throughout the hospice stay, between admission and discharge. HCI is a single measure comprising ten indicators calculated from Medicare claims data.

The index simultaneously monitors all ten indicators. Collectively these indicators represent different aspects of hospice service and provide a more comprehensive reflection of the hospices.

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Hospice Care Index (continued)

HCI Indicator	Description	Index Earned Point Criteria
Continuous Home Care (CHC) or General Inpatient (GIP) Provided	The percentage of hospice service days that were provided at the Continuous Home Care (CHC) or General Inpatient (GIP) level of care.	Hospice Score Above 0%
Gaps in Skilled Nursing Visits	The percentage of hospice elections, of at least 30 days, where the patient experienced at least one gap between nursing visits exceeding 7 days.	Below 90 Percentile Rank
Early Live Discharges	The percentage of all live discharges from hospice occurring within the first 7 days after hospice admission.	Below 90 Percentile Rank
Late Live Discharges	The percentage of all live discharges from hospice occurring on or after 180 days after hospice admission.	Below 90 Percentile Rank
Burdensome Transitions (Type 1) Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and followed by hospice readmission within two days of hospital discharge.	Below 90 Percentile Rank
Burdensome Transitions (Type 2) Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital	The percentage of all live discharges from hospice that were followed by hospitalization within two days, and where the patient also died during the inpatient hospitalization stay.	Below 90 Percentile Rank

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Hospice Care Index (continued)

Per-beneficiary Medicare Spending	Average per-beneficiary Medicare payments (in U.S. dollars): the total number of payments Medicare paid to hospice providers divided by the total number of hospice beneficiaries served.	Below 90 Percentile Rank
Skilled Nursing Care Minutes per Routine Home Care (RHC) Day	Average total skilled nurse minutes provided by hospices on all Routine Home Care (RHC) service days: the total number of skilled nurse minutes provided by the hospice on all RHC	Above 10 Percentile Rank
	service days divided by the total number of RHC days the hospice serviced.	
Skilled Nursing Minutes on Weekends	The percentage of skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days.	Above 10 Percentile Rank
Visits Near Death	The percentage of beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life (a visit on the date of death, the date prior to the date of death, or two days prior to the date ofdeath).	Above 10 Percentile Rank

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Hospice Visits in Last Days of Life (HVLDL)

The HVLDL measure assesses hospice staff visits to patients at the end of life. This measure is collected from claims submitted to Medicare.

The measure indicates the hospice provider's portion of patients who have received in-person visits from a Registered Nurse or Medical Social Worker on at least two out of the final three days of the patient's life.

The last three days are defined as: (Day 1) the day of death, (Day 2) the day prior to death, (Day 3) the day two days prior to death.

- Visits after the death of the patient do not count.

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HOPE Instrument

- The Hospice Outcomes & Patient Evaluation (HOPE) is an on-going patient assessment instrument that will be used to capture patient and family needs throughout their time on hospice.
- Designed to support the Hospice CoPs (including QAPI) and provide quality data to calculate outcome and other types of quality measures.
- Provides standardized data collection and additional clinical data that could inform future payment refinements.
- The HOPE instrument continues to be tested and reviewed by several hospice programs around the country through 2022.

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HOPE Instrument

Per CMS, HOPE will provide standardized data, as all Medicare-certified hospices will be collecting the same assessment items for all patients. Standardization will allow CMS to analyze the data patterns and trends which will help identify the differences between hospices.

The two primary objectives of HOPE are to:

- Provide quality data for Hospice Quality Reporting Program (HQRP) requirements through standardized data collection
- Provide additional clinical data that could inform future payment refinements.

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HQRP Health Equity Initiative RFI

CMS is requesting comments on the following questions:

- What efforts does your hospice employ to recruit staff, volunteers, and board members from diverse populations to represent and serve underserved populations? How does your hospice attempt to bridge any cultural gaps between your personnel and beneficiaries/clients? How does your hospice measure whether this has an impact on health equity?
- How does your hospice currently identify barriers to access in your community or service area? What are barriers to collecting data related to disparities, social determinants of health, and equity? What steps does your hospice take to address these barriers?

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HQRP Health Equity Initiative RFI (continued)

CMS is requesting comments on the following questions:

- How does your hospice collect self-reported data such as race/ethnicity, veteran status, socioeconomic status, housing, food security, access to interpreter services, caregiving status, and marital status used to inform its health equity initiatives?
- How is your hospice using qualitative data collection and analysis methods to measure the impact of its health equity initiatives?

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HQRP Health Equity Initiative RFI (continued)

CMS is also seeking comment on a potential structural composite measure based on hospices submitting documentation and activities related to specific domains. The focus of the content of the domains: how to score domains and how completed scoring should be published. Potential domains are:

- Domain 1: Hospice commitment to reducing disparities is strengthened when equity is a key organizational priority.
- Domain 2: Training board members, leaders, staff and volunteers in culturally and linguistically appropriate services (CLAS), health equity, and implicit bias is an important step hospices take to provide quality care to diverse populations.
- Domain 3: Leaders and staff could improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity.

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CAHPS Hospice Survey Updates

CAHPS Hospice Survey Participation Requirements are not changed in this rule.

- Medicare is testing a web-based mode to CAHPS Hospice Survey and its effect on survey response and scores.
- Also examining the effects of a shortened survey on response rate and scores.

No changes to the volume-based or newness exemptions

CMS has pulled together Technical Expert Panels (TEPs) to review potential new process measures.

CMS will propose any changes to the CAHPS Hospice Survey in future rulemaking

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CAHPS Hospice Survey Star Ratings

Will be publicly reported on Care Compare in August 2022

- (https://www.medicare.gov/care-compare/)

CMS began a "dry run" of the star rating during the November 2021 and March 2022 preview periods to allowing hospices to experience a "dry run" of the CAHPS Hospice Survey Star Rating process.

The preview period for the Star Rating that will be published on Care Compare in August 2022 will be May 2022.

Additional information and updates re: CAHPS Hospice Survey:

- https://www.hospicecahpssurvey.org/

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CAHPS Hospice Survey Star Ratings

For the August and November 2022 public reporting periods, which are based on caregiver-reported quality of care for patients that died between April 1, 2019 and December 31, 2019 and those that died between July 1, 2020 and September 30, 2021, the quarters are split into the following four six-month periods of time.

- Quarter 2, 2019 to Quarter 3, 2019: April 1, 2019 to September 30, 2019
- Quarter 4, 2019 and Quarter 3, 2020: October 1, 2019 to December 2019 and July 1, 2020 to September 30, 2020
- Quarter 4, 2020 to Quarter 1, 2021: October 1, 2020 to March 31, 2021
- Quarter 2, 2021 to Quarter 3, 2021: April 1, 2021 to September 30, 2021

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Survey and Enforcement Procedures

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Hospice Special Focus Program

CMS announced a Technical Expert Panel (TEP) to discuss the implementation of the Hospice Special Focus Program

- Required under the CAA-Hospice Act of 2021

CMS will use the TEP findings to further develop proposed methodology for establishing the Hospice SFP.

Regulatory guidance to be proposed in the FY 2024 Hospice Wage Index Proposed Rule.

REMINDER: Most hospice survey changes and enforcement remedies scheduled to be implemented during 2022.

- Refer to the CY 2022 HH PPS Final Rule

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Hospice Telehealth Update

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Hospice Telehealth Visits

The Coronavirus Aid, Relief and Economic Security (CARES) Act (Public Law 116-136) expanded the ability for hospice providers to use telehealth with patients, including the face-to-face visit required for recertification of hospice eligibility, for the duration of the COVID-19 Public Health Emergency (PHE). The Consolidated Appropriations Act, 2022 (Public Law 117-103) extended this flexibility for an additional 151 days after the end of the PHE.

On July 27, 2022, the House of Representatives passed the Advancing Telehealth Beyond COVID-19 Act of 2021 (H.R. 4040) which further extends these telehealth flexibilities through December 31, 2024. The legislation passed by a vote of 416 – 12 and advances to the Senate.

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Hospice Telehealth Visits

Now we wait for the Senate.....

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