

## Eli's Hospice Insider

### Regulations: Medicare Bumps Election Statement Addendum To Next Year

**Plus: Final rule also addresses assessment tool, quality.**

Hospices gained a few small wins when it comes to new election statement and addendum requirements, but a heavy burden remains.

In its proposed rule back in April, the **Centers for Medicare & Medicaid Services** floated some fairly benign changes to the hospice election statement, and a major new requirement in the form of an election statement addendum spelling out what is unrelated care and why it is not related to the terminal diagnosis (see Eli's HOP, Vol. 12, No. 6).

As expected, many commenters took aim at this provision in their letters. And that deluge of feedback does seem to have had some effect - CMS has relaxed the implementation date for the monumental change, as well as time frames for furnishing the new addendum document to patients upon request.

CMS has pushed the implementation date for the new election statements and addendum one year. "Finalizing this policy with an effective date of October 1, 2020, will give hospices more time to make the necessary changes to their election statements to implement this policy successfully," the agency says in a fact sheet about the rule.

"We are pleased to see the one-year delay in the implementation of the election statement changes and addendum," says **Judi Lund Person** with the **National Hospice and Palliative Care Organization**. "It will give both hospice providers and hospice software vendors time to adjust processes, develop new forms and ensure that everything is in place for October 1, 2020," Lund Person tells **Eli**.

CMS also has tackled one of hospices' most straightforward problems with the addendum - its deadline. The agency loosened the timeline for delivering the tricky document. "We appreciate that CMS has moderated the deadlines for delivery of the addendum from 48 hours to five days on admission (if requested) and from 'immediately' to 72 hours on any request thereafter," says attorney **Brian Daucher** with **Sheppard Mullin**.

But hospices will have a daunting task to operationalize the addendum and comply with Medicare's new requirements. (See more about the challenges, and how to overcome them, in a future issue of Eli's HOP.)

Other provisions in the rule include:

- **Changing HEART to HOPE.** CMS solicited ideas on what to call the in-progress hospice patient assessment tool. The former name, HEART, was too easily confused with the Hospice Abstraction Reporting Tool (HART) tool. "After reviewing the many great suggestions, we like the name, Hospice Outcomes & Patient Evaluation," the final rule says. "Both the full name and acronym, HOPE, captures our goals for this assessment tool. It is a patient evaluation ... and enables CMS to develop outcome measures that will help consumers in selecting hospices when publicly reported. The acronym, HOPE, also provides the sentiment of hope for patients achieving the quality of life per their goals and wishes and supported by the hospice."

CMS adds in a fact sheet about the rule, "We think the HOPE assessment will help hospice staff better understand the patient's end of life care needs, provide hospices with important information to address patient and family needs, and ensure delivery of high quality care throughout the patient stay, while minimizing the burden on providers."

**Timeline:** "We expect to be proposing this tool for notice and comment rulemaking in the near future," according to the fact sheet.

**Quality.**»» The rule also addresses "the development of claims-based and outcome measures;" confirms the earlier-announced public reporting change for the "Hospice Visits When Death is Imminent" measure pair; discusses the posting of publicly available government data to the Hospice Compare website; and addresses CAHPS survey issues such as potentially shortening/simplifying the survey tool.