

## Eli's Hospice Insider

### Regulations: Problems With Medicare Care Choices Model Persist

#### Plus: Final HIS data specs issued.

Hospices hoping that Medicare would fix the problems with its concurrent care demonstration project are still disappointed.

Back in March, the **National Hospice & Palliative Care Organization** noted problems with the Medicare Care Choices Model, which kicked off this year. In a letter to CMS, NHPCO listed its "grave concerns" about the program.

"This demonstration has been constructed too narrowly, and ... [the **Centers for Medicare & Medicaid Services**] has so tightly managed it that few patients are able to participate," the trade group protested in its letter. "A patient must meet a total of 14 individual requirements before he or she can be enrolled. While some of these requirements are common sense (e.g., Medicare eligibility, medical eligibility criteria, and volunteering to participate), others create such onerous barriers that □ when layered one on top of the other □ mean that few individuals qualify."

Those burdensome requirements include being enrolled in a stand-alone Part D plan, having two years of Medicare enrollment already, and having two hospitalizations in the previous year, according to the letter.

Hospice leaders at the **National Association for Home Care & Hospice's** March on Washington conference told CMS speakers the same thing. One attendee compared finding an eligible MCCM patient to "finding a unicorn" (see Eli's Hospice Insider, Vol. 9, No. 5).

But CMS hasn't changed its enrollment criteria for the demo scheduled to last five years.

In Medicare's Aug. 23 Open Door Forum for home care and hospice providers, a CMS official noted that the agency will evaluate the MCCM program's impact on care quality, patient and caregiver satisfaction, and Medicare spending. As part of its MCCM "update," CMS didn't disclose any participation figures in the forum.

More information about the demo is at <https://innovation.cms.gov/initiatives/Medicarecare-Choices>.

Other hospice items discussed in the forum include:

**Public reporting.** Hospices should check their information in the new hospice directory, a staffer reminded in the forum. For now, the directory just contains basic demographic data, a CMS official said in response to a question from a participant. It's "just the very beginning of public reporting," she said.

If your data is not listed, is incorrect, or has changed, contact your Regional Office, the CMS official instructed. Updates will take place quarterly.

**Billing errors.** After outlining the new condition code hospices will use to indicate late recertifications (see story, this page), a CMS official thanked hospices for their patience as the agency works through resolutions for the variety of billing problems caused by hospice payment reform that took effect this year. A number of errors won't get fixed until January.

**HIS.** CMS has released the final data specs for Hospice Item Set v2.00.0, effective April 2017, at [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HIS-Technical-Information.html).

