

Eli's Hospice Insider

Regulations: The Heat Is Off Hospice Bundling -- For The Moment

CMS holds off on 'terminal illness' and 'related condition' definitions in final rule.

The feds appear to be readying a crackdown on what and how much hospices must pay for when it comes to their Medicare patients ☐ but that initiative isn't underway quite yet.

In its 2015 final payment rule for hospices, the **Centers for Medicare & Medicaid Services** reiterates its review of the definitions for "terminal illness" and "related conditions." CMS repeats its definitions from the proposed rule and notes that it will use the numerous comments it received about them in future rulemaking.

What to expect: Experts predict that CMS is planning a major overhaul of what hospices must bundle into their payments ☐ pretty much all of a patient's drugs, equipment and services at end of life. "Our expectation continues to be that hospices offer and provide comprehensive, virtually all-inclusive care, and with a patient-centered approach," CMS stresses in the rule. "In order to preserve the Medicare hospice benefit and ensure that Medicare beneficiaries continue to have access to comprehensive, high quality and appropriate end-of-life hospice care, we will continue to examine program vulnerabilities and implement appropriate safeguards in the Medicare hospice benefit, when appropriate."

It's a good sign that CMS isn't finalizing those definitions for this year, says attorney **Marie Berliner** with **Joy & Young** in Austin, Texas. "One of the most significant features of this rule is what is not there ☐ definitions of 'terminal illness' and 'related conditions,'" Berliner tells **Eli**. "Hopefully, that means that CMS is carefully considering the comments and feedback it has received on these terms, which the industry has understood to be unchanged since the inception of the hospice benefit."

Big impact: Berliner hopes that CMS "appreciates the effect that the definitions have on the entire hospice benefit," she says.

Expect to see CMS pay particular attention to Part D drugs' coverage under the hospice benefit, especially since the agency had to pull back a large portion of its preauthorization initiative.

"Because hospice care is unique in its comprehensive, holistic, and palliative philosophy and practice, we want to ensure that the hospice services under the Medicare hospice benefit are preserved and not diluted, or unbundled in any way," CMS says in the rule.