

Eli's Hospice Insider

Reimbursement: Concurrent Care Demo Rolls Exceeds Size Expectations

First phase begins Jan. 1.

Hospices hope a new pilot project could broaden the hospice services Medicare will cover.

Reminder: Last year, the **Centers for Medicare & Medicaid Services** accepted applications from hospices to participate in its Medicare Care Choices Model demonstration project (see Eli's Hospice Insider, Vol. 7, No. 8). Under the project, which was mandated by the Affordable Care Act of 2010, CMS plans to test the concurrent provision of hospice care and fee for service curative care. The demo will focus on patients with advanced cancers, COPD, obstructive heart failure, and HIV AIDS.

At the time, CMS planned to run the demo for three years with 30 hospices serving about 30,000 beneficiaries. But "due to robust interest, CMS has invited over 140 Medicare-certified hospices to participate in the model and expanded the duration of the model to 5 years," the agency notes in a release. "This will enable up to 150,000 eligible Medicare and dually eligible beneficiaries to participate." The 141 hospices are located in 40 states, CMS has revealed.

Up to 171 hospices that may participate in the demo, CMS says in a recently updated transmittal. Up to 71 hospices may begin participating in MCCM on Jan. 1, with 70 more joining in Year 3 of the five-year model, CMS says.

CMS will randomly select about half of the hospices to begin the demo Jan. 1, 2016 and run for five years, it says in a fact sheet about the pilot. The other half will begin Jan. 1, 2018 and run for three years. Both phases will wrap up in December 2020.

Delay: CMS originally planned to announce the participating hospices in the fall of 2014 and start the project on Jan. 1, 2015, points out the **National Association for Home Care & Hospice**. The high number of applications to participate pushed back that timeline.

Under the model, hospices will receive \$200 per beneficiary per month if they furnish demo services for 14 days or fewer each month, CMS explains in a newly updated frequently asked questions set. If they furnish services for 15 or more days, they'll receive \$400 PBPM.

Patients who qualify for hospice care, but who have not elected the benefit, are eligible for the demo. "Under the model, participating hospices will provide services that are currently available under the Medicare hospice benefit for routine home care and respite levels of care, but cannot be separately billed under Medicare Parts A, B, and D," CMS explains. That includes nursing, social work, hospice aide, hospice homemaker, volunteer, chaplain, bereavement, nutritional support, and respite care services. The services the hospice provides must be "reasonable and necessary," CMS notes.

CMS's launch of the MCCM "marks a significant turning point in hospice care," cheers Senate Finance Committee Ranking Member **Ron Wyden** (D-Ore.), who authored the ACA provisions requiring the program. "Electing to enroll in hospice does not have to be a crossroads for millions of Americans and their families. It's past time to get smart when it comes to health care at the end of life, and I'm hopeful the success of Care Choices will pave the way for greater access to this kind of care for more Americans," Wyden says in a release.

The **National Hospice & Palliative Care Organization** "applauds continued steps forward on this innovative model," the trade group says.

CMS Wants Higher Hospice Utilization

"Only 47.3 percent of Medicare and 42 percent of dually eligible beneficiaries used hospice care and most only for a short period of time," CMS notes in the fact sheet. "This data reflects the struggle in having to choose between palliative and curative care during these difficult times."

The demo aims to "evaluate whether eligible Medicare and dually eligible beneficiaries would elect to receive supportive care services typically provided by hospice if they could also continue to receive curative services," CMS notes. It also will evaluate "whether providing both palliative and curative care concurrently impacts quality of care, as well as patient and family satisfaction."

And, of course, CMS will evaluate whether "providing hospice services can ... reduce Medicare expenditures," the agency says on its MCCM webpage. "The model is designed to ... inform new payment systems for the Medicare and Medicaid programs."

Get A Sneak Peak At Further Pay Reform

Many mainstream news outlets picked up the program's launch. "In effect, the pilot will add hospice to a care team that may also include a primary care physician and one or more specialists," notes Forbes magazine. "It has the potential to fill an enormous gap in the care of very ill patients by providing palliative services such as pain management to many people living in the community."

"The pilot will give us all a chance to learn whether this model can improve the quality of end-of-life care and, perhaps, save Medicare money," Forbes notes.

Health and Human Services officials estimate the demo will either reduce overall costs or be cost neutral, HHS Secretary **Sylvia Mathews Burwell** told The Wall Street Journal. "A successful test could lead to a fundamental shift in the delivery of health care at the end of patients' lives," the Journal says.

"We are very hopeful that the findings from the project will provide definitive insights as to the value of extending use of the hospice model concurrently with curative care, and ultimately help to establish a bridge between curative and end-of-life care under Medicare," NAHC's **Theresa Forster tells Eli**.

Note: CMS's MCCM page, which includes links to the FAQs and a listing of the 141 hospices selected for participation, is at <http://innovation.cms.gov/initiatives/Medicare-Care-Choices>. More details about MCCM are in the transmittal at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R121DEMO.pdf.