

Eli's Hospice Insider

Reimbursement: Note These Changes To The Hospice Cost Report Form

CMS wants to know more about your ancillary costs during inpatient stays.

The hospice cost report form and instructions have some changes related to inpatient general care costs.

The **Centers for Medicare & Medicaid Services** is rephrasing the term "inpatient general care costs," which is changing from "general inpatient care costs" to be consistent with "inpatient respite costs."

And CMS has added a new section to the form and corresponding instructions to capture the drug, durable medical equipment/oxygen, and medical supply costs relating to inpatient general care services, CMS says in June Transmittal No. 8.

"The proposed changes to the Hospice Cost & Data Report are intended to provide CMS with the identification of ancillary costs (drugs, HME, and medical supplies) that are provided to patients being billed under the inpatient hospital rate," explains the **National Association for Home Care & Hospice**. "CMS is in the process of examining the hospice payment system in order to comply with provisions of the Affordable Care Act ... requiring reform of payment for (at a minimum) routine home care."

Such hospice payment reforms may take effect as early as Oct. 1, 2012. The changes to the form will take effect for cost reporting periods ending on or after July 31 of this year, CMS notes in the memo.

Hospices have some concerns about filling out the changed form. "Although this information was always to be reported on Line 10 of the cost report, many hospices may not readily have such information available for 2011," NAHC points out.

Another problem: "There is no reconciliation of the amount reported in the new questions to the costs reported in the cost report (Worksheet A)," NAHC says in its member newsletter.

Note: The transmittal is at www.cms.gov/transmittals/downloads/R8P238.pdf.