

FY 2019 Medicare Hospice Proposed Rule

OVERVIEW

On April 27th, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to update the federal fiscal year (FY) 2019 hospice payment rate. The rule also proposes changes to the scope of practice for physician assistants, Hospice Compare website, Hospice Quality Reporting (QRP) measure assessment, and requests information on new interoperability requirements.

CMS will accept comments on the proposed rule until June 26th. The rule is available [here](#).

PAYMENT UPDATES

The rule proposes a 1.8% payment increase based on a 2.9% inpatient hospital market basket update, reduced by a 0.8% multifactor productivity adjustment and a 0.3% adjustment mandated by the Affordable Care Act.

The hospice payment system also includes an aggregate cap that limits annual per-beneficiary payments made to hospices. The Improving Medicare Post-Acute Care Transformation Act (IMPACT) requires that between September 30, 2016 and October 1, 2025, the cap amount must be updated by the hospice payment rate percentage rather than the Consumer Price Index. As such, the cap for FY 2019 would be \$29,205.44.

SCOPE OF PRACTICE EXPANSION

Currently, only physicians and nurse practitioners are considered attending physicians for purposes of Medicare's hospice benefit. As mandated by the Bipartisan Budget Act, physician assistants would also be recognized as hospice attending physicians effective January 1, 2019.

HOSPICE COMPARE

CMS is proposing several changes for the Hospice Compare website:

- *Composite Score* – CMS is proposing to reconfigure the Hospice Compare website so that the composite measure is more predominantly featured. Users would initially see the composite measure, and then could click to view the component measures in an expandable/collapsible format.
- *Public Use Files (PUFs)* – CMS is proposing to display data from PUFs and other publicly available CMS data on Hospice Compare. The Hospice PUF contains information on utilization, payment, submitted charges, primary diagnoses, sites of service, and beneficiary demographics. CMS would develop a new section of the website to display this information.

- *Review Period* - Beginning January 1, 2019, the rule also proposes that hospices have 4.5 months at the end of each quarter to review and correct the Hospice Item Set data that will be publicly reported on Hospice Compare.
- *New Measures* – For FY 2019, CMS proposes to add two new reporting measures for the website: HIS-based Hospice Comprehensive Assessment Measure and Hospice Visits when Death is Imminent Measure Pair.

MEANINGFUL MEASURE INITIATIVE

CMS currently considers seven factors for Hospice Quality Reporting Program measure removal:

- Measure performance among hospices is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made;
- Performance or improvement on a measure does not result in better patient outcomes;
- A measure does not align with current clinical guidelines or practice;
- A more broadly applicable measure (across settings, populations, or conditions) for the particular topic is available;
- A measure that is more proximal in time to desired patient outcomes for the particular topic is available;
- A measure that is more strongly associated with desired patient outcomes for the particular topic is available; or
- Collection or public reporting of a measure leads to negative unintended consequences.

The proposed rule would adopt an eighth factor that considers whether the costs associated with a measure outweigh the benefits of reporting this measure. CMS would remove such measures on a case-by-case basis.

INTEROPERABILITY REQUEST FOR INFORMATION

CMS is soliciting information on revisions to the Conditions of Participation to encourage providers to share data electronically.