



## Hospice Update

November 27, 2009

### HOSPICE IMPACT OF SENATOR REID'S HEALTH CARE PROPOSAL

#### Hospice Reform

Based on recommendations by the Medicare Payment Advisory Commission (MedPAC), the bill requires the Secretary to update Medicare hospice claims forms and cost reports by January 1, 2011. Based on this information, no earlier than October 1, 2013, the Secretary would be required to implement changes to the hospice payment system to improve payment accuracy (which usually means a decline).

The types of additional data and information that would be collected would include: (1) the type of practitioner providing the visit; (2) the length and content of the visit; (3) charge and payment information; (4) number of days attributable to Medicare beneficiaries and dually eligible beneficiaries; (5) days of hospice care by type of service and costs and payment attributable to each type of service; and (6) charitable contributions and other revenue.

MedPAC hospice program eligibility recertification recommendations are to be implemented by January 1, 2011. The Secretary would impose the following requirements on hospice providers: 1) that a hospice physician or advanced practice nurse visit the patient to determine continued eligibility prior to the 180th day recertification and each subsequent recertification and attest that such visits took place; and 2) that all stays in excess of 180 days be medically reviewed by CMS (or its contractors) for hospices where stays exceeding 180 days make up a certain level of their total cases, (level to be determined by CMS).

#### Payment Adjustments

In addition to potential changes mentioned above, Full "Productivity Adjustments" begin in 2013, and the Market basket is reduced 0.50% for 2013 through 2019.

#### Quality Reporting and Demonstration Program

CMS would be required to have Hospice Quality Reporting Measures in place by FFY 2013, and a reporting system in place by FFY 2014. Failure to report quality measures would reduce your annual Market Basket update by 2.0%

The bill requires CMS to establish a three-year Medicare pilot program, called the Medicare Hospice Concurrent Care Demonstration Program. CMS shall select no more than 15 hospice agencies with a mixture of both urban and rural. The program would be budget neutral and CMS will report the results of the demonstration to Congress.

## OTHER NEWS

### Certificate of Need Activity

Responding to the State's determination of need in 2011, four applicants each have filed for Duval and Orange counties, and three for Pinellas.

We're here to help, so if you have any questions or need assistance, contact your MSL representative or Steve Jones in Clearwater at (727) 531-4477 or [sjones@mslcpa.com](mailto:sjones@mslcpa.com).

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