



# CMS' Proposed Hospice FY2024 Payment Rule

1

## Hospice Utilization and Spending Patterns

- Utilization/Principal Diagnosis Data
- Utilization by Level of Care
- Length of Stay/Live Discharges
- Non-hospice Spending During a Hospice Election
- Hospice and ESRD
  - Other high-cost palliative treatments, including:
    - Radiation
    - Chemotherapy
    - Blood Transfusions
- RFI on Hospice Utilization, Non-Hospice Spending, Ownership Transparency, and Hospice Election Decision-Making



2

## Payments/Aggregate Cap/Wage Index

- Proposed 2.8% annual payment update
- FY2024 – 4% reduction for failure to meet HQRP requirements during CY2022
- Hospice Aggregate Cap:
  - Proposed FY2024: \$33,396.55
  - Cap update regulatory change – CAA 2023 extends utilization of APU %age (instead of CPI-U) through CY2032



3

## Health Equity

### Request for Information:

- Potential collection of additional indices and data elements that can provide insight regarding
  - underlying health status and non-medical factors,
  - access to care
  - experience in medical care
- Potential health equity structural composite measure
  - FY 2023 hospice and home health proposed rules
  - Technical Expert Panel (TEP)
    - Summary and final recommendations report later in 2023
- Social determinants of health in quality measures and data stratification



4

## Hospice Quality Reporting Program

- No new quality measures
- Annual payment update penalty increases to 4% for FY 2024
- HOPE update
- Future quality measures
  - Timely Reassessment of Pain Impact
  - Timely Reassessment of Non-Pain Symptom Impact
- CAHPS Hospice Survey update
  - Measures Under Consideration (MUC) 2023
  - Possibly part of future rulemaking



5

## Telehealth Flexibilities and the PHE

- Proposal to codify extension of authority for hospices to conduct F2F using telecommunications technology through the end of CY2024
- CMS proposes to remove regulation effective with the end of the PHE
  - §418.204(d): hospices may use telecommunications technologies to perform service visits under RHC during the PHE if:
    - Feasible and appropriate, visits are on plan of care, plan of care identifies the technology and purpose of the visit
- NAHC and other associations have sought clarification from CMS



6

## Survey & Enforcement Procedures

### Special Focus Program (SFP)

- TEP 2022
  - Identify hospice poor performers
  - Graduation criteria
  - Termination criteria
- April 2023 – TEP Report



7

## Hospice Ordering/Certifying Physician Enrollment

**Proposal:** Ordering/certifying physician for hospice services for Medicare beneficiaries be enrolled in or validly opted-out of Medicare

- Enrollment through Internet-based Provider Enrollment, Chain, and Ownership System (PECOS)
- Purpose
  - help confirm that providers and suppliers furnishing services or items (or ordering/certifying the provision thereof) to Medicare beneficiaries meet all applicable Federal and state requirements
  - Enables CMS to take further action
- Applicable to all hospice certifications
  - Initial certification – attending (if any) and hospice physician
  - Recertification – hospice physician



8

## NAHC Webinar

Register for recording of the NAHC webinar:

### [CMS' Proposed Hospice FY2024 Payment Rule: Implications for Agencies and the Hospice Community](#)



9

## NAHC/HHFMA Webinar Series: Part 2 -- Medicare Advantage Planning Considerations Webinar

- **WHEN:** Tuesday, May 2, 2023, 2 – 3pm EASTERN
- This session builds on lessons from the MA Plan Landscape session and will explore MA Plan and provider insights relating to referral demand, the provider value proposition, health system partnership opportunities, factors in local market dynamics and impact of the nursing workforce shortage.
- **Faculty:** Glenn Tolchin, VNS Health; Beau Sorensen, First Choice Home Health and Hospice; Jordan Holland, COMPASSUS; and David Holms, Liberty Healthcare
- **FREE to HHFMA Members:** [\[Get your coupon code in the HHFMA Community\]](#)



10