Hospices would see a $340 million increase in their payments for fiscal year (FY) 2019, a 1.8-percent increase from FY 2018. In addition to the annual update to the hospice wage index, payment rates, and cap amount, the Proposed rule also would change the Hospice Quality Reporting Program (Hospice QRP) by adding an eighth factor for determining whether a measure should be retained or removed. The changes are based on the requirements of Soc. Sec. Act §1814(i)(5), as added by Affordable Care Act (ACA) (P.L. 111-148) § 3004(c).

CMS also stresses data transparency for patient usage, along with a regulatory change to address physician assistants (Proposed rule, 83 FR 20934, May 8, 2018).

Payment rate. The FY 2018 $340 million increase for hospice payments is based on an estimated 2.9-percent inpatient hospital market basket update, reduced by a 0.8-percent multifactor adjustment and 0.3 percent as set by the ACA.

In addition, hospice payments include a statutory aggregate cap that limits the overall payments made to a hospice annually. As mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) (P.L. 113-185), the cap amount for accounting years that end after September 30, 2016, and before October 1, 2025, must be updated by the hospice payment update percentage, rather than the Consumer Price Index. For FY 2019, the cap amount for FY 2019 will be $29,205.44 compared to the FY 2018 cap amount of $28,689.04.

Meaningful measures. CMS would adopt an eighth factor to consider when evaluating measures for removal from the HQRP measure set, specifically the costs associated with a measure versus the benefits for its continued use in the program. The rule proposes to remove measures based on this factor on a case-by-case basis. In proposing the new factor, CMS noted that it could be costly and burdensome for health care providers to report a measure for which analyses indicate that there is no meaningful difference in performance or continued improvement. In these cases, removing the measure from the HQRP could improve the cost of the hospice program without sacrificing health outcomes.

Patients and hospice data transparency. The Proposed rule would revise data review and correction timeframes for data submitted using the Hospice Item Set (HIS). To ensure that data reported on Hospice Compare is accurate and to align with other post-acute care quality reporting programs, CMS is proposing effective January 1, 2019, that hospices have 4.5 months after the end of each calendar year (CY) quarter to review and correct HIS data that is to be publicly reported. CMS notes that this proposed change would not impact the current 36-month timeframe providers have to correct records via modification and inactivation requests.

CMS also proposes to make publicly available data as shown from the CMS Public Use Files (PUFs) or other hospice data to either the Hospice Compare Website or present the data after additional calculations to help consumers make an informed decision in their selection of a hospice. In addition, two measures—the HIS-based Hospice Comprehensive Assessment and Hospice Visits when Death is Imminent—would be publicly reported for FY 2019.
Physician assistants. Section 51006 in the Bipartisan Budget Act of 2018 amended Soc. Sec. Act Sec. 1861(dd)(3)(B), such that effective January 1, 2019, physician assistants are recognized as attending physicians for Medicare hospice beneficiaries. The Proposed rule includes regulatory language to incorporate this change.