

CMS Proposed Rule 2022

Guest Presenter

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Subscriber Webinar



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Learning Goals:

- Learners will be able to verbalize the changes proposed in payment for FY 2022
- Learners will be able to discuss the changes to the election and addendum and processes defined by CMS in the proposed rule
- Learners will identify the changes in the Hospice Quality Reporting Program



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- Every year in the Proposed Payment Rule, CMS reviews the payments to hospice and changes seen in the industry
- This year included the continued increases in payments and the increased risks identified of misuse of Medicare dollars



CMS Review of Hospice Utilization and Spending

In-depth focus:

- Length of stay
- Levels of care
- Live discharge rates
- SIA payments
- Spending outside of hospice during election
- Part A, Part B and Part D
- Sound like PEPPER?



CMS Wants the Hospice Industry to Explain

- Solicitation of comments on all aspects of data analysis
 - particular emphasis:
- How has change in patient mix influenced change in hospice care?
- What factors determine how/when visits are made as end-of-life approaches?



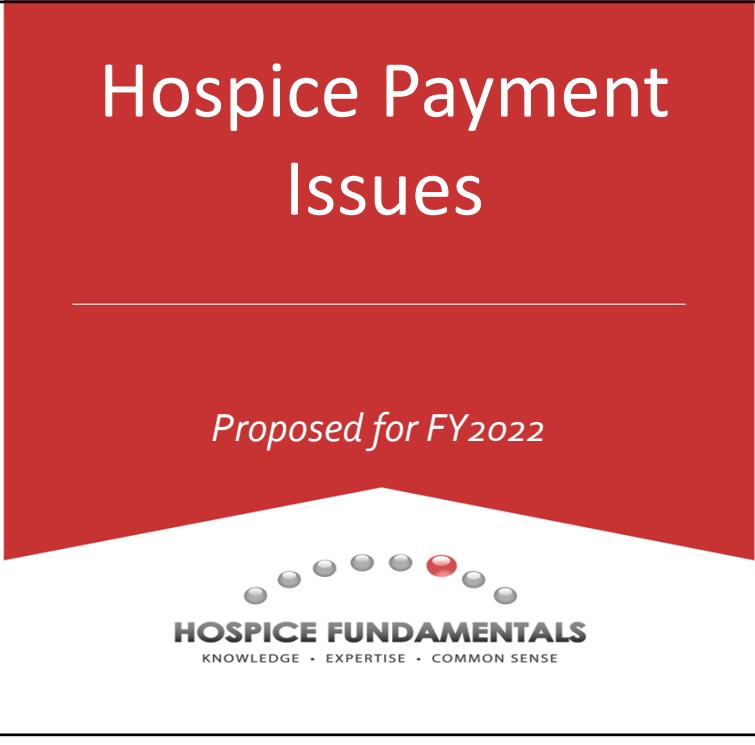
More Explaining!

- How do hospices make determinations on relatedness vs. unrelatedness?
- Has election statement addendum changed how hospices make care decisions?
- Is addendum used to engage patients/other providers in conversations to ensure care needs are met?



Hospice Payment Issues

Proposed for FY2022

HOSPICE FUNDAMENTALS

KNOWLEDGE • EXPERTISE • COMMON SENSE

No More Safety Net from 2021 Wage Index Change

- Wage index
- REMINDER: 2021 – revised OMB delineations impacting wage index values, 5% cap on wage index decreases
- No major adjustments this year but 5% cap on losses will NOT be continued

HOSPICE FUNDAMENTALS

2022 Proposed Payment Increase

- Proposed FY2022 Payment Update Percentage: 2.3%
- Hospital market basket: 2.5%
- Less ACA productivity adjustment: 0.2 percentage point



	FY2021 Payment Rates	Adjustments	Proposed FY2022 Hospice Payment Update	Proposed FY2022 payment rates
Routine Home Care (days 1-60)	\$199.25	*SIA budget neutrality factor	X 1.023	\$203.81
Routine Home Care (days 61+)	\$157.49	*Wage index standardizatio n factor *Labor share	X 1.023	\$161.02



	FY2021 Payment Rates	Adjustments	Proposed FY2022 Hospice Payment Update	Proposed FY2022 Payment Rates	
Continuous Home Care = 24 hours	\$1,432.41 (\$59.68 per hour)	*Wage Index Standardiza tion Factor *Labor Share Standardiza tion Factor	X 1.023	\$1,465.79 (\$61.07 per hour)	
Inpatient Respite Care	\$461.09		X 1.023	\$474.43	
General Inpatient Care	\$1,045.66		X 1.023	\$1,070.35	



FY2022 Proposed Payments

- FY2022 – failure to meet HQRP requirements during CY2020 will result in 2% payment reduction over final rates
- Consolidated Appropriations Act of 2021 bumps HQRP reporting penalty to 4% beginning FY2024
- – REMEMBER: CY2022 reporting impacts FY2024 payments- So this truly begins NEXT year!



Proposed 2022 Aggregate Cap

- Proposed hospice Aggregate Cap amount:
- \$31,389.66



Proposed Changes to “Labor Shares”

- Requires in-depth analysis
- Proposing decrease in Routine and GIP “Labor Shares”
- Initial concern about some calculations
- National and State Organizations will be commenting on this issue!



Election Statement and Addendum Proposed Changes



Evolution of Election and Addendum

- FY2021 rule left unanswered questions
- FY2022 rule contains clarifications on and modifications to addendum requirements, with clarifying regulatory text changes



Addendum Timing Changes Proposed

- Time Frame for Provision of Addendum
- Current: 5 days from date of election if requested at time of election; 72 hours if requested during course of care
- Proposed: if requested within 5 days of election, hospice has 5 days from date of request to furnish



Addendum Timing Changes Proposed

- Time Frame for Provision of Addendum
- Current: If requested during the course of care, Addendum must be supplied within 72 hours of the time that it was requested
- Proposed regulatory change: If requested during the course of care, Addendum must be supplied within 3 days of request (not hours)



Addendum Signature Changes Proposed

- Requirement for Patient/Representative Signature
- Current: CMS expected patient/representative would receive addendum and sign on same day
- Proposed: Add to regulation that hospices include “date furnished” in the medical record and on addendum



And, if the Patient/Family Refuse to Sign

- Refusal of patient/representative to sign addendum
- – Clarification: Hospice must document clearly in medical record and on addendum reason addendum is not signed, and date furnished



Clarification if Patient is Deceased

- Death/other discharge prior to addendum being furnished
- Current: CMS indicated if death occurs before time frame for furnishing addendum has elapsed, addendum requirement is deemed “met” but was not codified
- Proposed regulatory changes:
- If patient dies, revokes, or is discharged within time frame for furnishing addendum and addendum has not been furnished, requirement is considered “met”
- If addendum supplied but patient dies or is otherwise discharged within time frame for furnishing addendum, but addendum is not signed, signature is NOT required



Lingering Questions...

- CMS was silent on additional questions re: the impact on payment related to the Addendum, signature, timing, etc



Hospice
CoP
Waivers

HPCAI 2022 Proposed Rule

- Permit use of pseudo-patient for aide training and evaluation
 - Define “pseudo-patient” as a person who participates in a role-playing situation to simulate a patient or equipment. A pseudo-patient must be capable of responding to and interacting with the hospice aide trainee, and must demonstrate the general characteristics of the primary patient population served by the hospice in key areas such as age, frailty, functional status, cognitive status and care goals.

Hospice CoP Waivers

- Pseudo-patients (cont.)
 - Define “Simulation”: a training and assessment technique that mimics the reality of the homecare environment, including environmental distractions and constraints that evoke or replicate substantial aspects of the real world in a fully interactive fashion, in order to teach and assess proficiency in performing skills, and to promote decision making and critical thinking.



HOSPICE FUNDAMENTALS
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Hospice COP 1135 Waivers Proposed as Permanent



HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Proposed to Permanent

- Permit use of pseudo-patient for aide training and evaluation
- – Define “Pseudo-patient”: a person trained to participate in a role-play situation or a computer-based mannequin device. A pseudo-patient must be capable of responding to and interacting with the hospice aide trainee, and must demonstrate the general characteristics of the primary patient population served by the hospice in key areas such as age, frailty, functional status, cognitive status and care goals.



Proposed to Permanent

- Hospice Aide Training and Evaluation – Targeting Correction of Deficiencies
- – If area of concern verified during on-site RN supervisory visit, the required competency evaluation may focus on specific deficiencies of aide rather than requiring a full competency evaluation



HQRP (Hospice Quality Reporting Program) Updates



QIES to iQIES

- Current: QIES ASAP - Quality Improvement and Evaluation System – Assessment and the Submission Processing System
- Proposed: iQIES – internet Quality Improvement and Evaluation System
- Expected in 2022- time not yet defined
- HHAs migrated in 2020



HIS Measures

- Proposing to remove from Care Compare no earlier than May 2022 (Still there as of 6/8/21)
- Patients Treated With An Opioid Who Are Given a Bowel Regimen
- Pain Screening
- Pain Assessment
- Dyspnea Screening
- Dyspnea Treatment
- Treatment Preferences
- Beliefs/Values Addressed (if desired by the patient)
- Maintaining Comprehensive Assessment at Admission



CAHPS Five Star Rating

- No sooner than FY2022
- Ratings across 8 measures
- Minimum of 75 completed surveys
- Methodology
- Bell curve
- Future posting www.hospiceahpssurvey.org



Claims-Based Measures

- Hospice Visits Last Days of Life
- Hospice Care Index
- See FYI



FYI: Hospice Care Index
HOSPICE FUNDAMENTALS SUBSCRIBER EMAILS — April 2021

The Least You Need to Know: CMS is planning on using claims-based data (for Medicare patients) to provide a new publicly displayed report card for hospices in 2022. This new composite measure will be called the Hospice Care Index (HCI) and consists of 10 claims-based measures.

More Info
The hospice quality reporting program, which began in 2014, has continued to evolve over the last seven years. Currently, both the Hospice Item Set (HIS) and the Hospice CAHPS are used to reflect the quality of the hospice care. Moving forward, CMS will have a more holistic approach that captures the hospice practices throughout care.

Future HOPP: Integrating HOPE and Administrative Data (claims)

Administrative Data (e.g. claims)

Further Details
These are the 10 areas that CMS is currently collecting data on for the claims-based Hospice Care Index:

HCI FY2022 Hospice Proposed Rule

1. OHC or GP Provided
2. Gaps in Nursing Visits
3. Early Live Discharges
4. Late Live Discharges
- 5-6. Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission (Burdensome)

HOSPICE FUNDAMENTALS
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Hospice Visits Last Days of Life

- “HVLDL” Measure
- Proportion of patients who received visits from a RN or a medical social worker (non-telephonically) on at least two of the last three days of life
- Re-specified Hospice Visits When Death is Imminent (HVWDII)
- Claims-based (Only will include Medicare)

HVLDL

- Proposing to publicly report no earlier than May 2022
- Utilizing 8 quarters of data beginning with FY2021 claims
- CMS may display November 2020 HVWDII data for one or more refreshes in 2022



Proposed Hospice Care Index Measure

- Capture multiple aspects of hospice care with a broad, holistic set of claims-based quality measures
- Multiple indicators
- Threshold for each indicator will be developed using industry percentiles
- Overall score is calculated on the number of instances when the hospice met a set threshold (one point out of 10 possible)
- Propose public reporting no earlier than May 2022
- Utilizing FY2021 claims
- Final HCI score only



FY2022 Hospice Proposed Rule	
CHC or GIP Provided	
Gaps in Nursing Visits	
Early Live Discharges	
Late Live Discharges	
Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission (Burdensome Transitions Type I)	
Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital (Burdensome Transitions Type II)	
Per-beneficiary Medicare Spending	
Skilled Nursing Minutes on Weekends	
Nurse Care Minutes per Routine Home Care (RHC) Day	

HCI Indicators

- **CHC or GIP Provided**

Identifies hospices that provided at least one day of hospice care under the CHC or the GIP levels of care during the period examined

- **Gaps in Nursing Visits**

Identifies whether a hospice is below the 90th percentile in terms of how often hospice stays of at least 30 days contain at least one gap of eight or more days without a nursing visit.

- **Early Live Discharges**

Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that occur within 7 days of hospice admission during the fiscal year examined.

HCI Indicators

- **Late Live Discharges**

Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that occur on or after the 180th day of hospice.

- **Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission (Burdensome Transitions Type I)**

Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that are followed by a hospitalization (within 2 days of hospice discharge) and then followed by a hospice readmission (within 2 days of hospitalization) during the FY examined

- **Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital (Burdensome Transitions Type II)**

Identifies whether a hospice is below the 90th percentile in terms of the percentage of live discharges that are followed by a hospitalization (within two days of hospice discharge) and then the patient dies in the hospital



HCI Indicators

- **Per-beneficiary Medicare Spending**

Identifies whether a hospice is below the 90th percentile in terms of the average Medicare hospice payments per beneficiary

- **Nurse Care Minutes per Routine Home Care (RHC) Day**

Identifies whether a hospice is above the 10th percentile in terms of the average number of nursing minutes provided on RHC days during the reporting period examined



HCI Indicators

- **Skilled Nursing Minutes on Weekends**

Identifies whether a hospice is at or above the 10th percentile in terms of the percentage of skilled nursing minutes performed on weekends compared to all days during the reporting period examined

- **Visits Near Death**

Identifies whether a hospice is at or above the 10th percentile in terms of the percentage of beneficiaries with a nurse and/or medical social services visit in the last 3 days of life



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TABLE 18: Hospice Care Index Indicator Scoring Example

Name (Hospice Score Units)	Numerator	Denominator	Hospice Observed Score	National Average Score	Percentile Rank Among Hospices Nationally	Index Earned Point Criteria	Points Earned?	Points Awarded
Provided CHC/GIP (% days)	48	3,904	1.2%	0.9%	83	Hospice Score Above 0%	Yes	+1
Gaps in nursing visits (% elections)	12	104	11.5%	5.9%	92	Below 90 Percentile Rank	No	0



CMS Use of Data for Claims Based Measures

- Use claims data at least 90 days after the last discharge date in the applicable period
- Update the claims-based measures used for the HQRP at least annually
- Calculate claims-based scores based on one or more years of data
- Two years of data utilized to report HCI and HVLDL



Public Reporting Resumes

- PHE exemption
 - 4Q 2019
 - 1Q 2020
 - 2Q 2020
- November 2020 Care Compare refresh
- Utilized 4Q 2019 data
- Data frozen until 2022



Public Update February 2022

COVID-19 PHE Exemptions

Quarter Refresh	HIS Quarters in Original Schedule for Care Compare (number of quarters)	HIS Quarters in revised/proposed Schedule for Care Compare (number of quarters)
November 2020	Q1 2019- Q4 2019 (4)	Q1 2019- Q4 2019 (4)
February 2021	Q2 2019- Q1 2020 (4)	Q1 2019- Q4 2019 (4)
May 2021	Q3 2019-Q2 2020 (4)	Q1 2019- Q4 2019 (4)
August 2021	Q4 2019- Q3 2020 (4)	Q1 2019- Q4 2019 (4)
November 2021	Q1 2020- Q4 2020 (4)	Q1 2019- Q4 2019 (4)
February 2022	Q2 2020-Q1 2021 (4)	Q3 2020-Q1 2021 (3)

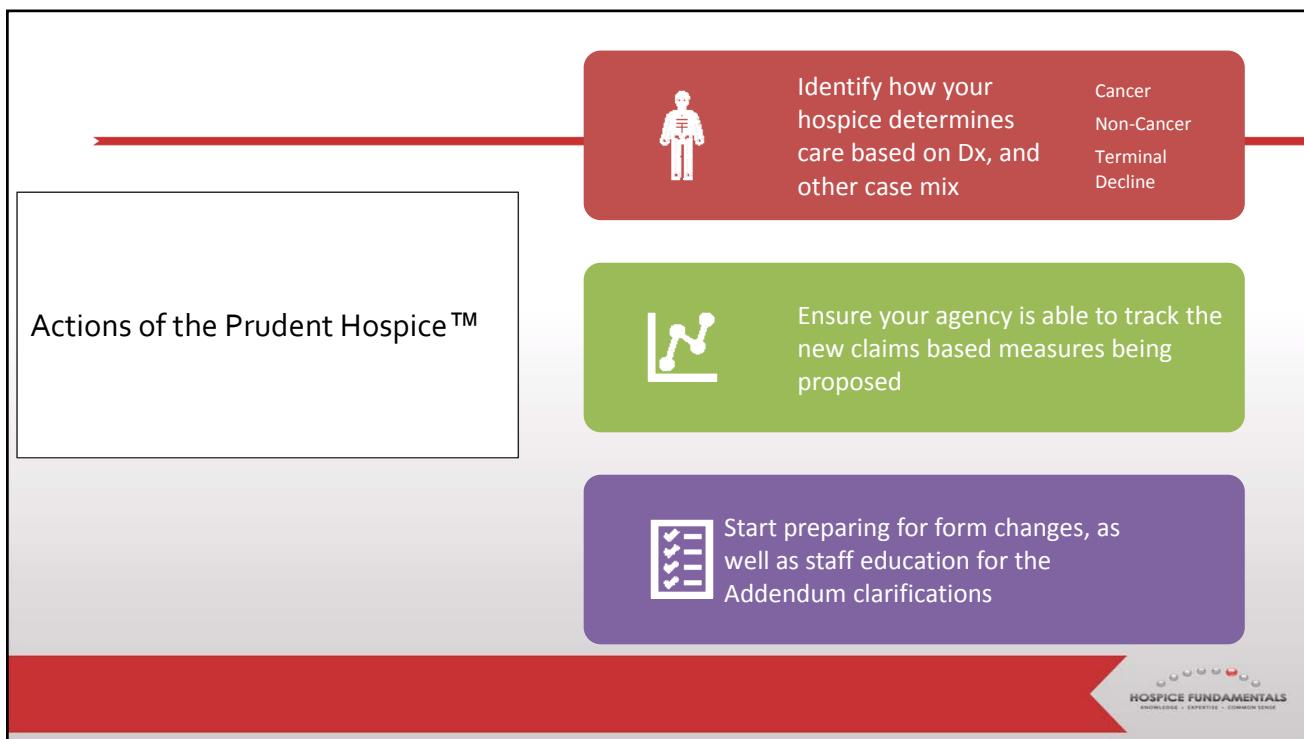
Note: The shaded cells represent data frozen due to COVID-19 PHE.



Closing the Health Equity Gap: Identifying Social Determinants of Health

- CMS is asking Hospices to comment:
- Ways CMS can promote health equity in outcomes among hospice patients
- – Existing challenges hospices encounter for effective capture, use and exchange of health information, including SDOH, to support care delivery and decision-making





To Contact Us



Hospice Fundamentals

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