



Hospice & Palliative Care Network OF MARYLAND

Via Electronic Communication

June 29, 2015

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1629-P
P.O. Box 8010
Baltimore, MD 21244-8010

RE: CMS-1629-P

Dear CMS Administrator:

The Hospice & Palliative Care Network of Maryland (HPCNM) appreciates the opportunity to provide comments on the CMS FY2016 Hospice Wage Index Proposed Rule. In preparing these comments we requested feedback on the proposed rule from our members across the state. Our comments reflect the many discussions held during our Regulatory Committee, Board of Directors and General Membership meetings. We look forward to a continued collaboration with CMS to ensure that beneficiaries and their families in the state of Maryland receive the highest quality end-of-life care.

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HPCNM Comments:

1. Hospice Payment Reform Research and Analyses

HPCNM understands the concerns by CMS regarding inappropriate unbundling of the hospice benefit. To assist hospices with controlling non-hospice spending for beneficiaries we recommend the following:

- Medicare providers need more timely access to information regarding a beneficiary's hospice election and need more coordination with the hospice regarding any care provided to that beneficiary.
- CMS should consider establishing systems in claims processing so that other providers are immediately aware of the patient's hospice election and are guided to communication with the hospice provider and appropriate billing.

2. Establishment of a Two-Tiered Routine Home Care Rate

HPCNM supports the two-tiered routine home care rate though there are concerns regarding the accuracy and process of the day count. In addition, the change to the two-tier system would provide an additional burden on hospice providers given that they also need to be prepared for the new ICD-10 Coding system that will also go into effect in October. In reviewing the new payment proposal, HPCNM has the following questions:

- Who will be responsible for determining the day count?
- Will the state Medicaid office be able to implement the necessary system changes along with education and training by the October 1 proposed date?
- If a hospice is delayed in filing a Notice of Termination/Revocation ("NOTR"), the days that a beneficiary was served by a previous program may not be "visible" for purposes of determining the day count and the appropriate billing rate. How will CMS address this concern?
- If payments made to a hospice provider are later found to have been billed at the wrong rate because of missing or inaccurate information on the day count, what will be the process for reconciliation and recoupment, and over what time period might this occur?

3. Service Intensity Add-On Payment

HPCNM supports the service intensity add-on (SIA) with the following comments:

- SIA payments should be allowed for patients in SNFs and NFs. Withholding payments based on where a patient resides seems prejudicial given the Medicare conditions of participation that require the same level of services to patients, regardless of the setting. The needs of patients receiving end-of-life services in these settings are just as acute as other patients.
- The proposal to establish an SIA Budget Neutrality Factor on SIA payment amounts used to adjust routine home care rates in future years raises the question of timeframes for the SBNF. Can CMS provide clarification on the timeframe? Would there be a two-year lag between the data and its application to the RHC?

4. Alignment of the Inpatient and Aggregate Cap Accounting Year with the Federal Fiscal Year

- HPCNM recommends that CMS ensure that information is provided on the transition to the new accounting year time frames.

5. Updates to the Hospice Quality Reporting Program

HPCNM supports the quality section and the data submission thresholds.

6. Diagnosis Reporting on Hospice Claims

- HPCNM has concerns around reporting all diagnoses on the claim form, including unrelated diagnoses. We suggest that unrelated diagnoses should have a separate modifier to indicate that they are considered unrelated.
- Hospice providers are often unaware of billing processes for other providers or what services they are billing patients for. It would be helpful to have systems in claims services that would immediately flag a patient who has elected hospice services.
- HPCNM suggests that CMS create a code to track visits by chaplains and other spiritual counselors.
- HPCNM would like more information as to why CMS is requesting that all diagnosis be entered on the claim form and how this information will be used. There is concern that auditors will not be able to distinguish between related and unrelated on the claim and will hold the hospice provider responsible for all diagnoses, regardless of relatedness.

7. Readiness for These Changes by October 1st

HPCNM is concerned that our state Medicaid agency will not be prepared to adopt the new payment structure by the implementation date. In addition, there is concern regarding CMS, MAC, vendor and hospice readiness. As with any changes of this magnitude, we suggest that time be allotted for programming and training prior to implementation of these significant reimbursement changes. In addition, we would request a “dry run” or test of the system to ensure a seamless transition to the new payment system.

Thank you again for the opportunity to comment on the 2016 Hospice Wage Index Proposed Rule. Please do not hesitate to contact me if you need additional clarification on HPCNM’s comments.

Sincerely,



Peggy Funk, Executive Director
Hospice & Palliative Care Network of Maryland