

CMS POSTS FY 2019 PROPOSED HOSPICE WAGE INDEX UPDATE AND CALLS FOR FEEDBACK BY 6/26

On 4/27, CMS published online the "FY 2019 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements," dated 4/16. The document shares proposed updates to the hospice wage index. It also notes and explains the changes that, beginning 1/1/19, recognize physician assistants and "designated hospice attending physicians" as being able to confirm terminal diagnosis. The rule also proposes "changes to the Hospice Quality Reporting program."

Comments are invited, and must be submitted by 5 p.m. on 6/26, and details of submissions of comments are in the online announcement at the site listed below. Also, online in the notice, are summaries of: the purpose of the rule; the major provisions of the proposal; a summary of the impacts; and, information on the efforts to "improve patient outcomes" and reduce "burden through meaningful measures." This removal of burdens is covered in detail, along with the quality priorities.

The document includes a background of hospice care, a review of the various services included in the Medicare hospice benefit, the payment system for hospice care, and a detailed review of the payment rules in a historical perspective. Next, the publication reviews the growth in the utilization of the Medicare hospice benefit and lists the top diagnoses in 2017.

The document then reviews the provisions of the proposed rule; offers insight into the research and analyses that lead to the proposal; extensively reviews key hospice data; and shares information about live discharges, professional visits. Analyses of Part D spending are also included. The proposal says, "We continue to expect that hospices should be providing virtually all of the care needed by terminally ill individuals, including related prescription drugs. The comprehensive nature of the services covered under the Medicare hospice benefit is structured such that hospice beneficiaries should not have to routinely seek items, services, and/or medications beyond those provided by hospice." All of the information provided is supported by detailed and data-rich information.

The proposal also explains how, in detail, the 2019 proposed wage index was reached. A payment increase of 1.8 percent is recommended. That is more than the 2018 increase of 1 percent. An article in *Home Health Care News* clarifies the change, saying, "The 1.8% payment update is based on an estimated 2.9% inpatient hospital market basket update, reduced by 0.8% multi factor productivity adjustment and by a 0.3% adjustment set by the Affordable Care Act (ACA)." Hospices that fail to provide quality data will get an update of the 1.8 percent minus 2 percentage points. The hospice cap in the proposal for 1089 is \$29,205.44, which takes the 2018 cap plus 1.8 percent. The proposal also calls for continuation of sequential billing.

The proposal also explains the recognition of the role and limitations of PAs. The proposal includes information on the revised data from the Hospice Item Set (HIS). The article in *Home Health Care News* says, "Hospices would have 4.5 months after the end

of each calendar year quarter to review and correct data that will be publicly reported, effective Jan. 1, 2019." This HIS data is on the Hospice Compare website.

The proposal continues with a myriad of other detailed reviews of various aspects of hospice care and of the research of CMS to make the proposal. This includes projections of how the proposal will impact hospices in various areas of the county. The total 129-page proposal is online to be reviewed. ([CMS, Home Health Care News](#))