

## GROUPS SEE NEED FOR A PRE-HOSPICE BENEFIT

When Medicare beneficiaries are seriously ill, but not yet ready for hospice, how do they receive coordinated care? This is the question examined by Mindy Yochelson in a *Bloomberg Law* article, "Groups Seek Medicare Pre-Hospice Benefit for Seriously Ill."

According to NHPCO, says Yochelson, "A comprehensive care benefit is lacking for many with potentially life-limiting illnesses..." To meet this need, NHPCO is urging the creation of a pre-hospice Medicare benefit to serve these seriously ill Americans with life expectancies of longer than six months. And CMS "is considering developing a demonstration project for this pre-hospice population."

In the article, Yochelson details the basics of the current Medicare hospice benefit and how it functions. She speaks with NHPCO's president and CEO Edo Banach. Banach says that seriously ill patients should have a benefit with "its own payment stream but allow those covered to transition smoothly into the hospice benefit." This transitional care would coordinate a "pre-hospice benefit in Medicare. Currently there is no alternative but calling 911.

There are now discussions, among multiple parties, about how this situation could be addressed. In 2017, Mark Warner (D-VA) and Johnny Isakson (R-GA) introduced the Patient Choice and Quality Care Act, which would establish an advanced illness care and management model under Medicare, relying on team-based planning. However, Yochelson says, "The prognosis for passage anytime soon is bleak and groups are focusing on the CMS's demonstration authority, which allows the agency to test new models."

Indeed, CMS Administrator Seema Verma reports that her agency is working on new payment models, including one for those with serious medical conditions, that would be tested through the Center for Medicare and Medicaid Innovation (CMMI).

The Physician-Focused Payment Model Technical Advisory Committee recommended that CMS undertake testing on two demos. And the American Academy of Hospice and Palliative Medicine presented a model that would provide monthly care management payments adjusted for quality of performance and spending. The Coalition to Transform Advanced Care in Washington also presented an advanced care model focusing on shared decision-making in the last year of life.

Some private plans already have similar benefits in place, notes Mollie Gurian, chief strategy officer of the National Partnership for Hospice Innovation in Washington. She envisions a smaller interdisciplinary team that would provide a "lighter touch in terms of visits." NHPCO's Banach, however, cautions against comparing a hospice benefit to less robust private offerings, saying, "We have to remain vigilant against efforts to undermine the hospice benefit."

As discussions, testing, and policies evolve for the future of a more unified health care system, many agree that a broader education about end-of-life care is needed.

NHPCO began a campaign in April called My Hospice that reinforces the value of the Medicare benefit among health-care policy and decision-makers. As the conversation centers around integrated or coordinated care, Banach says, "The rest of the system should be more like hospice," which has been working on these issues for decades. ([Bloomberg Government](#))