

# Hospice is Changing

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## Overview

1. Perfect Storm
2. What are the changes?
3. How do they affect me?
4. What's next for hospice reform?
5. Questions and Answers



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## Why get involved?



Information overload and competing interests



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### Change doesn't have to be like this...



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### The Perfect Storm



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### Current State of Affairs

- ▶ Number of Medicare beneficiaries who use hospice (page 28)  
FY 2000—513,000  
FY 2013—1.3 million
- ▶ Medicare hospice expenditures  
FY 2000—\$2.8 billion  
FY 2013--\$15.3 billion
- ▶ Average Length of Stay  
FY 2000—54 days  
FY 2013—98.5  
82% increase
- ▶ Interesting Fact: When hospice was created as a Medicare benefit, the average length of stay was 55-75 days. (38)

Source: Wage Index 2015



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**Current State of Affairs contd.**

- ▶ Between 2000-2013, the live discharges were 13.2% in 2000 and increased to 18.3% in 2013 (page 52)  
\*New data will be available year end, 2015 report

Source: Wage Index 2015




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**What's new?**

- ▶ Hospices serving Medicare beneficiaries would see an estimated increase in payments of 1.1 percent (\$160 million) for FY 2016 (roll out date was 10/1/15).
- ▶ CMS created two routine home care rates, in a budget-neutral manner, to provide separate payment rates for the first 60 days of care and care beyond 60 days.
- ▶ In addition to the two routine home care rates, CMS created a service intensity add-on (SIA) payment that would help to promote and compensate for the provision of skilled visits at end of life. These two new policies will be effective beginning on January 1, 2016.
  - ▶ CMS will calculate and make the appropriate SIA payment based on a retrospective review, after a patient's death, of hospice claims for the last seven days of the patient's life. The SIA payment will be equal to the continuous home care hourly rate, multiplied by the amount of direct patient care provided by an RN or social worker for up to a total of four hours per day.
- ▶ By January 1, 2016, all diagnosis codes must be listed on Medicare claim form.

Source: Wage Index 2015




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**Continued**

- ▶ The "count" of days will now follow the patient. Instead of starting existing patients on Day 1, CMS believes hospices should calculate the episode day count based on the total # of days the patient has received care separated by no more than a 60 day gap, regardless of their level of care. This calculation would include hospice days that occur prior to Jan. 1, 2016. (pages 80-84)
- ▶ Outlined subject areas of the newly created Hospice Experience of Care and Constituent Items (187)
  - Hospice Team Communication
  - Getting Timely Care
  - Treating Family Member with Respect
  - Providing Emotional Support
  - Getting Help for Symptoms
  - Getting Hospice Care Training
  - Support for Religious/Spiritual Beliefs
  - Information Continuity
  - Understanding the Side Effects of Pain Medicines
  - Overall Rating of Hospice
  - Likely to Recommend?

Source: Wage Index 2015




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