



National Hospice and Palliative Care  
Organization



## **PRESERVE AND PROTECT THE MEDICARE HOSPICE BENEFIT Support the HELP Hospice Act (S. 722/H.R. 3506)**

**Action Requested:** We are deeply concerned about the effect further modifications to the Medicare hospice benefit will have on quality patient care and access to these valuable services. The hospice community asks that the 112<sup>th</sup> Congress support the Hospice Evaluation and Legitimate Payment (HELP) Act, legislation to (1) require the Secretary to establish a payment reform demonstration program to test and evaluate any prospective payment revisions to hospice, (2) increase hospice survey frequency to every 3 years, and (3) amend the new face-to-face encounter requirement to reflect operational realities for hospice programs, and the needs of the patients and families they serve. The bipartisan HELP Hospice Act has been introduced by Senators Wyden and Roberts (S. 722), and Representatives Reed, Thompson and Paulsen (H.R. 3506).

### **1. Sensible Hospice Payment Reform**

The ACA included a MedPAC recommendation to transfer hospice payment authority from Congress to the Secretary of Health and Human Services. MedPAC also recommended, and the ACA statute required, the Secretary to collect and analyze extensive data prior to implementing a new payment system for hospice, on or after fiscal year 2014. Noting a lack of reliable, comprehensive data upon which to base a new payment methodology,

***The hospice community calls upon Congress to direct the Secretary to pilot any new payment methodology first through a two-year, 15-site demonstration program.*** This approach would help to overcome the current lack of reliable, comprehensive data upon which HHS can rely to evaluate potential payment methodologies. A pilot program allows for any recommended payment reform schemes to be tested across a representative sample of the hospice community to assess their impact on beneficiary access to hospice services.

**COST:** \$3 million for the 2012-2021 budget forecast period<sup>1</sup>.

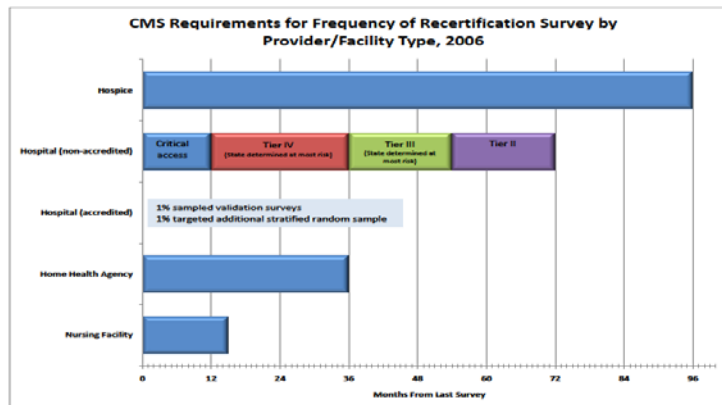
### **2. More Frequent Hospice Surveys**

An HHS Office of the Inspector General (OIG) report found that the current certification system for hospice was not providing sufficient oversight relative to other Medicare providers. OIG noted that “the frequency of hospice certification is far different from the certification frequencies required by nursing homes, hospitals, and home health agencies” and recommended regulatory or statutory changes to increase certification frequency. According to the report, the majority of hospices were surveyed within 6 to 8 years (depending upon available resources), while almost 15 percent averaged 3 years past due.

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6- All cost estimates in this document are based on a Moran Company assessment of budgetary implications of the hospice proposal, available upon request.

7- OIG Report: <http://oig.hhs.gov/oei/reports/oei-06-05-00260.pdf>



***The hospice community urges Congress to institute a 3-year survey frequency requirement.*** This recommendation is consistent with the survey industry standard for hospices set forth by accrediting organizations, such as the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).

**COST:** No cost under OMB score keep guideline 14<sup>2</sup>.

### 3. Hospice Face-to-Face Encounter Adjustments

The ACA included the MedPAC recommendation to require a hospice physician or nurse practitioner to have a face-to-face encounter with a hospice patient upon election of the Medicare hospice benefit, before the end of 180-day recertification period and again for each 60-day recertification after that date. The hospice community supports the intent of the face-to-face encounter requirement and is working hard to be in compliance, even as the requirement stretches hospice physician and nurse practitioner resources.

***The hospice community is asking that Clinical Nurse Specialists and Physician Assistants also be allowed to conduct the face-to-face encounter, and that hospice programs be afforded 7 days after the initial election of services to fulfill the requirement.*** The current limits on who can conduct the face-to-face encounter and the tight timelines specified in the rule for compliance do not reflect the operational constraints of hospice programs, especially for small and rural hospices. Hospices may be forced to turn down certain patients seeking to elect hospice if they feel they will not be able to comply with the present timeline required to conduct the initial face-to-face encounter requirement.

**COST:** No cost associated with modifications to the face-to-face encounter requirement.

*The National Hospice and Palliative Care Organization (NHP CO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end of life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.*