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**Hospice Provisions and Selected All Provider Provisions
in the Patient Protection and Affordable Care Act
March 23, 2010**

Provision	Title	Section Number	Effective Date
<p>Concurrent Care for Children in Medicaid and CHIP Programs</p>	<p>Title II – Role of Public Programs Subtitle D – Improvements to Medicaid Services</p>	<p>2302</p>	<p>Immediately upon enactment – March 23, 2010.</p> <hr/> <p>Action So Far:</p> <ul style="list-style-type: none"> • CMS issued a State Medicaid Director Letter on September 9, 2010 -- SMD # 10-018. • Two sets of Q&As have been posted on the NHPKO website with information from CMS, in February 2011 and again in May 2011. • States in various stages of implementation
<p>Quality Reporting for Hospice Programs In the Hospice Wage Index for Fiscal Year 2012 Final Rule (76 FR 47302, 47320 (August 4, 2011)), to meet the quality reporting requirements for hospices for the FY 2014 payment determination</p>	<p>Title III – Improving the Quality and Efficiency of Health Care Subtitle A – Transforming the Health Care Delivery System Part I – I</p>	<p>3004</p>	<p>10/1/2013 (FY 2014) (required that quality measures be published by 10/1/2012)</p> <hr/> <p>Action So Far:</p> <ul style="list-style-type: none"> • FY2012 Hospice Wage Index final rule confirms two measures for FY2014, with indications that the number of quality measures will increase in FY2015 and beyond • Home Health Prospective Payment System Rate Update for Calendar Year 2013, Hospice Quality Reporting Requirements, published November 8, 2012 This includes data submission requirements



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			<p>for payment year 2014, quality measures required for hospice quality reporting for payment year FY2015 and beyond, data submission requirements for payment year FY2015, consideration of an expanded number of required measures to include additional measures endorsed by NQF for annual payment determinations beyond FY2015, and the possible implementation of a standardized data collection instrument to support quality measures.</p>
<p>Hospice Reform</p> <ul style="list-style-type: none"> • Payment Reform 	<p>Title III; Subtitle B - Improving Medicare for Patients and Providers; Part III – Improving Payment Accuracy</p>	<p>3132</p>	<p>Additional data collection - 1/1/2011 Payment reform no earlier than 10/1/2013 (FY 2014)</p> <hr/> <p>Action So Far:</p> <ul style="list-style-type: none"> • CMS solicited comments on data collection in the FY2011 and FY2012 Hospice Wage Index proposed rules. • CMS awards contract to Abt Associates and the University of Colorado to do “Hospice System Analysis.” A Technical Advisory Panel was appointed, with the first meeting held on June 30, 2011. • CMS awarded a second contract to Abt Associates to do “Hospice Study Contract and Report.” First meeting June 12, 2012.



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<ul style="list-style-type: none"> • Adoption of MedPAC recommendations for: <ul style="list-style-type: none"> ○ Face-to-Face Physician or NP visit prior to 180 day recertification ○ Medical review of long stay patients in certain hospices 			<ul style="list-style-type: none"> • Face-to-face encounter requirements began January 1, 2011 for patients entering their third benefit period and each subsequent period of 60 days. Regulations published as a part of the Home Health Prospective Payment Rate Change Update on November 17, 2010. • CMS granted a three month delay in enforcement so that the effective date for enforcement was April 1, 2011. • No regulatory requirements released
<p>Concurrent Care Demonstration Program (3 year program)</p>	<p>Title III(B)(III)</p>	<p>3140</p>	<p>Not specified</p> <hr/> <p>Action So Far:</p> <ul style="list-style-type: none"> • Demonstration project moved to the CMS Office of Innovations. Awaiting funding, based on CMS priorities.
<p>Market Basket Updates and Productivity Adjustment</p>	<p>Title III, Subtitle E - Ensuring Medicare Sustainability</p>	<p>3401(g)</p>	<p>Effective 10/1/2012 (FY2013) for hospice. Amount of productivity adjustment (0.7% + 0.3% hospice specific) for hospice in FY2013 published in CR7857 on July 20, 2012.</p>
<p>Selected All Provider Provisions</p>			
<p>Background Check Requirement for Employees of LTC Facilities and Programs with Direct Patient Access</p>	<p>Title VI – Transparency and Program Integrity; Subtitle C – Nationwide Program for National and</p>	<p>6201</p>	<p>Varies from State to State</p>



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	State Background Checks on Direct Patient Access Employees of Long-term Care Facilities and Providers;		
Nursing facilities to have an effective compliance and ethics program in operation by March 23, 2013.	Title VI – Transparency and Program Integrity; Part III – Improving Staff Training; Subtitle E – Medicare, Medicaid and CHIP Program Integrity Provisions	6401	HHS to determine timelines for other entities at their discretion
Pilot Testing Pay-for-Performance Programs	Title X – Strengthening Quality, Affordable Health Care for All Americans; Subtitle C – Provisions Relating to Title III	10326	1/1/2016. A pilot for hospice providers is expected to be developed.