



RESOURCES

COMPLIANCE & QUALITY RESOURCES

- Medicare and Medicaid Programs: Hospice Conditions of Participation (2008, Jun 5)
<https://www.govinfo.gov/content/pkg/FR-2008-06-05/pdf/08-1305.pdf>
- Title 42 Public Health – Chapter IV>Centers for Medicare & Medicaid Services, Department of Health and Human Services – Sub chapter B>Medicare Program – 418>Hospice Care
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418?toc=1>
- State Operations Manual – Appendix M – Guidance to Surveyors – hospice (2/3/23)
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf
- End of CMS Public Health Emergency Waivers
https://chapinc.org/wp-content/uploads/2023/05/Hospice-End-of-PHE-table_5-2023.pdf
- State Operations Manual – Appendix Z – Emergency Preparedness for all Providers (4/21/21)
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf
- State Operations Manual Chapter 2 - The Certification Process (3/12/21)
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c02.pdf>
- Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements – Final Rule
<https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>
- Office of the Inspector General. Hospice Deficiencies Pose Risks to Medicare Beneficiaries - OEI-02-17-00020 (July 2019)
<https://oig.hhs.gov/oei/reports/oei-02-17-00020.pdf>
- IMPACT Act of 2014 Data Standardization & Cross Setting Measures
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures>
- Centers for Medicare and Medicaid Services. Meaningful Measures Framework
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy>
- Centers for Medicare and Medicaid Services. Meaningful Measures 2.0
<https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization>
- Centers for Medicare and Medicaid Services. What are the value-based programs?
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>
- Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements
<https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf>
- Hospice Quality Reporting Program
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting>
- CMS Health Equity Initiatives
<https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>
- CAHPS® Hospice Survey
<https://hospicecahpsurvey.org/>
- Medicare Care Compare
<https://www.medicare.gov/care-compare/>



HQRP RESOURCES

- › [Hospice Quality Reporting Program](#) webpage
- › [HQRP Compliance Tip Sheet, FY 2022 and Future Years \(PDF\)](#)
- › [Second Edition HQRP Public Reporting Tip Sheet.pdf \(PDF\)](#)
- › [HQRP Requirements FY 2023 and Future FY Reporting Years, September, 2021 \(PDF\)](#)
- › [HQRP Quick Reference Guide FY 2023 and all future years, September, 2021 \(PDF\)](#)
- › [Getting Started with the HQRP, September, 2021 \(PDF\)](#)
- › [CAHPS® Hospice Survey website](#)

FINANCIAL RESOURCES

The Reimbursement is Expected to Cover ALL Costs

These rates are to cover ALL costs associated with providing hospice care including Nursing, Hospice Aides, Social Work, Spiritual Care, Bereavement Services, Volunteer Services, and all Medications, Durable Medical Equipment, Medical Supplies, Mileage, Therapies, etc. All overhead such as Rent, Administration, utilities, computer expense, etc. are expected to be covered under the Medicare Hospice Benefit. **The hospice is paid these set rates (normally referred to as Per Diems) regardless of the costs associated with providing hospice care.** Even if it costs a hospice \$10,000 a day to provide services for a patient, the hospice will only receive the rate set for the level of care. Hospice is a true managed care system. Therefore, a hospice must manage its reimbursement well.

Hospice Reimbursement Rates

CMS updates hospice payment rates every year according to Section 1814(ii)(1)(C)(ii)(VII) of the Social Security Act (the Act). CMS also updates the hospice cap amount annually in accordance with Section 1814(ii)(2)(B) of the Act. This provides for an increase (or decrease) in the hospice cap amount. For accounting years that end after September 30, 2016, and before October 1, 2025, CMS updates the hospice cap by the hospice payment update percentage. After Fiscal Year (FY) 2025, the annual update to the cap amount would revert to the original methodology that updates the cap amount by the Consumer Price Index (CPI). CMS uses the hospice wage index to adjust payment rates to reflect local differences in wages. They update the hospice wage index annually.

The Medicare Hospice Benefit Does Not Cover the Following:

- › **Treatment intended to cure your terminal illness.**

Hospice patients receive comfort care to help manage symptoms related to their illness. Comfort care includes medications for symptom control and pain relief, physical care, counseling, and other hospice services. Medications not directly related to the hospice diagnosis are not covered under the Medicare Hospice Benefit. Hospice team members will consult with the hospice physician and will inform the patient and family which drugs and/or medications are covered, and which are not covered under the Medicare Hospice Benefit. The Hospice uses medicine, equipment, and supplies to make the patient as comfortable and pain-free as possible. Under the hospice benefit, Medicare won't pay for treatment to cure illness. Hospice patients, always have the right to stop getting hospice care and receive "traditional" Medicare coverage they had before electing hospice.



➤ **Care from another provider that is the same care that you are getting from your hospice.**

All care patients receive for their illness must be given by the hospice team. They can't get the same type of care from a different provider unless they change your hospice provider.

➤ **Nursing Home Room and Board**

Room and board are not covered by Medicare. Hospice services can be provided wherever a patient lives, including a nursing home, however, the Medicare Hospice Benefit does not pay for nursing home room and board.

Beginning in CY 2021, CMS implemented the Hospice Benefit Component into the Medicare Advantage Value-Based Insurance Design (MA-VBID) model.

- Hospices participating in this model stand to gain greater access broader range of patients further upstream in the course of their illnesses. CMS expects this to result in improved patient and family experiences and outcomes.
- Participating Medicare Advantage Organizations (MAOs) work with hospice providers and an interdisciplinary care team to provide the four levels of hospice care: routine, respite, continuous, and general inpatient. In addition, hospices can also build in payment for palliative care services as well as transitional concurrent care. MAOs will work with hospice providers to define and provide a set of concurrent care services related to a hospice enrollee's terminal condition (and related conditions) that are appropriate to provide on a transitional basis.
- MAOs are encouraged to create "innovative payment arrangements" with in-network hospice providers and must pay out-of-network hospice providers Original Medicare rates for the services provided to enrolled beneficiaries. However, hospices may also consider arrangements that build in additional financial incentives based on quality performance.

CMS will assess MAOs and hospice providers on six measures:

1. Proportion of Lengths of Stay beyond 180 Days
2. Transitions from Hospice Care, Followed by Death or Acute Care
3. Visits in the Last Days of Life
4. Experience of Care Measures
5. Part D Duplicative Drug Utilization
6. Unrelated Care Utilization



THE MEDICARE ADVANTAGE CARVE-IN (VBID)

- When a patient enrolled in an MA plan participating in the Hospice Benefit Component of the VBID Model (or the "Model") elects hospice, the plan generally covers all their Medicare benefits, including hospice care. Each participating MA plan must include all the services covered by the Part A hospice benefit under Fee-For-Service
- Medicare MA plans participating in the Model may also offer other services (like palliative care outside the hospice benefit, or hospice supplemental benefits like meals, transportation, or additional in-home caregiver support) that are available to enrollees under certain circumstances.
- You must send all notices and claims to both the participating MAO and your MAC. The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
- Participating providers (also referred to as in-network providers) should submit the NOE and claims for hospice services, either facility or professional services, to HMSA for patients enrolled in a model participating plan in the same way that you submit to Original Medicare.

TOP THREE THINGS HOSPICE PROVIDERS NEED TO KNOW

1. You must send all notices and claims to both the participating MAO and your MAC. The MAO will process payment, and the MAC will process the claims for informational and operational purposes and for CMS to monitor the Model.
2. If you contract to provide hospice services with the plan, be sure to confirm billing and processing steps before the calendar year begins, as they may be different.
3. The CMS Model does not permit prior authorization requirements around hospice elections or transitions between different levels of hospice care.

THOSE WHO SURVIVE AND THRIVE IN THE VBID ENVIRONMENT WILL BE THOSE WHO:

- Are highly profitable and speak the language of the MAOs.
- Provide MAOs a high-quality product—Documentation is key.
- Provide MAOs and wide or exclusive coverage area.
- Can our manage managed care using Best Known Practices.

Productivity both critical . . . and overrated.



HR RESOURCES

HR Recruitment Terms:

- Cost per hire = $\text{internal+external cost (within a timeframe)}/\text{number of hires (during same timeframe)}$
- Time to fill/hire = subtracting number of days passed between the candidate applying and then filling from the total days that the position was open. Example: candidate applied and started position 40 days from date of application. Position was open for 90 and unfilled for days. $90-40=50$. Do this for multiple positions and divide by the number of positions to get an average. Example: $50+62+40+80=58$ days average time to hire.
- Interview to offer & offer acceptance rate = $\text{number of offers}/\text{number of interviews \& number of offers}/\text{number of candidates accepted}$.
- New hire turnover = $\text{number of departures}/\text{number of hires (within the first 90-100 days)}$. Example: 8 new hires, 5 of those depart. $5/8=0.625 \times 100= 62\%$ turnover
- Retention rate = $\text{number who stay}/\text{number of hires (within timeframe)}$. 8 new hires, 3 stay for first 100 days. $8=0.37 \times 100= 37\%$ retention
- Diversity metrics: Percentage of diverse candidates = $\text{number of underrepresented candidates}/\text{total number of candidates}$. Percentage of diverse hires = $\text{number of underrepresented candidates}/\text{total hires (within a timeframe)}$.
 - If you are getting a high percentage of diverse candidates but your percentage of diverse hires is significantly lower, this can be an indicator of bias in the hiring process

Interviewing Resources

- Guide to Legally Permissible Interview Questions - [appendix_e_guide_to_legally_permissible_interview_questions_and_discussions_03202015.pdf](#) (harvard.edu)
- Federal Laws Prohibiting Job Discrimination Questions And Answers | U.S. Equal Employment Opportunity Commission (eoc.gov)



- Guidelines on Interview and Employment Application Questions (shrm.org)





DEI Resources:

- › Bias: Take a Test (harvard.edu) (tests on age, gender, ethnicity, weight, etc.)



- › Cultural humility vs. competence: <https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both>



“Cultural humility involves understanding the complexity of identities — that even in sameness there is difference — and that a clinician will never be fully competent about the evolving and dynamic nature of a patient’s experiences.”

Personality Test Resources:

- › True Colors



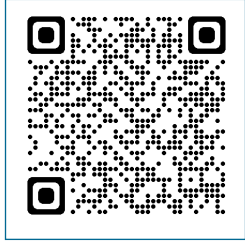
- › Smalley Trent (Animals)





Hospice Quality Resources:

- › Star Ratings methodology will be published on the CAHPS Hospice Survey website, www.hospicecahpsurvey.org



- › Medicare - Care Compare <https://www.medicare.gov/care-compare>



- › <https://nam.edu/an-equity-agenda-for-the-field-of-health-care-quality-improvement/>

