

# National Association for Home Care & Hospice

## Comparison of Key Proposals for Hospice Payment and Regulatory Reform – January 2010

HOUSE: H.R. 3962 Affordable Health Care for America Act	SCORE	SENATE: H.R. 3590 Patient Protection and Affordable Care Act as amended by Manager's Amendment (S.AMDT. 2786)	SCORE
1. Incorporate annual productivity adjustment into market basket updates starting in FY 2010, but only with respect to days of care occurring on or after January 1, 2010. (Sec. 1103)	(\$9.8B)	1. Incorporate annual productivity adjustment into market basket update beginning with FY 2013.	(\$7.0B)
2. No provision		2. In FY 2013, reduces hospice market basket update by 0.3 percentage point. For each of FY2014 – 2019, market basket update would be reduced by 0.5 percentage point if previous year's growth in insured population exceeds 5%. (Sec. 3401(g))	
3. Extension of moratorium on regulation eliminating the budget neutrality adjustment to October 1, 2010. (Sec. 1113)		3. No provision	
4. Voluntary advance care planning consultation with physician or other health care professional such as nurse practitioner or physician assistant. (Sec. 1233)		4. No provision	
5. Enhanced Hospice Program Safeguards (Sec. 1614 adding Sec. 1819A) Adds a new section to the SSA to provide for sanctions and intermediate sanctions for hospices that demonstrate a substandard quality of care and fail to meet other requirements. Sets forth penalties, including possible termination of the program's certification, if the deficiencies immediately jeopardize the health and safety of hospice beneficiaries. Directs the Secretary to develop intermediate sanctions by July 1, 2012. Intermediate sanctions for deficiencies that do not jeopardize the health and safety of hospice beneficiaries may include civil monetary penalties, denial of part or all of a hospice's payments, appointment of temporary management, correction action plans, or in-service staff training.		5. No provision	
6. No provision		6. Medicaid Pediatric Hospice - Medicaid eligible children would be able to receive hospice services without forgoing any other service to which the child is entitled under Medicaid. (Sec. 2302)	
7. No provision		7. Quality Reporting Program - The Secretary of HHS would be required to publish, by Oct. 1, 2012, quality measures for reporting by hospices in FY 2014. The measures would cover all dimensions of quality as well as efficiency of care. Hospice failure to report quality measures would result in a 2.0 percentage point cut in the annual market basket update. (Sec. 3004)	
8. Physician Assistants would be recognized as an attending physician for the purposes of a hospice plan of care. Provision effective Jan. 1, 2010. (Sec. 1114)		8. No provision	

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9. No provision		<p>9. <b>Payment Reform</b> - Requires the Secretary of HHS to collect additional data and information, effective Jan. 1, 2011, in order to revise payments (on a budget neutral basis) for hospice care. Payment revisions would go into effect no earlier than Oct. 1, 2013. (Sec. 3132(a))</p> <p>Also requires the Secretary (on or after Jan. 1, 2011) to require a hospice physician or advanced practice nurse to determine, through a face-to-face encounter, a patient's continued hospice eligibility prior to the 180th day recertification, and for each certification thereafter, and attest that such a visit took place. In the case of hospice programs for which the number of patient stays in excess of 180 days meet a certain threshold (as determined by the Secretary), stays in excess of 180 days must be reviewed by CMS or its contractors for medical necessity. (Sec. 3121(b))</p>	(\$0.1B)
10. No provision		<p>10. <b>Medicare Hospice Concurrent Care (HCC)</b> 3-year demonstration program would allow patients eligible for hospice care to also concurrently receive all other Medicare-covered services. This demonstration is required to be budget neutral and expected to improve patient care, quality of life and cost-effectiveness. (Sec. 3140)</p>	
11. No provision		<p>11. <b>Compliance and Penalties</b> - Requires background screening and credentialing of provider and supplier owners and managers, require compliance plans, authorize a temporary moratorium on new providers. (Sec. 6401)</p>	
12. No provision		<p>12. <b>Value-Based Purchasing Pilot Program</b> - Not later than January 1, 2016 the Secretary shall establish a pilot program to test the implementation of a value-based purchasing program for payments under hospice. (Sec. 10326 of Manager's Amdt.)</p>	
13. Criminal background check pilot program extension (Sec. 1417)		<p>13. <b>Criminal background check pilot program extension</b> (Sec. 6201)</p>	
14. Institute of Medicine Conference on Pain and Pain Research (Secs. 2561, 2562, 2563)		<p>14. <b>Advance Research and Treatment for Pain Care Management</b> - The Secretary may make awards of grants, cooperative agreements, and contracts to hospices for the development and implementation of programs to provide education and training to health care professionals in pain care. (Sec. 4305)</p>	
15. Dissemination of Advance Care Planning (Sec. 240)		<p>15. <b>No Provision</b></p>	
16. No provision		<p>16. <b>Independent Payment Advisory Board</b> - Through 2019 hospice will not be subject to cost reductions proposed by an Independent Payment Advisory Board. (Sec. 3403)</p>	
<b>TOTAL</b>	<b>(\$9.8B)</b>	<b>TOTAL</b>	<b>(\$7.1B)</b>