

BETTER MEDICARE
ALLIANCE

Mini Summit 16: Palliative Care and Hospice.

Policy and Politics of a Potential MA Carve-In of Hospice

Mollie Gurian, Chief Strategy Officer, National Partnership for Hospice Innovation

Zinnia Ng Harrison, Vice President of Innovation & Inclusion, National Hospice and Palliative Care Organization;
Former Division Director of Health Care Payment Models, Patient Care Models Group, Centers for Medicare &
Medicaid Services, Washington, DC

May 16, 2018

Who We Are -- NPHI

The National Partnership for Hospice Innovation (NPHI) is a convener of like-minded patient, family and community focused programs driven by passion and integrity to help people live fully through end-of-life.

Our vision is that during the last stages of life, every American can choose exceptional care that matches their goals, values, and wishes.

Our mission is to lead the movement of hospice, palliative, and advanced illness care through innovation and collaboration, which is achieved through our not-for-profit, mission-driven providers across the United States, delivering person, family and community-focused care.



Who We Are -- NHPCO

Founded in 1978 and is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States.

Mission To lead and mobilize social change for improved care at the end of life.

Vision A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.

**National Hospice and Palliative Care
Organization**



Medicare Hospice Benefit (Title 42 Part 418)

- Patient must have a terminal prognosis with a life expectancy of 6 months or less if the illness runs its normal course.
- Patient must forgo curative treatment (i.e. waive Part A and B coverage)
- The model for holistic and comprehensive care. The care that hospice interdisciplinary teams provide extends beyond the patient to the family to ensure the very best end-of-life experience possible.
- Each patient's team (includes doctors, nurses, home health aides, social workers, chaplains, therapists, and trained volunteers) provides comprehensive care coordination including symptom and pain management, medication management, personal care, care planning, spiritual care, patient and family support, volunteers, and grief counseling.

Palliative Care Title 42 Part 418.3 Definition

Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

Other Palliative Care Definitions

- World Health Organization (<http://www.who.int/cancer/palliative/definition/en/>)
- National Cancer Institute (<https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet>)
- Center to Advanced Palliative Care (<https://www.capc.org/about/palliative-care/>)
- Other definitions are out there, but generally adopt a similar philosophy of care for those with advanced or serious illness

Transition between Hospice and MA Today

MA enrollees receive hospice benefits under Medicare FFS including for services unrelated to terminal conditions and are subject to Parts A and B cost-sharing



On enrollment and annually, MA plans must inform enrollees about the hospice benefit and approved hospices in the MA plan service area; responsible for referrals



Member signs hospice election statement



Capitation rate is reduced to monthly administrative management fee; member in administrative suspension state



For non-hospice related services with plan providers, bene pays plan cost-sharing levels



MA plan continues to provide supplemental benefits(e.g. dental/vision)and non related Part D



In the event that an MA enrollee is “live discharged” from hospice, beneficiary returns to “full status” with plan by end of the calendar month (up to 30 days)



Some timing issues to align with first of the month

Rationale and Some Considerations for a Carve-in

Opportunities

How can we coordinate and better integrate services and smooth the care experience for these beneficiaries?

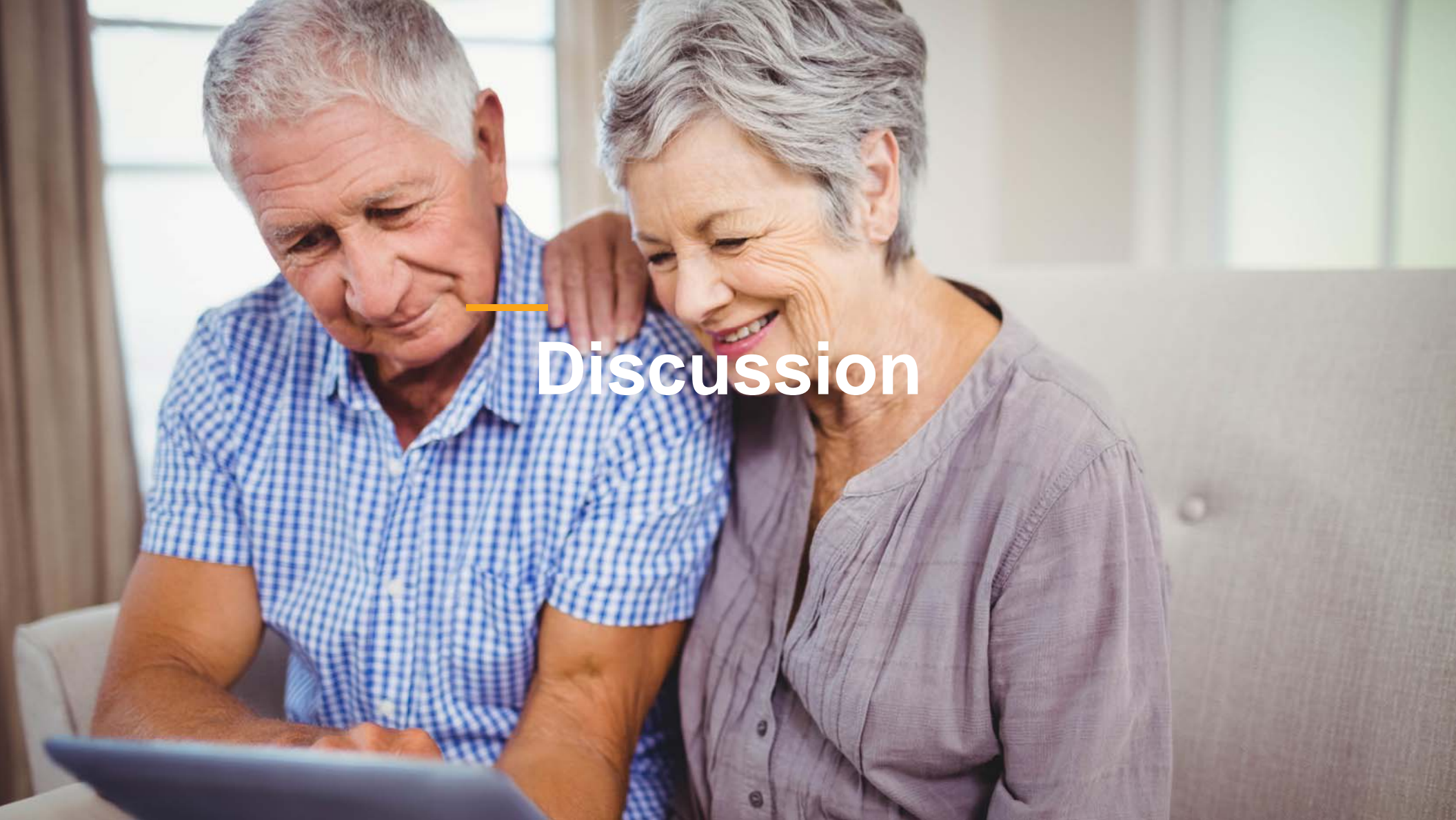
Engaging with plan partners to work on improving care for the hospice population

Challenges

Achieving the aims of the hospice providers and plans while providing high quality care

Developing a structure for a benefit that can be implemented relatively seamlessly and that protects the interests of all parties

MedPAC 2014 Report to Congress stated: “The carve-out of hospice from MA fragments financial responsibility and accountability for care for MA enrollees who elect hospice. Including hospice in the MA benefits package would give plans responsibility for the full continuum of care, which would promote integrated, coordinated care, consistent with the goals of the MA program.” (reiterated in 2016)



Discussion