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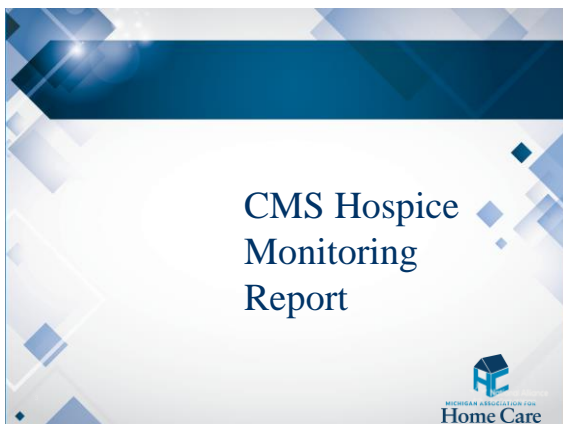
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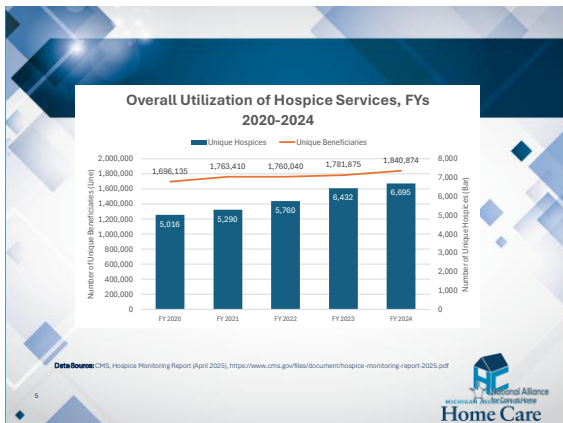
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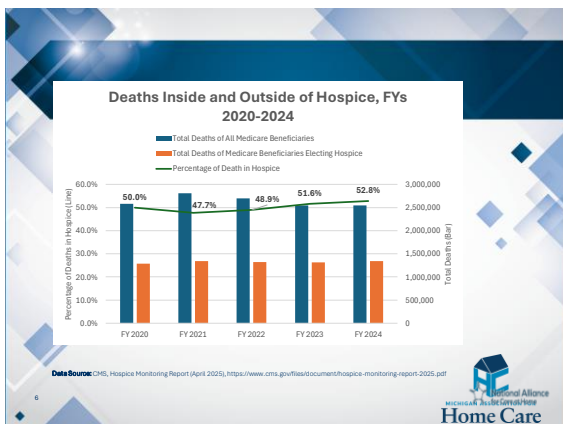
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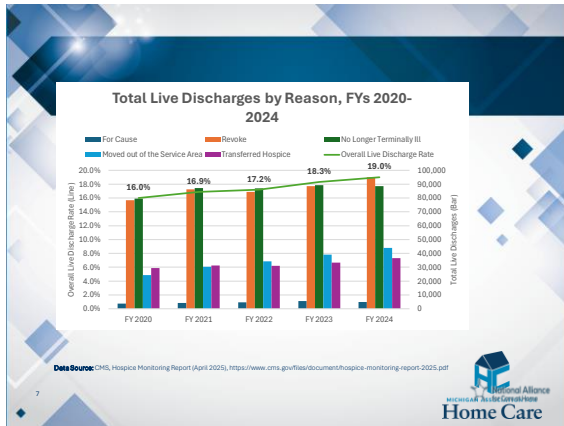
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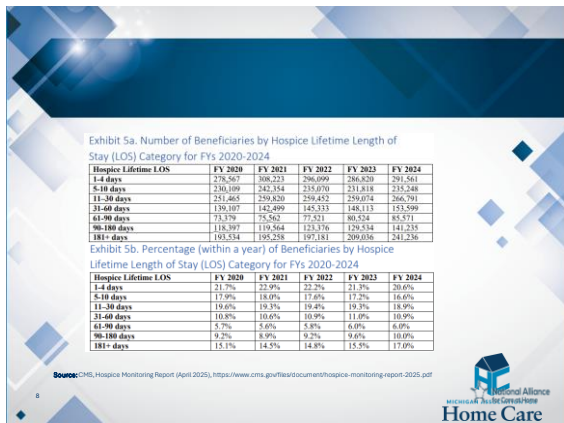
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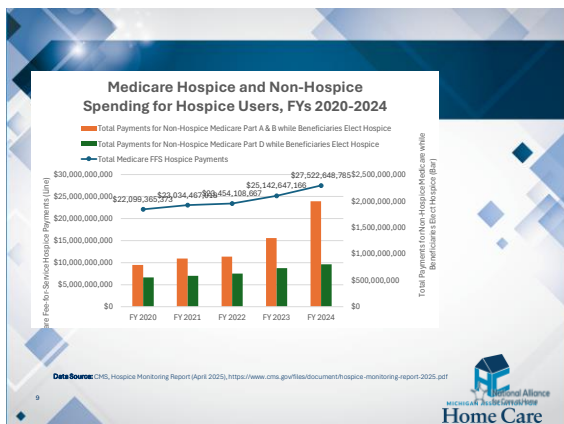
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Exhibit 9b. Percentage (within a year) of Beneficiaries by Principal Diagnosis Category for Fys 2020-2024

Principal Diagnosis Category	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Alzheimer's, Dementia, or Parkinson's	23.7%	23.2%	23.8%	24.1%	21.6%
Cancers	21.8%	22.9%	22.6%	22.6%	22.1%
Cardiac (e.g., Congestive Heart Failure (CHF))	18.3%	18.0%	18.3%	18.9%	19.2%
Respiratory (e.g., Chronic Obstructive Pulmonary Disease (COPD))	10.4%	10.2%	10.1%	10.1%	9.9%
Cerebral Vascular Accident (CVA)/Stroke	10.0%	10.1%	10.3%	10.5%	10.7%
Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD)	2.2%	2.2%	2.2%	2.1%	2.0%
Other	11.6%	13.4%	12.7%	11.8%	14.5%

Source: CHL Hospice Monitoring Report (April 2025), <https://www.cms.gov/files/document/hospice-monitoring-report-2025.pdf>

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Michigan Alliances  
Home Care

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## What Does This Mean?

The Hospice Monitoring Report indicates that hospice is continuing to grow. However, increases in non-hospice spending for hospice users, along with live discharge rates signal potential increased scrutiny.

**Limitations:**

- No Geographic-Level Analysis
- Non-Hospice Spending Not Disaggregated by Type
- Diagnostic Categories Are Broad and Live Discharge Data May be Skewed

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## FY 2026 Hospice Wage Index and Payment Rate Update

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## Payment Rate and Wage Index Update

- CMS released the FY 2026 Hospice Wage Index and Payment Rate Update **proposed rule** on April 11
- Effective October 1, 2025
  - Proposes **2.4%** payment rate update
  - Proposes hospice cap amount of **\$35,292.51**
  - Continues 5 percent cap on wage index decrease at the county level
- Comments on the rule are due by **June 10, 2025**



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## Proposed National Payment Rates FY 2026

Code	Description	SIA Budget Neutrality Factor	Wage Index Standardization Factor	FY 2026 Hospice Payment Update	Proposed FY 2026 Payment Rates	FY 2025 Payment Rates
651	Routine Home Care (days 1-60)	1.0005	1.0009	1.024	<b>\$230.33</b>	\$234.62
651	Routine Home Care (days 61+)	1.0001	1.0018	1.024	<b>\$181.51</b>	\$176.52
Code	Description	Wage Index Standardization Factor		FY 2026 Hospice Payment Update	Proposed FY 2026 Payment Rates	FY 2025 Payment Rates
652	Continuous Home Care Full Rate = 24 hours of care	1.0047		1.024	<b>\$1,666.23 (\$69.38/hour)</b>	\$1,618.59 (\$67.44/hour)
655	Inpatient Respite Care	1.0007		1.024	<b>\$551.80</b>	\$518.78
656	General Inpatient Care	0.9994		1.024	<b>\$1,197.40</b>	\$1,170.04



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## Hospice Admission and Certification Proposals



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## Hospice Admission

### 42 C.F.R. § 418.25 Proposal

- Adds the physician member of the interdisciplinary group (IDG) as a practitioner who can recommend hospice admission

#### Proposed § 418.25 Admission to hospice care.

(a) The hospice admits a patient only on the recommendation of the medical director (or the physician designee, as defined in § 418.3) **or the physician member of the hospice interdisciplinary group** in consultation with, or with input from, the patient's attending physician (if any).

(b) In reaching a decision to certify that the patient is terminally ill, the hospice medical director (or the physician designee, as defined in § 418.3) **or the physician member of the hospice interdisciplinary group** must consider at least the following information:



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## Certification Face-to-Face Encounter Attestation

### 42 C.F.R. § 418.22(b)(4) Proposals

- Require the practitioner's signature and date on the recertification hospice face-to-face encounter attestation
- Require the attestation, it's accompanying signature and the signature date to "be a separate and distinct section of, or an addendum to, the recertification form, and must be clearly titled."



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## Certification Face-to-Face Encounter Attestation

### 42 C.F.R. § 418.22(b)(4) Proposals

#### Proposed § 418.22 Certification of terminal illness.

- (b)
- (4) The physician or nurse practitioner who performs the face-to-face encounter with the patient described in paragraph (a)(4) of this section must attest in writing that he or she had a face-to-face encounter with the patient, including the date of that visit. **The attestation must include the physician's or nurse practitioner's signature and the date it was signed.** The attestation **of the nurse practitioner or a non-certifying hospice physician, its accompanying signature, and the date signed, must be a separate and distinct section of, or an addendum to, the recertification form, and must be clearly titled. If the face-to-face encounter was not performed by the certifying physician, the attestation of the physician or nurse practitioner who performed the face-to-face encounter** shall state that the clinical findings of that visit were provided to the certifying physician for use in determining continued eligibility for hospice care.



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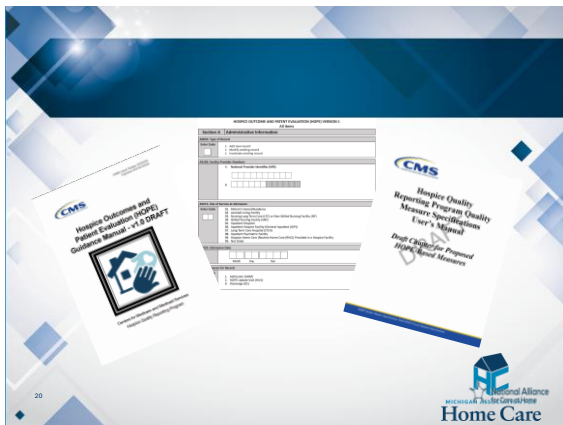
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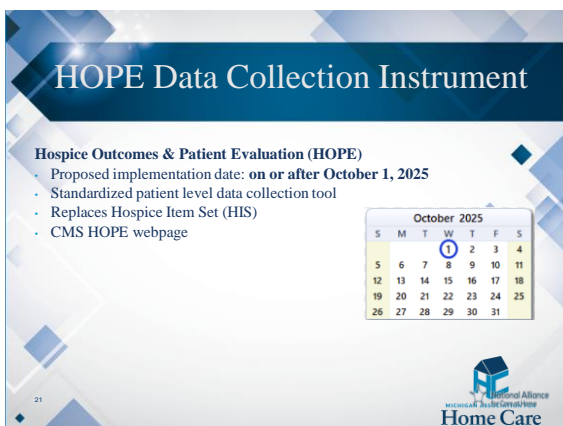
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## HOPE Goals

- Provide data for HQR quality measures
- Inform future payment refinement
- Support proposed quality measures
- Contributes to the patient's plan of care through providing patient data throughout the hospice stay
  - Improved practice and
  - Care quality

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## HOPE Public Reporting

- Public reporting
  - On or after CY2027
  - CMS must establish reliability and validity
  - At least four quarters of data analyzed
- Example:
  - Implementation October 1, 2025
  - October – December 2025 NOT ELIGIBLE
  - All four quarters CY2026 analyzed in CY2027

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## Concerns



Lack of / timing of transition information



Simultaneous transitions



First quarter timeliness submission

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## Hospice Audits & Medical Review

- ◆ Technical Denials
  - ◆ Medicare hospice election statement and election statement addendum
  - ◆ Certification of Terminal Illness (CTI)
- ◆ Audits
  - ◆ Targeted Probe & Educate (TPE)
  - ◆ Recovery Audit Contractor (RAC)
  - ◆ Supplemental Medical Review Contractor (SMRC)
  - ◆ Unified Program Integrity Contractor (UPIC)
  - ◆ HHS Office of the Inspector General (OIG)
  - ◆ Provider Relief Fund (PRF) Audits
  - ◆ Hospice Audit Survey - 2023



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## Medical Review of Records

- ◆ Technical components
  - ◆ Physician certifications
  - ◆ Beneficiary election statements
- ◆ Eligibility
  - ◆ Medicare coverage guidelines
  - ◆ Medical necessity
  - ◆ Documentation supports the services billed



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## NGS – J6

Topic	CPT Code	Common Denials	Resources
Hospice Care Q-Codes	Q5002, Q5003, Q5004	<p>The election statement and/or the election statement addendum did not meet CMS requirements. The specific issue is identified on the individual claim(s).</p> <p><b>55H1L</b> – According to the Medicare Hospice requirements, the information provided does not support a terminal prognosis of six months or less.</p> <p><b>55H1S</b> – The face-to-face encounter requirements were not met.</p>	<p><a href="#">Local Coverage Determination Hospice- Determining Terminal Status</a></p> <p><a href="#">CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Sections 10, 20.1, 20.2.1, 20.2.1.2</a></p> <p><a href="#">Code of Federal Regulations, Title 42, Part 418.24</a></p>



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## NGS – J6

Topic	CPT Code	Common Denials	Resources
Hospice - Length of Stay > 180 days	N/A	<p>The election statement and/or the election statement addendum did not meet CMS requirements. The specific issue is identified on the individual claim(s).</p> <p><b>55H1L</b> – The information provided does not support a terminal prognosis of six months or less.</p> <p><b>55H1S</b> – The face-to-face encounter requirements were not met.</p>	<p><a href="#">Local Coverage Determination Hospice: Determining Terminal Status</a></p> <p><a href="#">CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Sections 10, 20.1, 20.2.1</a></p> <p><a href="#">Code of Federal Regulations, Title 42, Part 418.24</a></p>



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## NGS – J6

Topic	CPT Code	Common Denials	Resources
Hospice - Increased Reimbursement	N/A	<p>The election statement and/or the election statement addendum did not meet CMS requirements. The specific issue is identified on the individual claim(s).</p> <p><b>55H1L</b> – The information provided does not support a terminal prognosis of six months or less.</p> <p><b>55H1S</b> – The face-to-face encounter requirements were not met.</p>	<p><a href="#">Local Coverage Determination Hospice: Determining Terminal Status</a></p> <p><a href="#">CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Sections 10, 20.1, 20.2.1</a></p> <p><a href="#">Code of Federal Regulations, Title 42, Part 418.24</a></p>



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## NGS – J6

Topic	CPT Code	Common Denials	Resources
Hospice – New Provider	N/A	<p>The election statement and/or the election statement addendum did not meet CMS requirements. The specific issue is identified on the individual claim(s).</p> <p><b>55H1L</b> – The information provided does not support a terminal prognosis of six months or less.</p> <p><b>55H1S</b> – The face-to-face encounter requirements were not met.</p>	<p><a href="#">Local Coverage Determination Hospice: Determining Terminal Status</a></p> <p><a href="#">CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Sections 10, 20.1, 20.2.1</a></p> <p><a href="#">Code of Federal Regulations, Title 42, Part 418.24</a></p>



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## NGS – J6

Topic	CPT Code	Common Denials	Resources
Hospice - General Inpatient > 7 days	N/A	<p>The election statement and/or the election statement addendum did not meet CMS requirements. The specific issue is identified on the individual claim(s).</p> <p><b>55HIM</b> – The documentation indicates the general inpatient level of care was not reasonable and necessary. Therefore, payment was adjusted to the routine home care rate.</p> <p><b>55HIS</b> – The face-to-face encounter requirements were not met.</p>	<p><a href="#">Local Coverage Determination Hospice: Determining Terminal Status</a></p> <p><a href="#">CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Sections 20.1, 20.2.1, 40.1.5</a></p> <p><a href="#">Code of Federal Regulations, Title 42, Part 418.24</a></p>

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## Every Patient, Every Claim

- ◆ Certification of Terminal Illness (CTI)
- ◆ Valid election statement
- ◆ Notice of Election
  - ◆ Timely submission and acceptance
- ◆ Eligibility
  - ◆ Terminal prognosis
  - ◆ Level of care
- ◆ Plans of care
  - ◆ Timeframe
  - ◆ Participants

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## 2025 and Beyond

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## Telehealth Flexibilities

- ◆ Extended through **September 30, 2025**
- ◆ American Relief Act, 2025
- ◆ Allows telehealth for face-to-face encounter
- ◆ Hospice
  - ◆ Temporary change in the regulations at 42 CFR 418.22(a)(4)(ii)
- ◆ Home Health
  - ◆ Lifting geographic restrictions and maintaining the expanded list of originating sites including patients' homes.

CONNECT for Health Act (H.R. 4189 / S. 2016)



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## Deregulation

- ◆ Office of Management & Budget (OMB) Request for Information
  - ◆ OMB solicits ideas for deregulation from across the country. Commenters should identify rules to be rescinded and provide detailed reasons for their rescission. OMB invites comments about any and all regulations currently in effect
  - ◆ Comments due: May 12, 2025
- ◆ Medicare Deregulation Unleashing Prosperity Through Deregulation of the Medicare Program
  - ◆ Soliciting feedback to reduce administrative burden and streamline provider regulations
  - ◆ Streamline Regulatory Requirements
  - ◆ Opportunities to Reduce Administrative Burden on Reporting and Documentation
  - ◆ Identification of Duplicative Requirements
  - ◆ Additional Recommendations
  - ◆ Comments due: June 10, 2025



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## Proposed Rules

- ◆ OSHA – Heat Injury & Illness Prevention in Outdoor & Indoor Work Settings
- ◆ HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information
- ◆ DEA Telemedicine Proposed Rule
  - ◆ DEA extended telemedicine prescribing flexibilities through **December 31, 2025**



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## PEPPER

- ◆ PEPPER – Program for Evaluating Payment Patterns Electronic Report
- ◆ Site went down end of 2023
- ◆ CMS paused PEPPER until “Fall 2024”
  - ◆ Spring 2025
  - ◆ Summer 2025?



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### General Compliance Program Guidance

November 2023

### HHS OIG Compliance Plan

- Updated General Compliance Program Guidance – 2023
- Hospice Specific Guidance 2025?



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## MA VBID – Hospice Component

- ◆ Ended December 31, 2024
- ◆ CMS said the hospice component was
  - ◆ Burdensome,
  - ◆ challenging and
  - ◆ unsustainable for providers and Medicare Advantage payers
- ◆ Future carve in ???



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## Hospice Program Integrity & Quality

**Health Care**

**Medicare Certifies Hospices in California Despite State Ban on New Licenses**

The agency has rolled out sweeping changes to target end-of-life care providers that were billing for unneeded services, but some hospice experts question its ability to do so.

**News Release**  
04-10-2024

**CONGRESS**

**Congress Seeks Answers from CMS on Hospice Fraud Quality**

By Ben Parker / May 3, 2024

**Information**

**Beware of hospice scams.**

Medicare.gov/fraud

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## Hospice Special Focus Program

Authorized as part of the hospice program integrity provisions in the Consolidated Appropriations Act, 2021 (CAA 2021)

Intended for poor performing hospices that fail substantially to meet Medicare program requirements

The CY 2024 Home Health Final Rule finalized SFP proposals without modification

Hospices selected for the SFP lose deemed status, if applicable, and are subject to increased survey oversight

Small group of hospices and state associations filed lawsuit

Effective February 14, 2025, implementation of the Hospice Special Focus Program for CY 2025 has ceased so that CMS may further evaluate the program.

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## Special Focus Program

Data Indicator	Source	Date Ranges	Exclusion Criteria
Hospice Care Index (HCI)	Hospice Provider Data Catalog File: Hospice – Provider Data Updated: Annually (November)	<b>November 2024 Refresh</b> Jan. 1, 2022– Dec. 31, 2023	<ul style="list-style-type: none"> <li>• Less than 8 quarters of data</li> <li>• Less than 20 claims over 8 quarters of data</li> </ul>
CAHPS Hospice Survey Bottom-Box Scores	Hospice Provider Data Catalog File: Hospice – Provider CAHPS Hospice Survey Data Updated: Quarterly	<b>November 2024 Refresh</b> Jan. 1, 2022– Dec. 31, 2023	<ul style="list-style-type: none"> <li>• Fewer than 50 survey eligible patient/caregiver pairs in a year</li> <li>• Fewer than 30 completed surveys during reporting period</li> <li>• New hospices (receive CCN after 1/1 of collection year)</li> <li>• None</li> </ul>
Survey Data (CLDs and substantiated complaints)	<b>IOIES &amp; ASSURE</b>	<b>2021-2024</b> May 1, 2021 – April 30, 2024	

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## Hospice Benefit Reform



**[UPDATED] Rep. Earl Blumenauer Plans Landmark Hospice Reform Bill**  
By Jim Parker | June 13, 2024

**[DISCUSSION DRAFT]**  
**H. R. \_\_\_\_\_**  
Enacted 10/15/2024  
10/15/2024

To amend title XVIII of the Social Security Act to ensure the integrity of hospice care furnished under the Medicare program, and for other purposes.

**A BILL**  
To amend title XVIII of the Social Security Act to ensure the integrity of hospice care furnished under the Medicare program, and for other purposes.

- Be it enacted by the Senate and House of Representatives
- That all the Federal States of America in Congress assembled,

**SECTION 1. SHORT TITLE.**

- This Act may be cited as the "Hospice Care Accountability, Reform, and Enforcement Act of 2024" or the
- "Hospice CARE Act of 2024".

  
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## Hospice Care Accountability, Reform, and Enforcement (CARE) Act of 2024

**Program Integrity**

- 5-year moratorium on new Medicare hospices
- Prepayment medical review on new (and newish) hospices
- Nationwide revalidation of hospices
- Increased survey frequency for new hospices
- No reimbursement for hospices that fail to submit quality data requirements
- Certifying physicians cannot have any financial relationship with hospice (ownership, payment etc)
- 60 months no change of ownership from initial certification
- 90-day medical reviews for hospices with "aberrant" billing
- Face-to-face encounters for all recertifications

  
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## Hospice Care Accountability, Reform, and Enforcement (CARE) Act of 2024

**Payment Changes**

- Moves to a blended per diem and per visit payment system in 2029
- Temporary bonus payment for high intensity palliative care— moves to outlier payments

  
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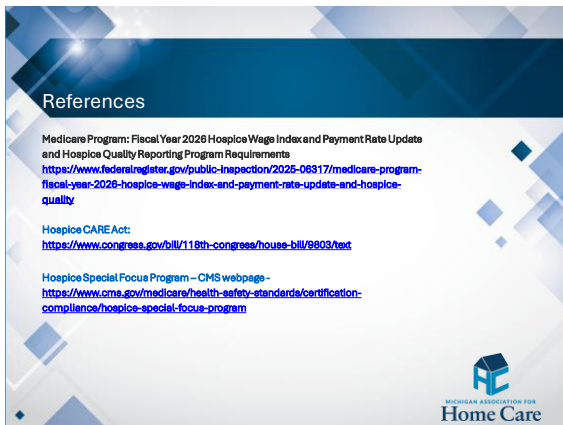
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