Hospice Work Group Meeting December 7, 2022

PRESENTATIONS AND DISCUSSION

Background and Update

- Hospice Work Group meeting held on July 11, 2022
- Talking points letter sent by Hospice & Palliative Care Network of Maryland
- Internal MHCC discussions and follow-up
- Completed FY 2021 Maryland Hospice Survey and posted Public Use Dataset

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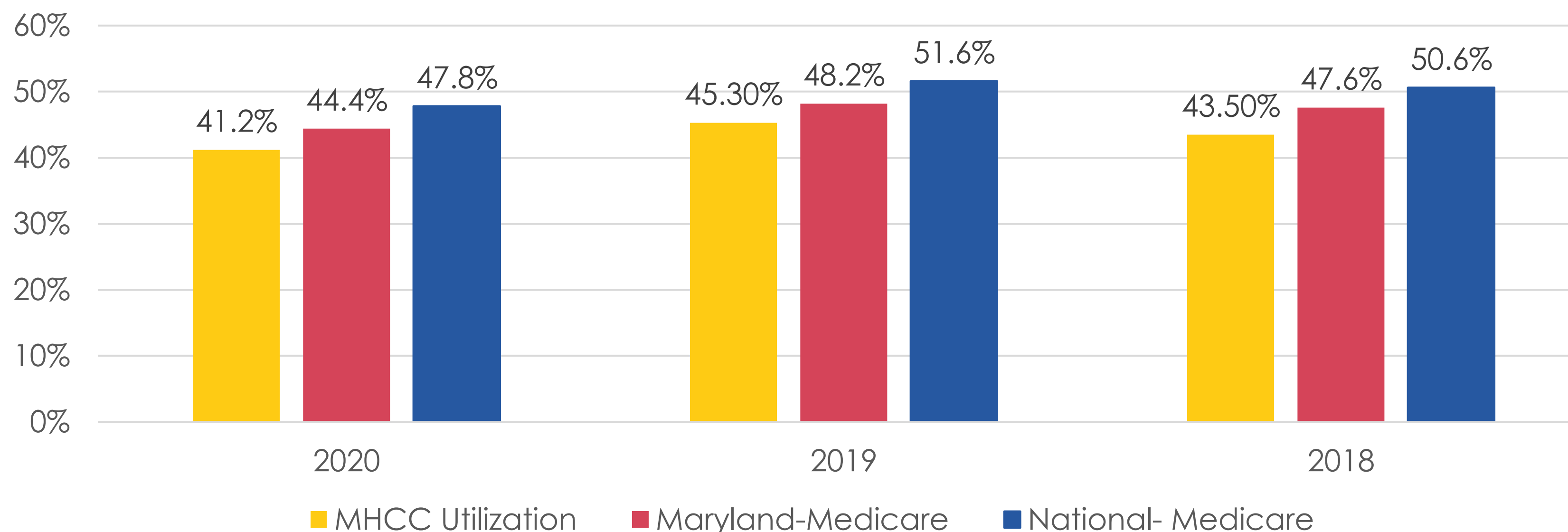
Updated Approach to Determining Need for Hospice Services

Medicare Use Rates

- Maryland Use Rates= hospice deaths divided by total population deaths for ages 35 and over
- Medicare Use Rates= Medicare hospice deaths divided by total Medicare decedents



MHCC hospice utilization calculation: hospice deaths divided by total population deaths for ages 35 and over.
Medicare use rate calculation: Medicare hospice deaths divided by total Medicare decedents.

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Quality Measures

- Use existing tested CMS measures
- Use most recent refresh of CMS data-August 2022

- Hospice Item Set (HIS)
  - Beliefs/values addressed
  - Treatment preferences addressed
  - Pain screening
  - Pain comprehensive assessment
  - Dyspnea screening
  - Dyspnea Treatment
  - Patients treated with opioids given bowel regimen

- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Communication with family
  - Getting timely help from the hospice team
  - Treating patient with respect
  - Emotional and spiritual support
  - Help for pain and symptoms
  - Training family to care for patient
  - Rating for this hospice
  - Willing to recommend this hospice

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Simplify Approach to Determining Need

Qualifying Applicants

- Determine the score for each quality measure
  - ≥ the state average=1
  - < the state average=0
- Summed the scores to create a single CAHPS score and a HIS score for each hospice
  - Score reflects the number of measures where the hospice scores at or higher than the state average
    - CAHPS range: 0-8
    - HIS range: 0-7
- Hospices that scored 0, 1, or 2 on CAHPS or HIS would be considered “low quality”

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Simplify Approach to Determining Need

Qualifying Jurisdictions/Regions

- Calculate the Medicare hospice use rate
- Determine the bottom quartile
- Any jurisdiction in the bottom quartile was analyzed for “low quality” hospices
  - Baltimore City, Garrett, Dorchester, Prince George’s, Charles, Allegany
- Determine if 60% or more of the jurisdiction is serviced by “low quality” hospices
  - Charles, Dorchester, Prince George’s

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Regional Approach

Create regions for purposes of CON review in order to create sufficient population base to support a new provider:

- Southern Maryland: 377,094
  - **Charles:** 168,698
  - Calvert: 93,928
  - St. Mary's: 114,468

- Lower Shore: 214,185
  - **Dorchester:** 32,489
  - Somerset: 24,584
  - Wicomico: 103,980
  - Worcester: 53,132

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Charity Care

Charity Care Definition : State Health Plan Chapter

Charity Care:

- (a) Charity care means care for which there is no means of payment by the patient or any third-party payer.
- (b) Charity care does not mean uninsured or partially insured days of care designated as deductibles or co-payments in patient insurance plans, nor that portion of charges not paid as a consequence of either a contract or agreement between a provider and insurer, or a waiver of payment due to family relationship, friendship, or professional courtesy.
- (c) Charity care does not include bad debt.

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Charity Care Definition: Hospice Survey

- **Charity Care** means care for which there is no means of payment by the patient or any third party payer. This includes ONLY unpaid charges for which payment is not anticipated at the time of service. Charity Care does not mean uninsured or partially insured days of care designated as deductibles or co-payments in patient insurance plans, nor that portion of charges not paid as a consequence of either a contract or agreement between a provider and an insurer, or a waiver of payment due to family relationship, friendship, or professional courtesy.

- **Uncompensated Care** means care for which payment was anticipated when care was rendered, but for which payment was not collected. This includes bad debt. This excludes other unfunded sources of care such as underpayment from Medicare or Medicaid.

Source: Maryland Hospice Survey Instruction Manual

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State Health Plan Chapter: COMAR 10.24.13

Proposed Simplification of Hospice Chapter: COMAR 10.24.13

- Section .02: Update CON references (e.g, no CON for inpatient for licensed general hospice)
- Section .03: Update literature search and policies; update quality measure information
- Section.04: Review docketing rules and service exception wording
- Section .05: Reduce redundant standards:
  - Eliminate admission criteria and minimum services (Medicare Conditions of Participation)
  - Review wording of charity care policy
  - Update quality measures
  - Omit Respite Care and Patient’s Rights (Medicare and OHCQ)
  - Omit inpatient need methodology
- Section .06: Revise Need Determination
- Review and update Definitions as needed

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Next Steps

- Incorporate comments from Hospice Workgroup
- Develop draft update to Hospice Chapter
- Distribute draft for Informal Public Comment
- Review informal comments and revise as needed
- Develop draft for promulgation of proposed permanent regulations

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