Medicare Hospice Benefit

Everent HEALTH

Challenges and Opportunities for Innovation

- Reimbursement structure does not match complexity of patients or geographic variation
- Election requires shifting away from aggressive treatments which is a consistent barrier for patients
- No defined concurrent care benefit available to Medicare beneficiaries despite many models that show the value and potential cost savings
- No palliative care benefit available for patients who decline hospice leaving gaps in care and poor experience of care for those with serious illness
- Length of Stay in our country very short with MLOS around 18 days in a benefit designed for 180 days
- Access remains an issue

Innovative Models in Hospice and Lessons Learned

Medicare Caring Choices Model

Alternative payment model launched in 2016 to allow hospice eligible patients to enroll in care while continuing curative/aggressive interventions

Participating hospices received a PMPM at a fraction of hospice reimbursement and were required to provide services available under the routine home care level of care

Participation was very low, but outcomes were very positive

More hospice utilization	Longer hospice length of stay	Decreased hospitalizations and Medicare spend	Improved quality and equity on some measures

Value-based Insurance Design-Hospice Carve-In to Medicare Advantage

VBID was created to test integration of hospice into Medicare Advantage with the goal of improving transitions of care, expanding access to palliative and concurrent care and testing of supplemental benefits

Again, limited participation and outcomes did not meet goals of demonstration

Poor utilization of concurrent care	Poor utilization of supplemental benefits	Significant administrative burden	Significant cuts to reimbursement	Reality of contracting with hundreds of MA plans in one market creates barriers to access