Evolving Hospice for the Next Era of Medicare Payment

Why Change?

- Shift from fee-for-service to value-based payment, risks **leaving hospice behind**.
- **Solvency pressures** could make hospice rates a target for future Medicare cuts (home health).
- Hospice reduces end-of-life costs, yet providers receive **no shared savings**.
- **Growing competition** highlights the need for more flexible payment structures.
- **Audit pressures** remain heavy and misdirected.

Problems to Solve?

- Fraud & abuse realities highlight **vulnerabilities in the current benefit**.
- Need **metrics-based eligibility** instead of arbitrary time-based prognosis.
- Lack of glidepath **and requirement to waive curative treatment** delay timely hospice election.
- **"Unrelated" care** billed to Parts B & D fragments accountability.
- Lack of reward for **measurable quality and outcomes**.

Preserve the Core, Evolve the Continuum

What to Preserve?

- **Holistic care model** that sustains the financial viability of all provider types.
- Advanced illness care anchored in the hospice model and its **person-centered values**.
- **Patient and family autonomy** – ensuring the sanctity of patient wishes at the end-of-life.
- Wraparound supports essential to building and maintaining **quality, dignity, and trust**.

What to Enhance?

- Payment for upstream palliative care to create a **true continuum of advanced illness care**.
- **Seamless patient experience** - continuity from aggressive treatment through end-of-life.
- **Diversified revenue** provides stability for non-profit providers.
- Greater ability for hospices to manage whole-patient **total cost of care**.
- Reduce **live discharges** and late or burdensome transitions.