

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



NEW products from the Medicare Learning Network® (MLN)

- **“Health Care Professional Frequently Used Web Pages,”** Educational Tool, ICN 908466, Downloadable only. (Posted June 2013)

MLN Matters® Number: MM8241

Related Change Request (CR) #: CR 8241

Related CR Release Date: May 3, 2013

Effective Date: October 1, 2013

Related CR Transmittal #: R2696CP

Implementation Date: October 7, 2013

Implementation of the Hospice Quality Reporting Required by the Affordable Care Act Section 3004

Note: This article was revised on March 2, 2016, to add reference to MLN Matters® Articles [MM9460](#) to alert providers to changes in the payment reduction reconsideration process for hospice agencies that do not submit required quality data. All other information remains unchanged.

Provider Types Affected

This MLN Matters® Article is intended for hospices submitting claims to Medicare contractors (Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8241 that implements the payment reduction required for hospice agencies that fail to report quality data as specified in Section 3004 of the Affordable Care Act.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

Background

The Affordable Care Act, Section 3004, requires each hospice to collect data on quality measures specified by the Secretary, Department of Health and Human Services (HHS), and submit the data timely to the Center for Medicare & Medicaid Services (CMS).

For Fiscal Year 2014, and each subsequent year, failure of hospices to submit required quality data will result in a 2 percentage point reduction to the market basket percentage increase for that Fiscal Year.

Additional Information

The official instruction, CR8241 issued to your RHHI and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2696CP.pdf> on the CMS website.

For more information about the data requirements, review MLN Matters® Special Article SE1301, entitled “Hospice Quality Data Reporting Reminders,” available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1301.pdf> on the CMS website.

If you have any questions, please contact your RHHI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Document History

Date of Change	Description
March 2, 2016	The article was revised to add reference to MLN Matters® Articles MM9460 to alert providers to changes in the payment reduction reconsideration process for hospice agencies that do not submit required quality data.
May 26, 2015	The article was revised to add references to related MLN Matters® Articles. SE1301 , which reminds hospices that beginning with Fiscal Year (FY) 2014 and each subsequent FY, failure to submit required quality data will result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year. It also provides information on how to submit data for the first year of reporting and how to collect data for the second year of reporting. SE1306 updates the reporting requirements.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.