

MODEL OVERVIEW

MCCM is designed to

- Increase beneficiary access to supportive services provided by hospices, while a beneficiary still seeks curative treatment
- Improve quality of life and beneficiary and family satisfaction with care at the end of life
- Inform new payment approaches for the Medicare and Medicaid programs

The Medicare Care Choices Model (MCCM) offers eligible Medicare beneficiaries the option to receive supportive services from participating hospices while continuing to receive treatment for their terminal condition through fee-for-service Medicare. Participating hospices receive \$400 per beneficiary per month.

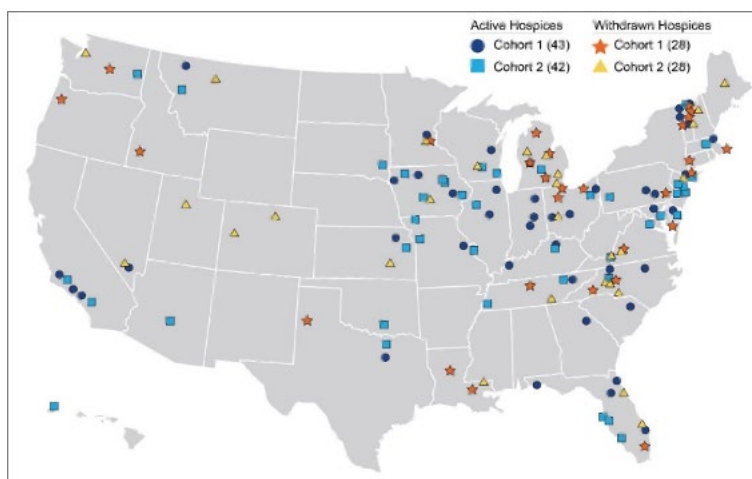
Beneficiary enrollment started on January 1, 2016 when the first cohort of hospices began implementing MCCM, followed by a second cohort on January 1, 2018. The model was recently extended an additional 12 months, through December 31, 2021.

PARTICIPANTS

MCCM eligibility criteria

- Diagnosis of cancer, congestive heart failure, chronic obstructive pulmonary disorder, or HIV/AIDS
- Prognosis of 6 months or less to live documented by a certificate of terminal illness signed by the beneficiary's physician
- Continuous Part A and B enrollment in prior 12 months
- No election of the Medicare or Medicaid hospice benefit in the last 30 days
- At least 1 hospital encounter and 3 office visits in the past 12 months
- Residence in a traditional home, not a long-term care facility, in the last 30 days

Location of MCCM Hospices



85 MCCM hospices (60%) of the original 141 participants remained in the model as of September 30, 2019.

4,988 beneficiaries enrolled in MCCM out of over 18,000 beneficiaries referred; 3,603 of these enrollees died as of September 30, 2019.

MCCM enrollment remained concentrated in a small number of hospices: 9 hospices enrolled 54% of all MCCM beneficiaries. Top enrolling MCCM hospices were more likely to be located in urban areas and to enroll somewhat fewer minorities, but other characteristics, including size, were not significantly different across MCCM hospices.

FINDINGS



- **Beneficiaries in MCCM were 20 percent more likely to enroll in the Medicare hospice benefit (MHB)** and elected MHB one week earlier, on average, than the comparison group (two weeks earlier when including beneficiaries who enrolled in MCCM more than a year prior to death).



- **Reductions in total Medicare expenditures differed substantially** for MCCM enrollees who transitioned to MHB compared to those who did not transition to MHB in the last 30 days of life (\$9,934 vs. \$345, respectively).



- **Caregiver experience of care:** Caregivers of MCCM enrollees who transitioned to MHB reported highly positive experiences in the model. Caregivers of enrollees who did not transition to MHB held less positive views of MCCM. Caregivers of those enrolled in MCCM for less than 30 days reported the least satisfaction. These individuals may not have had sufficient time to benefit from the full range of services offered by hospices participating in MCCM.

84% of enrollees elected the Medicare hospice benefit after an average of 99 days in the model and 46 days prior to death.

12% died while enrolled in MCCM with access to supportive services through the model.

96% of caregivers indicated that they would definitely or probably recommend the model to friends and family members.



25% Decrease in Medicare Expenditures*

Driven by Reduced Inpatient Spending:

inpatient admissions

36-49%

intensive care unit stays

55-60%

observation stays

21-40%

emergency department visits

28-42%

KEY TAKEAWAYS

Initial impact findings indicate that MCCM led to substantial reductions in total Medicare spending for deceased MCCM enrollees during the first 3 years of the model. Total Medicare expenditures decreased by 25%, generating \$26 million in gross savings and \$21.5 million in net savings, largely by reducing inpatient care through increased use of MHB. Most caregivers reported positive experiences in the model. Caregivers of enrollees who did not transition to MHB reported lower satisfaction rates.

* (\$5,967 net savings per decedent) driven by reduced inpatient spending in the last 7-180 days of life for the 3,603 MCCM enrollees who died before September 30, 2019.