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CENTERS FOR MEDICARE & MEDICAID SERVICES
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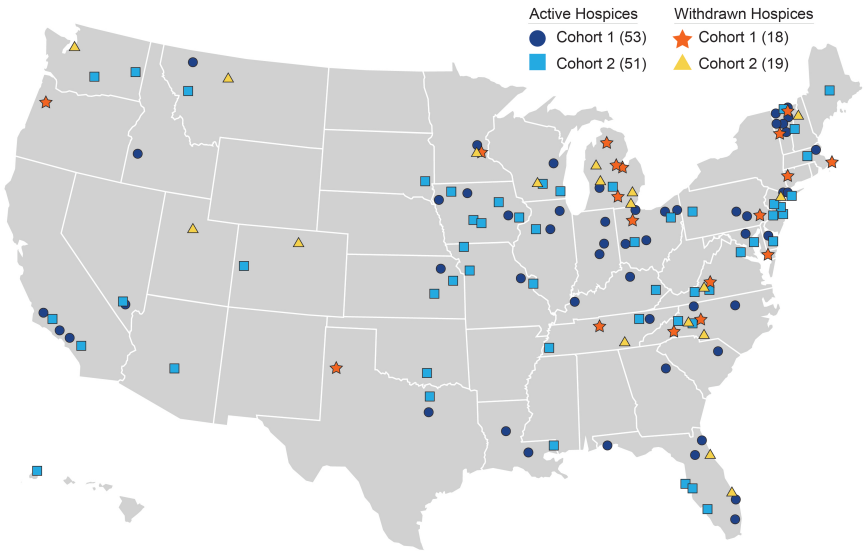
Findings at a Glance

Medicare Care Choices Model

First Annual Evaluation Report

MODEL OVERVIEW

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, if desired, through fee-for-service Medicare. 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 runs through December 31, 2020.



Eligibility criteria:[1]

- Enrolled in Medicare Parts A and B for 12 months prior
- Terminal diagnosis (6-month prognosis) of:
  - Advanced cancer
  - Congestive heart failure
  - Chronic obstructive pulmonary disorder
  - HIV/AIDS

MCCM is designed to:

- Increase access to supportive care services provided by hospice
- Improve quality of life and beneficiary/family satisfaction with care at the end of life
- Inform new payment systems for the Medicare and Medicaid programs

PARTICIPATION

- CMS accepted 141 hospices into MCCM in 2015 and randomized 71 hospices to cohort 1 and 70 hospices to cohort 2. A total of **104 hospices** participated in MCCM as of December 31, 2017, including 53 in cohort 1 and 51 in cohort 2.
- Over 5,000 Medicare beneficiaries were referred to and screened for MCCM as of June 30, 2017 and **1,092 beneficiaries** had enrolled in the model.

[1] For a complete list of MCCM eligibility criteria, see https://innovation.cms.gov/initiatives/Medicare-Care-Choices/

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the Medicare Care Choices Model and to download the full evaluation report, visit: https://innovation.cms.gov/initiatives/Medicare-Care-Choices/

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FINDINGS

IMPLEMENTATION

- Hospices successfully implemented MCCM, but enrollment was lower than expected. **Reasons for low enrollment** included difficulty finding beneficiaries who met all the MCCM eligibility criteria, particularly the requirement for at least 12 months of Medicare Part A and B coverage—not managed care—prior to enrollment.
- 37 hospices (26%) had withdrawn from MCCM as of December 31, 2017. **Reasons for withdrawal** included leadership and staff changes; competing business initiatives; managed care penetration, which disqualified beneficiaries in some markets; adequacy of the $400 per beneficiary per month payment; and reporting requirements.
- About half of MCCM enrollees were referred to the model by physician offices. Home health agencies (28%), hospitals (14%), emergency departments (6%), and skilled nursing facilities (1%) also referred enrollees. Referring specialists included oncologists (40%) and internists/family medicine (39%).
- Prior experience with a palliative care program facilitated MCCM implementation because staff were familiar with both supportive services and treatment for serious illness, and could draw from established referral sources.

COST

- Due to low enrollment, it is too early to measure any impacts MCCM had on cost or other outcomes at the end of life.

UTILIZATION

- Enrollees had an average of **10.6 encounters per month** with MCCM providers. Over 75% of encounters occurred in person, 25% by phone, and a few by email or online.
- Nearly 40% of MCCM enrollees received services from home health agencies while in the model. Enrollees received, on average, 4.1 home health visits per month, half of which consisted of speech, physical, or occupational therapy not covered under MCCM.

QUALITY

- Hospice staff, referring providers, and MCCM enrollees generally expressed high levels of satisfaction with MCCM and care provided under the model.

KEY TAKEAWAYS

Findings to date suggest that the model is achieving its objective to increase access to supportive care services provided by hospice. MCCM hospice staff, referring providers, and enrolled beneficiaries and their caregivers generally expressed high levels of satisfaction with the model. Hospice staff reported that the model helps hospice-eligible individuals become more familiar and comfortable with the hospice benefit. More than four out of five MCCM enrollees (83%) elected the Medicare hospice benefit after an average of two months in MCCM and one month prior to death.

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