

Support Continuity of Care for Rural Hospice Patients

H.R. 2594/S. 1190

BACKGROUND

Under the Medicare hospice benefit, a patient may designate a physician, nurse practitioner (NP), or physician assistant (PA) to serve as the hospice attending physician. Where appropriate, that attending physician may bill Medicare for the services they provide to the hospice patient. Congress authorized patient use of an attending physician to ensure that, when entering hospice care, patients could have the comfort and continuity of care derived from continuing to receive services from a medical professional who they know and who is familiar with their history.

In some areas of the country, a large number of patients receive health care through Rural Health Centers (RHC) or Federally-Qualified Health Centers (FQHC). Under current law, neither RHCs nor FQHCs are able to bill for care provided by center physicians serving as hospice attending physicians. This creates a disincentive for RHCs and FQHCs to provide these services, denying patients access to support from their community physician and resulting in a greater burden for rural hospices.

Payment for hospice services in rural areas is generally lower than for those provided in urban areas; as a result, hospices in rural areas have difficulty recruiting and retaining adequate staff to meet the full array of services required under the Medicare hospice benefit and to comply with an increasing number of regulatory requirements. Due to the generally lower patient census in rural areas, these hospices may run higher financial risk when admitting high-need hospice patients.

Addressing the disincentives for RHC and FQHC physicians, NPs and PAs to provide attending physician services to hospice patients would help to support the delivery of high quality, individualized hospice care even in remote areas of the U.S.

During the 116th Congress, Sens. Shelley Moore Capito (R-WV) and Jeanne Shaheen (D-NH) reintroduced S. 1190 to allow RHCs and FQHCs to bill Medicare for hospice attending services provided by their physician and NP employees when they are working on behalf of the RHC or FQHC. Reps. Ron Kind (D-WI) and Jackie Walorski (R-IN) introduced companion legislation (H.R. 2594) in the House of Representatives.

Members of the House and Senate should be urged to cosponsor and work for enactment of H.R. 2594/S. 1190.

This Legislation Would:

Permit FQHCs and RHCs to be paid for services furnished to hospice patients by hospice attending physicians who are employed by or working under contract with an FQHC or RHC, as long as the attending physician is not employed by a hospice program.



For More Information: Contact NAHC Government Affairs at 202-547-7424