

Hospice, Hospital at Home on MedPAC Agenda in 2024

by: [Greg Hambrick](#), Oct 27, 2023

Medicare reimbursement for hospice care and Hospital at Home are on the radar for the Congressional analysts at the Medicare Payment Advisory Commission (MedPAC).

On Oct. 24, MedPAC Chairman Michael Chernew released the list of issues across Medicare settings that the group intends to analyze in 2024.

Among them: the Hospital at Home Program, telehealth and payments for beneficiaries receiving hospice care. Chernew noted MedPAC would also be reviewing Medicare's support of providers in rural areas. Significant challenges for rural home health providers have been the subject of comments from commission members during recent meetings.

In a November meeting, the commission will review the hospice workplan over the coming 18 months, including:

- Hospice's effect on net Medicare spending
- The hospice aggregate cap and beneficiary outcomes
- Non-hospice spending for beneficiaries enrolled in hospice
- Use of hospice and palliative care among beneficiaries with end-stage renal disease

A separate session in November will review Medicare Advantage plans' use of prior authorization, a persistent headache for home health providers.

As part of its annual responsibilities, MedPAC will be reviewing the adequacy of Medicare's fee-for-service payments for home health agencies, hospices and other providers.

MedPAC has been a critic of CMS payment rates for home health in the past, consistently calling for significant reductions. In March, MedPAC analysis suggested a Medicare aggregate profit margin of 24.9% for freestanding home health agencies in 2021, the most recent data available.

In its report to Congress, MedPAC recommended a 7% reduction in home health payments for 2024.