

The Center for Medicare and Medicaid Innovation (CMMI) is accepting applications for the Medicare Advantage (MA) hospice benefit “carve-in” model through March 16, 2020. Among the other requirements for this model, participating plans must provide “access to timely and appropriate [palliative care](#) services for their enrollees.” CMMI has not specified what this access or palliative care services entails, and plans are encouraged to propose their own approaches in the application.

The Center to Advance Palliative Care (CAPC) is recommending the following for all MA plans, especially for those participating in the hospice benefit model:

## **An Algorithm to Proactively Identify Enrollees with Serious Illness**

Palliative care services should be directed to those enrollees diagnosed with a serious illness who are at risk for unnecessary suffering. Specific diagnoses, recent utilization, and indicators of functional impairment – such as walkers, home oxygen, etc. – are commonly used to identify the target population. When available, clinician opinion combined with data-generated lists strengthens results.

## **Enhanced Case Management for Burden Assessment and Linkage to Palliative Care Services**

Case managers skilled at appreciative inquiry, motivational interviewing, and shared decision-making are essential for both enrollee engagement and ensuring needed modification to care plans. An understanding of the enrollee’s pain and symptom burden, caregiver burden, and goals-of-care ensure triage to appropriate and impactful services.

## **Access to Specialty Palliative Care Consultations and Home-Based Palliative Care Services**

Enrollees with high burden will need access to specialty palliative care consultations, and some will need ongoing home-based services. Plans must ensure that high-quality palliative care providers are available to enrollees, ideally without prior authorization or cost-sharing. Home-based services should be vetted for quality (such as by requiring program certification from a formal accrediting body) and ability to provide 24/7 timely clinical response.

## Palliative Care Standards for Network Hospitals and ACOs

Enrollee access to palliative care services must include access during exacerbations and crises that lead to hospitalization. Successful plans utilize their value-based initiatives to incentivize network hospital palliative care capabilities to include early identification processes, availability of interdisciplinary palliative care teams, and training all staff in basic serious illness communications about goals of care and pain/symptom management.

These recommendations are backed by evidence showing improved satisfaction with the plan, improved quality measures, and reductions in avoidable spending. CAPC can provide resources for process improvement as well as communication and clinical training for staff. For more information, please contact Allison Silvers, Vice President for Payment & Policy, at [Allison.silvers@mssm.edu](mailto:Allison.silvers@mssm.edu).