

Consolidated Appropriations Act of 2021 Hospice Provisions Implementation Calendar January 7, 2021		
Provision	Description	Implementation Date
Increased Payment for Hospice – Continued Temporary Suspension of Sequestration		
Section 102: Extension of Temporary Suspension of Medicare Sequestration	The CARES Act included a suspension of the 2% sequestration reduction for most Medicare payments. Section 3709 of the CARES Act exempts Medicare from the effects of sequestration from May 1, 2020 through December 31, 2020. The Consolidated Appropriations Act of 2021 (H.R. 133) extends this relief through March 31, 2021.	Sequestration relief extended through March 31, 2021.
Hospice Access Expanded for RHC and FQHC physicians and NPPs		
Section 132: Medicare payment for certain federally qualified health center (FQHC) and rural health clinic (RHC) services furnished to hospice patients.	HR 2594/S 1190 – Rural Access to Hospice Act was included Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can now furnish and bill for hospice services furnished when patients become terminally ill and elect the hospice benefit. This allows the physician, NP, or PA to serve as the hospice attending physician. As a result, Medicare beneficiaries can continue to use their known provider after electing hospice care.	January 1, 2022
Tax Treatment for PPP Loan Forgiveness		
Sec. 278. Clarification of tax treatment of certain loan forgiveness and other business financial assistance under the coronavirus relief legislation.	The provision clarifies that gross income does not include forgiveness of certain loans, emergency EIDL grants, and certain loan repayment assistance, each as provided by the CARES Act.	The provision is effective for tax years ending after date of enactment of the CARES Act.



	<p>The provision also clarifies that deductions are allowed for otherwise deductible expenses paid with the amounts not included in income by this section, and that tax basis and other attributes will not be reduced as a result of those amounts being excluded from gross income.</p> <p>The provision is effective for tax years ending after date of enactment of the CARES Act. The provision provides similar treatment for Targeted EIDL advances and Grants for Shuttered Venue Operators, effective for tax years ending after the date of enactment of the provision.</p>	
Continuation of Current Aggregate Cap Calculation		
<p>Section 404: Continuing current hospice aggregate cap calculation until FY 2030.</p>	<p>This section extends the change to the annual updates to the hospice aggregate cap made in the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014 and applies the hospice payment update percentage rather than the Consumer Price Index for Urban Consumers (CPI-U) to the hospice aggregate cap for fiscal years 2026 through 2030.</p>	<p>Current cap calculation based on payment rate update is extended through FY 2030.</p>
Changes and New Provisions in Hospice Surveys and Oversight		
<p>Section 407: Hospice program integrity</p>	<p>HR 5821 – HOSPICE Act was included, as amended</p> <p>Establishing hospice program survey and enforcement procedures under the Medicare program</p> <p>This section makes changes to the Medicare hospice survey</p>	<p>Enactment dates for specific provisions are listed below</p>

	and certification process to improve consistency and oversight.	
Survey frequency	Extends the requirement that hospices be surveyed no less frequently than once every 36 months.	Makes the “every 36 months” requirement for hospice surveys permanent
Surveyor guidance	Surveys conducted by more than one person will be conducted by a multidisciplinary team.	For all surveys conducted on or after October 1, 2021
Surveyor Conflict of Interest	States may not use anyone who has been a member of staff of the surveyed hospice within the past two years, or anyone with a financial interest in the hospice, as a surveyor.	Beginning on October 1, 2021
Surveyor training requirements	The HHS Secretary shall provide training for state and national surveyors, and any surveyor employed by a national accreditation body.	All surveyors must complete training no later than October 1, 2021
Required inclusion of form CMS-2567 in survey reports	National accreditation bodies must include form CMS-2567 in the reports on surveys conducted on or after October 1, 2021.	Beginning on October 1, 2021
Survey Transparency	Results of certification surveys done by state or local survey agency and each accreditation body to be published by the HHS Secretary.	No later than October 1, 2022
Additional sanctions	The HHS Secretary will develop remedies [sanctions] for noncompliant hospices, and procedures for appealing determinations regarding these remedies. The Secretary will also determine the procedures through which these remedies apply.	No later than October 1, 2022
Special Focus Program	Creates a new Special Focus Program for poor-performing hospice providers, who will be	No later than October 1, 2021

	surveyed not less than once every six months.	
Increase in penalties for hospices not reporting quality data to CMS	Increases the penalty for hospices not reporting quality data to the Secretary from two to four percentage points, beginning in fiscal year 2024. To avoid the 4% payment withhold, the hospice must comply with HQRP and hospice CAHPS requirements in FY 2022, beginning October 1, 2021.	Data collection year beginning October 1, 2021 (FY 2022) Annual Payment Update (APU) Update beginning in FY 2024
GAO report on impact of remedies on hospice care	The GAO will submit a report to Congress on the impact of newly enacted remedies on hospice care.	No later than December 27, 2023(three years from enactment)

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