



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Medicaid Hospice Policy Manual

Title: Hospice Policy 603
Section: PAYMENT FOR HOSPICE CARE
Subject: Submission Requirements Under the Quality Reporting Program
Reference: ARM 37.40.830
Supersedes: Policy 603, October 2016

HOSPICE QUALITY REPORTING

Pursuant to Section 3004,1814(i)(5)(A)(i) of the Affordable Care Act, effective October 1, 2014, and for each subsequent fiscal year, the Department shall reduce the market basket update by two percentage points from any hospice provider who does not comply with the minimum data submission requirements with respect to the fiscal year. Medicaid minimum rates will be reduced by the amount of any penalty due to non-reporting.

Hospice quality reporting cycles are based on a full calendar year (January 1 thru December 31) of the applicable year.

Each September the Department receives a list of hospices which are out of compliance with the minimum data submission requirements. The Department adjusts the rates for these hospices to reflect the two percent penalty reduction for the current fiscal year.

Current Medicaid Hospice rates may be found <http://medicaidprovider.mt.gov> .