

News

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CMS announces Medicare Care Choices Model awards

Model aims to increase choice and quality by enabling individuals to receive palliative and curative care concurrently

Many seniors, disabled Americans, and family members of individuals who suffer from life limiting illnesses must choose between the support services provided through hospice care or curative treatment. Fewer than half of eligible Medicare beneficiaries use hospice care and most only for a short period of time. Under current Medicare payment rules, individuals are not able to receive both palliative and curative treatment concurrently.

Today, the Centers for Medicare & Medicaid Services (CMS) announced the hospices that have been selected to participate in the Medicare Care Choices Model. The model provides Medicare beneficiaries who qualify for coverage under the Medicare hospice benefit and dually eligible beneficiaries who qualify for the Medicaid hospice benefit the option to elect to receive supportive care services typically provided by hospice while continuing to receive curative services.

"This model empowers clinicians, beneficiaries and their families with choices and is part of our broader efforts to transform our health care system into one that delivers better care, makes smarter payments, and puts patients in the center of their own care," said HHS Secretary Sylvia M. Burwell. "We want to do what we can to help families find the care that is right for their loved one."

Due to robust interest, CMS expanded the model from an originally anticipated 30 Medicare-certified hospices to over 140 Medicare-certified hospices and extended the duration of the model from 3 to 5 years. This is expected to enable as many as 150,000 eligible Medicare beneficiaries with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure, and human immunodeficiency virus/acquired immunodeficiency syndrome who receive services from participating hospices to experience this new option and flexibility.

Under the model, participating hospices will provide services that are currently available under the Medicare hospice benefit for routine home care and respite levels of care, but cannot be separately billed under Medicare Parts A, B, and D. Services will be available around the clock, 365 calendar days per year, and CMS will pay a per beneficiary per month fee ranging from \$200 to \$400 to participating hospices when delivering these services under the model. Services will begin starting January 1, 2016 for the first phase of participating hospices and in January 2018

for the remaining participating hospices.

HHS's plan to make this vision a reality is to pay providers for what works, unlock health care data, and find new ways to coordinate and integrate care to improve quality. With passage of the Affordable Care Act, we took one of the most important steps toward a more accessible and affordable health care system in almost 50 years. With the new tools provided under the law, we have an opportunity to seize this historic moment to transform our health care system into one that works for the American people.

For more information on the model, visit <http://innovation.cms.gov/initiatives/Medicare-Care-Choices/>.

To read a fact sheet about the model, including a list of participants visit:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-07-20.html>.

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Note: All HHS press releases, fact sheets and other news materials are available at <http://www.hhs.gov/news>.

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