



November 20, 2014

Announcement 832

Attention Provider Type 64 (Hospice): Failure to Report Quality Data to CMS Affects Annual Payment Update

Mandated as part of the Affordable Care Act, all Medicare-certified hospices must submit quality data to the Centers for Medicare & Medicaid Services (CMS). Failure to report for a given reporting cycle will result in a 2 percentage point reduction in the Annual Payment Update (APU) for the fiscal year associated with that reporting cycle. The federally mandated annual rate adjustment for provider type (PT) 64 (Hospice) for Federal Fiscal Year 2015 became effective for claims with dates of service on or after October 1, 2014.

Claims with dates of service on or after October 1, 2014, submitted by PT 64 who are not compliant with the requirement will be reprocessed with the reduced rate. The adjudication of the reprocessed claims will be reflected on a future remittance advice.