



Research Institute for Care at Home – Request for Proposals

- Opportunity: *Impact of proposed policy changes to the Medicare Hospice payment system.*
- Date Issued: May 8, 2026
- Notice of Intent to Propose: June 5, 2026
- Proposals Due: June 29, 2026
- Expected award notification: approx. July 31, 2026

The Research Institute for Home Care (RIHC) seeks a contract research organization to conduct impact analyses of possible changes to the Center for Medicare and Medicaid Services Hospice payment system. The following Request for Proposals (RFP) describes the project and contract bounds including the target subject areas, and maximum budget and duration. For profit and non-profit research organizations and institutions may apply.

Proposal requirements:

- Maximum budget (all-in): \$125,000.
- Maximum work duration (to report submission): 6 months.
- Work products:
 - o Technical report describing methods and findings.
 - o Detailed tables enabling further analysis.
- Proposal must include the following elements:
 - o Technical approach to each policy domain (up to two pages for each topic).
 - § Data to be applied.
 - § Modeling approach.
 - § Impact assessment.
 - o Milestone schedule, including:
 - § Interim and final deliverables.
 - § Oversight and stakeholder engagement:
 - Monthly project officer check-ins.
 - Quarterly stakeholder meetings.
 - o List of key personnel with project roles and responsibilities, brief qualifications (link to web bio or brief biosketch sufficient).
 - o Terms and conditions.



Background

Hospice provides comprehensive multidisciplinary medical, comfort, and psychosocial care and family support for individuals with a terminal prognosis. Medicare is the primary payer of hospice care in the U.S. This service is available to all qualifying Medicare-enrolled beneficiaries through Medicare Part A.

There are many potential changes to the Medicare hospice payment system in discussion. The broad array of legislative and stakeholder proposals includes changing the incentives in the system, rearranging payment thresholds to meet actual care delivery, expanding the benefit to palliative care patients, curtailing fraud, waste and abuse, etc. The Research Institute worked with research and policy stakeholders to narrow to a set of three topic areas for exploration in this RFP, authorized by the RIHC Board of Governors. These topics have been endorsed by the RIHC Research Management & Governance Workgroup.

The reform proposals to be tested here have their origins in the [Hospice CARE Act](#), MedPAC recommendations, CMS rulemaking, CMMI demonstrations and provider input. We seek a contractor to model and examine the system impacts of the policy changes put forward here.

Potential Policy Changes to be Examined

1. Per-Visit / Per-Diem Payment Blend
 - a. Analyses should be based on the parameters described in the Hospice CARE Act.
 - b. Impact analyses should carefully consider access risks and how incentives may change for both short stays and long stays, as well as providers who may specialize in caring for particular patient groups.
2. New Palliative Care Benefit (Pre-Hospice)
 - a. Primary analyses should be based on the parameters described in the Hospice CARE Act regarding high-acuity palliative service users.
 - b. Analyses should also estimate the size and makeup of the potential expanded population who may benefit from palliative care outside or



upstream of the hospice benefit, as described in the proposed legislation loosely as experiencing a “serious illness”.

3. Reforms to Service Intensity Add-on (SIA) & Continuous Home Care (CHC) payment thresholds
 - a. The SIA and CHC both aim to support the intensive care needs of patients in their last days of life, albeit in different ways with overlapping and distinct patient sets. Both include a claims billing process and quantifiable thresholds. The SIA and CHC and proposed changes would likely interact with one another (i.e., a broader SIA window and lower CHC threshold could interact), and modelers should be careful not to solely examine changes to either in isolation.
 1. The SIA payment, currently limited to the last 7 days of life for registered nurse and social worker visits. Reforms could expand the eligibility window, change qualifying visit types, or modify payment amounts.
 2. The CHC threshold is currently 8 hours of continuous care. Reforms could adjust the threshold e.g., 4-hour or 2.5-hour thresholds), increasing CHC accessibility for crisis episodes requiring intensive but shorter nursing interventions.

Within the available budget and duration, we ask respondents to offer the most comprehensive possible analyses of potential policy changes described here. Proposals should focus the budget on the planning, execution and quality assurance of the analyses. Report production should focus on developing primarily methods and secondarily technical findings, alongside detailed tables to enable Research Institute staff to produce multiple public reports and contextualized analyses. This model follows [Research Institute procedure](#) to partner and utilize the highest strengths of our contractor researchers (analytic design and execution), our staff (translation of findings for public audiences), and our affiliate partners (graphic design and research dissemination).



Review

Submissions will be screened for administrative compliance and then reviewed by the RIHC Research Management & Governance Workgroup. Applicants and organizations must be in good standing with RIHC for consideration.

Intent to Submit, Questions and Submission

Please submit questions, notification of intent to submit application, and final applications to Alex Hartzman, ahartzman@researchinstituteforhomecare.org.