



HOSPICE  
ANALYTICS

## 2022 Missouri State Trends & Updates

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Association

2020 Medicare Information  
With 2019 Comparisons  
Using Annual Files

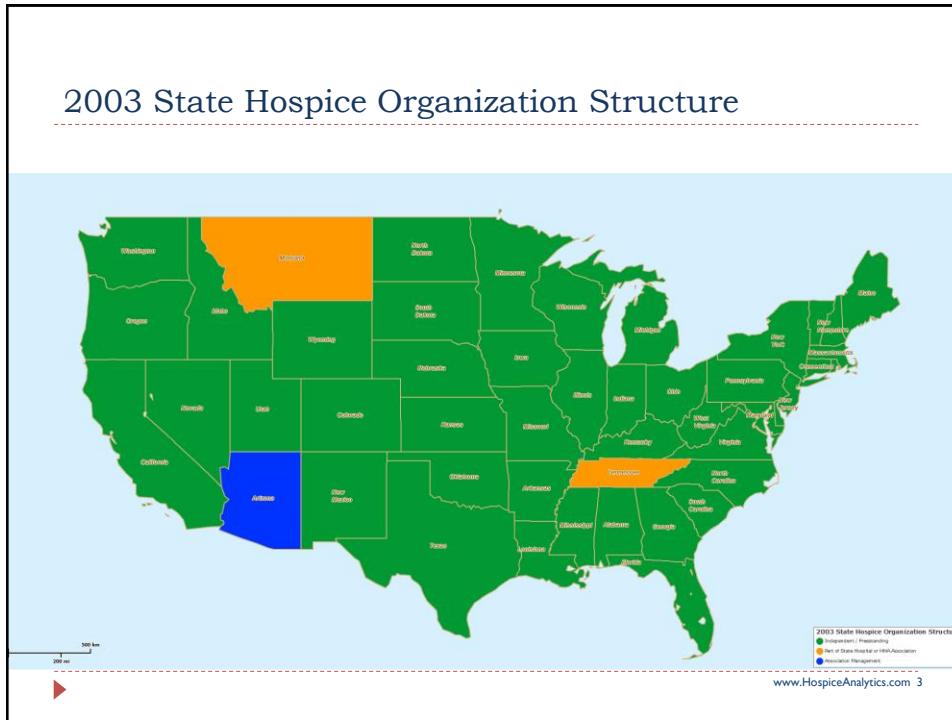
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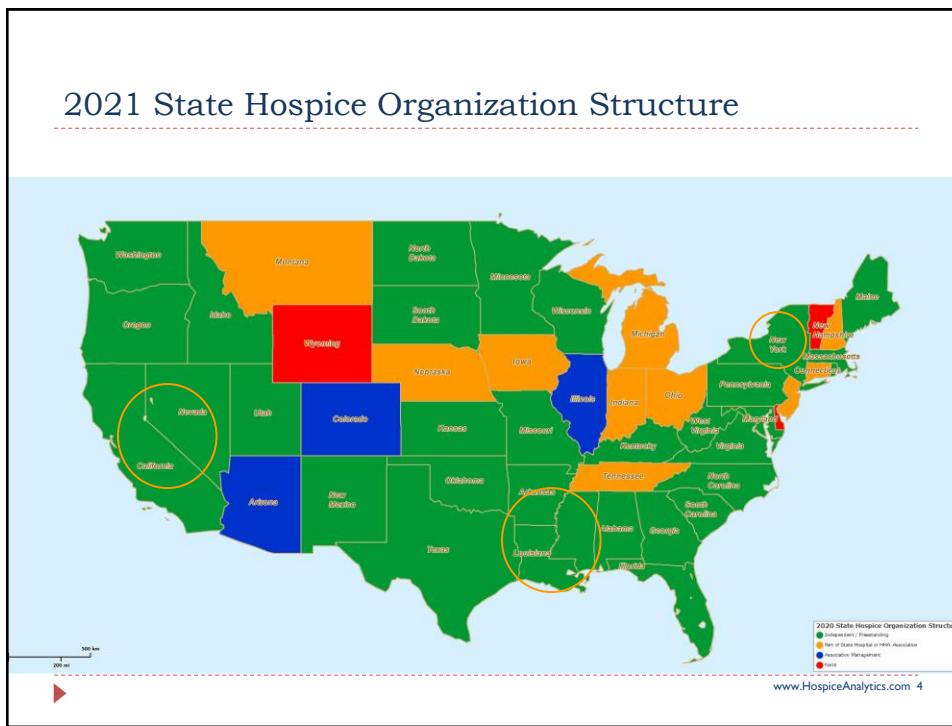
How have state hospice organizations changed?



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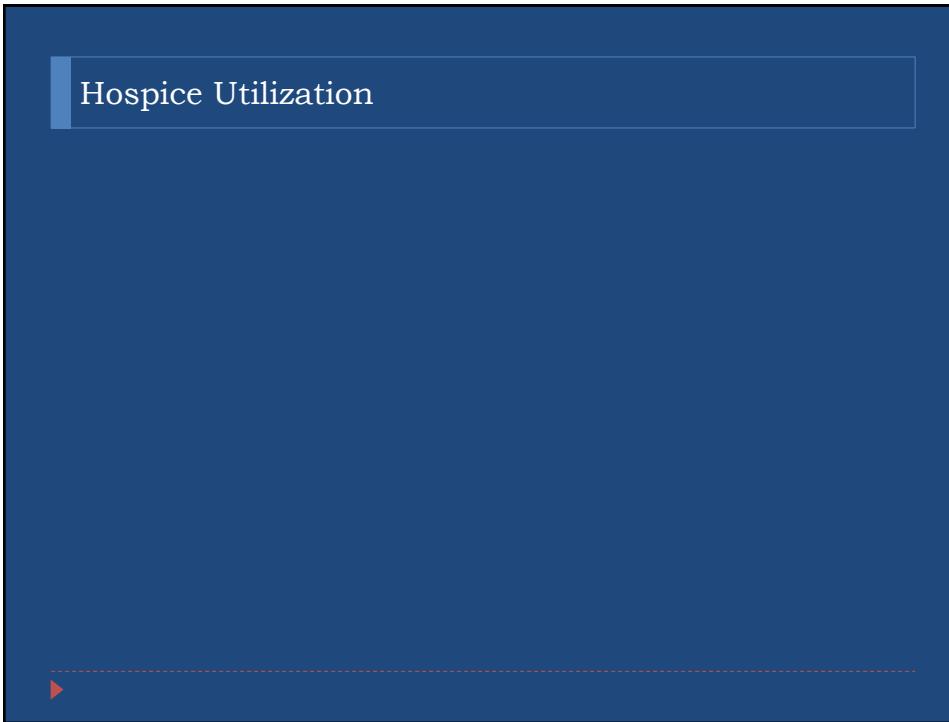


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## Hospice Utilization



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## Hospice Utilization

**Author's personal copy**

**• Is a measure of ACCESS...**

**• Is a measure of QUALITY...**

*Vol. 41 No. 6 June 2011*      *Leter*      *e5*

Caw Flinders, S. C. Palliative sedation guideline. [Internet]. Available from: [http://www.palliativecare.org/template.aspx?url=/article.asp&page\\_id=1](http://www.palliativecare.org/template.aspx?url=/article.asp&page_id=1). Accessed March 29, 2011.

**Death Service Ratio: A Measure of Hospice Utilization and Cost Impact**

To the Editor:

In October 2007, Taylor et al<sup>1</sup> published compelling data showing that use of hospice care reduces United States Medicare expenditures for end-of-life care. In a study of nearly 1% of a sample of Medicare decedents (1993–2005), the authors compared 1819 hospice decedents with 3638 matched controls. Hospice use reduced Medicare program expenditures and the number of days spent by an average of \$59 per hospice user (73% for hospice users vs. \$9627 for controls;  $P < 0.001$ ). For cancer, maximum savings of \$7000 occurred with a length of stay (LOS) in hospice between 60 and 110 days. For noncancer, maximum savings of \$5500 occurred with a LOS of 50–110 days.<sup>1</sup> Thus, cost savings were maximized with much longer periods of hospice use than is common among Medicare beneficiaries (median LOS of 16 days in most-profit, and 20 days in fee-profit).<sup>2</sup>

Medicare expenditures for all Medicare decedents who died under the care of one of three provider types. In North Carolina, average costs to Medicare for patients who died with a history of the following types of service use were hospice, \$11,354; home health agency, \$10,101; SNF, \$25,612; hospital, \$30,641; and multiple settings, \$30,732 vs. not receiving care from any service, \$6853. Notably, a North Carolina patient receiving end-of-life care through hospice received \$11,354 less in care paid for by Medicare than did a patient receiving hospital-based care.

Clearly, hospice utilization exerts a strong force on health care system costs. How can we examine the impact of hospice use on costs and impact? We propose "Death service ratio" (DSR) as a simple measure of hospice use for this purpose. Calculated as a percentage—the numerator being deaths in a defined area or population served by hospice and the denominator being all deaths in the same population—DSR serves as an indicator of hospice utilization in a region and, therefore, as an indirect indicator for impact of hospice on health care costs. We explicitly acknowledge that DSR is a crude statistic that does not accommodate for hospice LOS, patient complexity, or other important factors but, in its simplicity, DSR allows regional monitoring of hospice utilization that can be linked to health system costs.

Using DSR as a primary measure, we re-

Abernethy AP, Kassner CT, Whitten E, Bull J, Taylor DH. Death Service Ratio: A Measure of Hospice Utilization and Cost Impact. *J Pain Symptom Manage* 2011; 41(6 June):e5-6.

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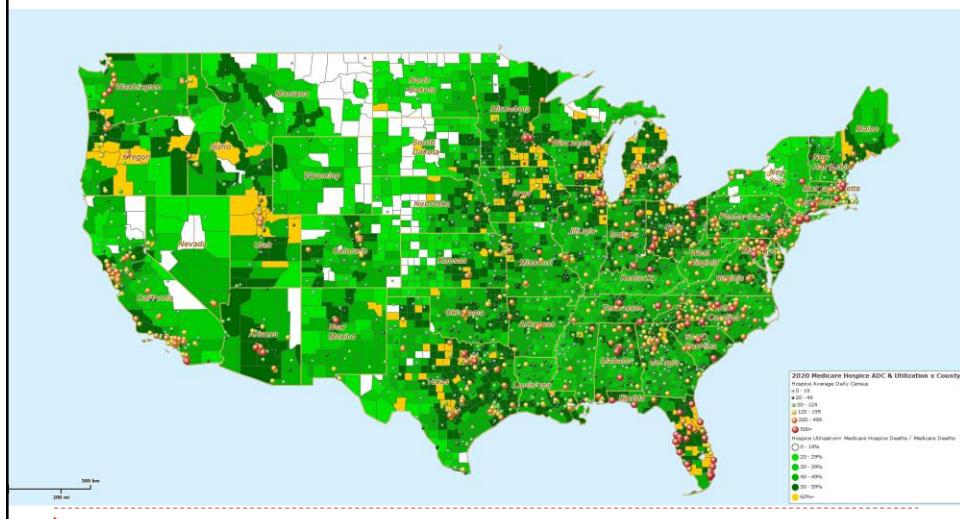
## Hospice Utilization – Thoughts on 2020...

	2019 Hospice Utilization	2020 Hospice Utilization	Difference 2019 – 2020
National	50.5%	46.7%	-3.8%

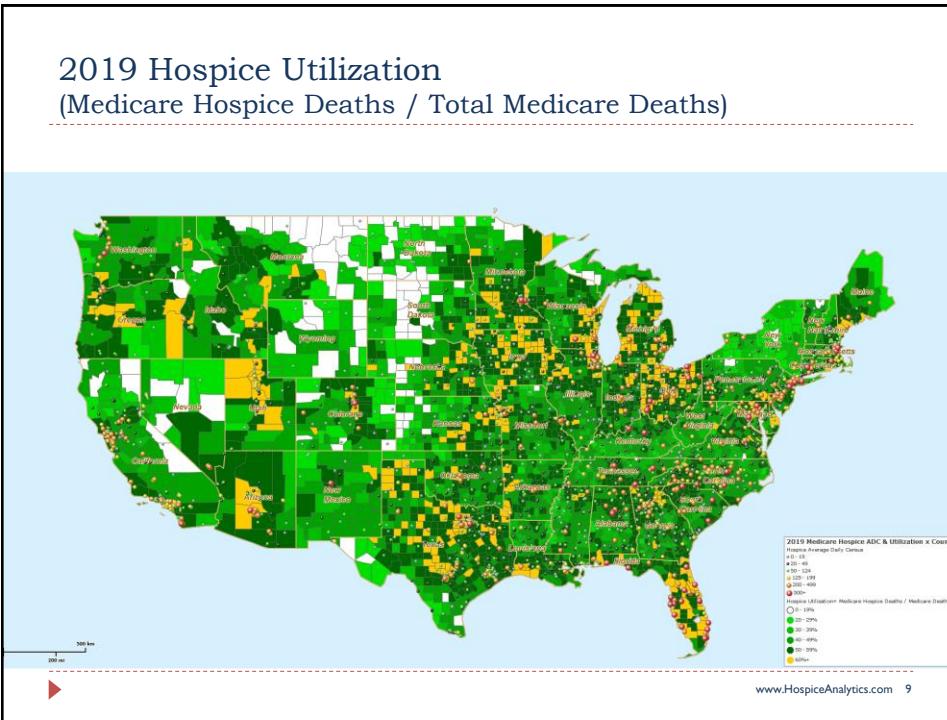
- ▶ 2020 Hospice Utilization decreased nationally for the first time ever – **why?**
- ▶ The Good News:
  - ▶ 2020 hospice admissions and deaths increased from 2019, about as expected.
- ▶ The Bad News:
  - ▶ 2020 total Medicare deaths increased a lot faster.
  - ▶ Typically, we might expect an increase of ~20,000 beneficiary deaths / year.
  - ▶ In 2020, there were more than 400,000 beneficiary deaths over 2019.
    - ▶ This is most likely driven by COVID-19, although further analysis is pending.

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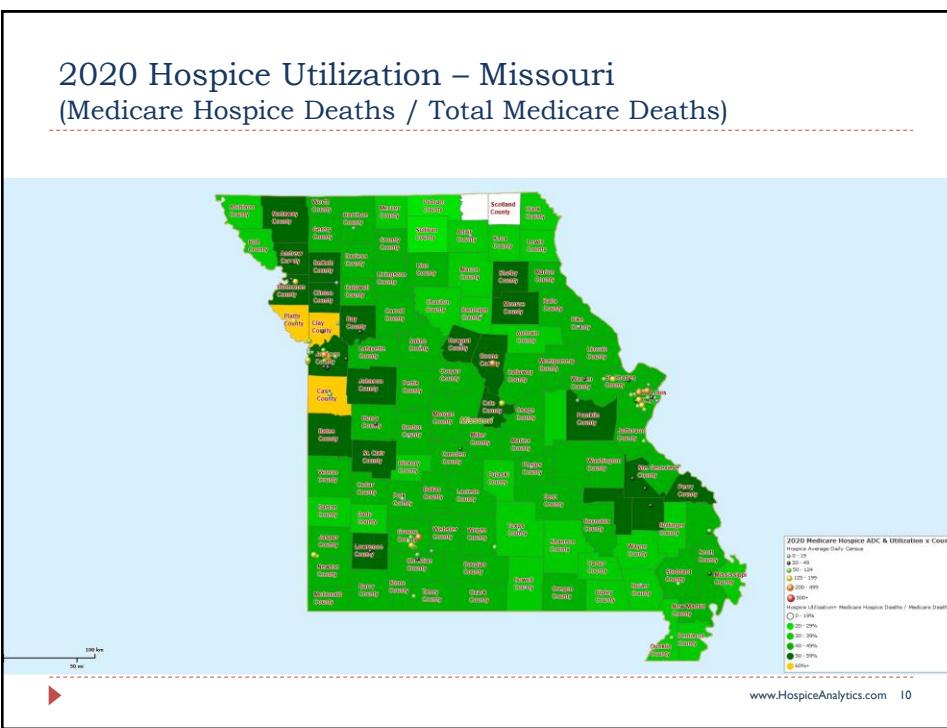
## 2020 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



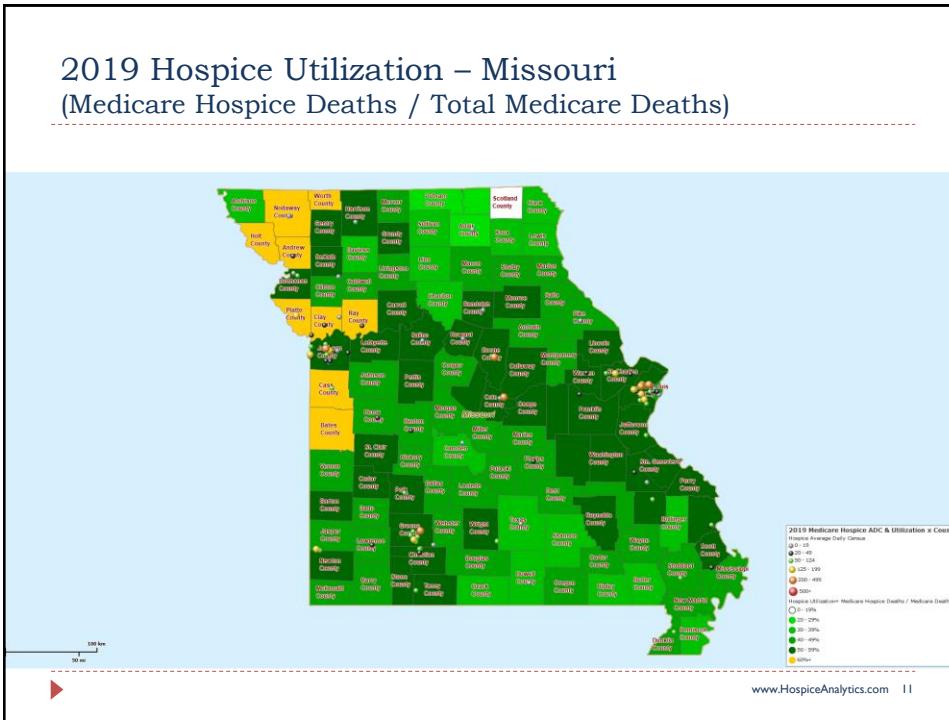
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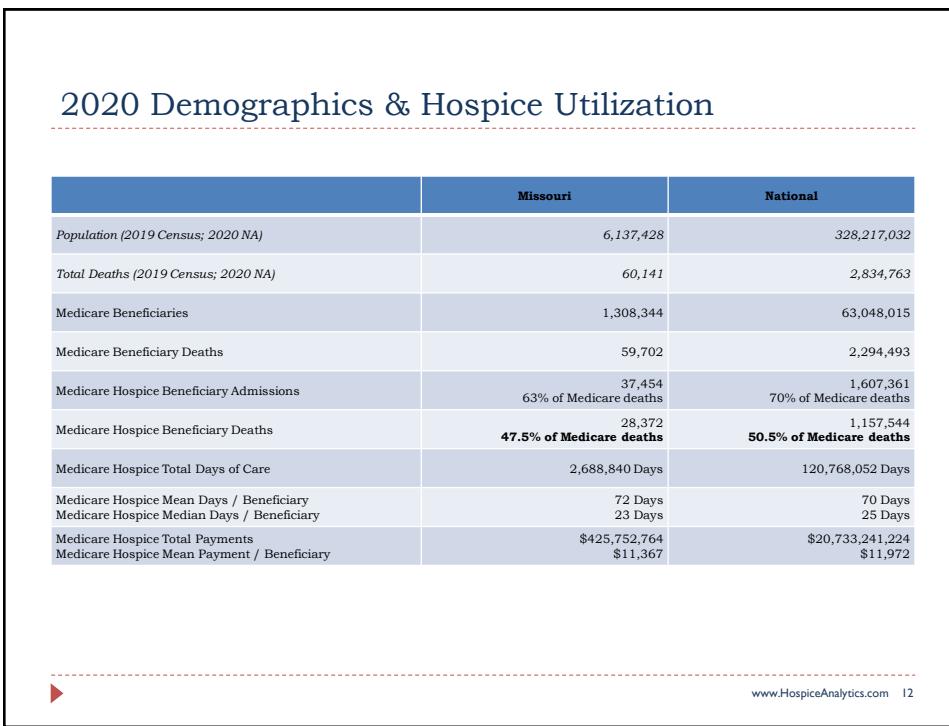
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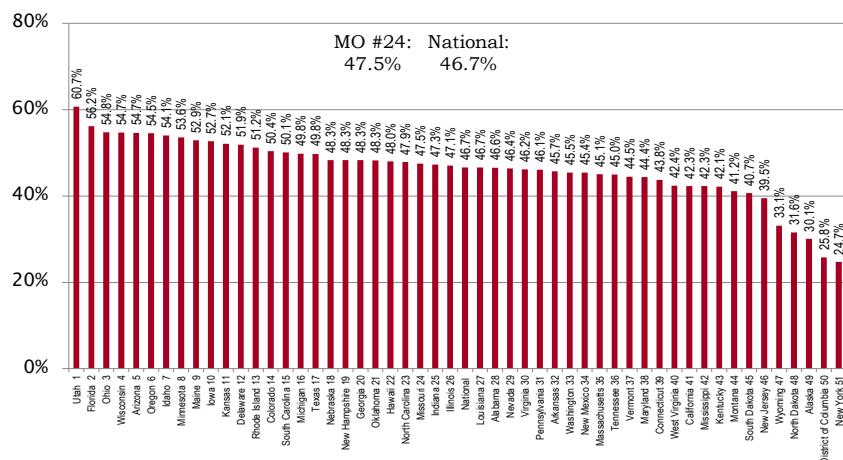
## 2019 Demographics & Hospice Utilization

	Missouri	National
Population	6,137,428	328,217,032
Total Deaths	60,141	2,834,763
Medicare Beneficiaries	1,285,388	63,048,015
Medicare Beneficiary Deaths	50,247	2,294,493
Medicare Hospice Beneficiary Admissions	35,686 71% of Medicare deaths	1,607,361 70% of Medicare deaths
Medicare Hospice Beneficiary Deaths	25,929 <b>51.6% of Medicare deaths</b>	1,157,544 <b>50.5% of Medicare deaths</b>
Medicare Hospice Total Days of Care	2,621,194 Days	120,768,052 Days
Medicare Hospice Mean Days / Beneficiary	69 Days	70 Days
Medicare Hospice Median Days / Beneficiary	25 Days	25 Days
Medicare Hospice Total Payments	\$406,444,402	\$20,733,241,224
Medicare Hospice Mean Payment / Beneficiary	\$10,635	\$11,972

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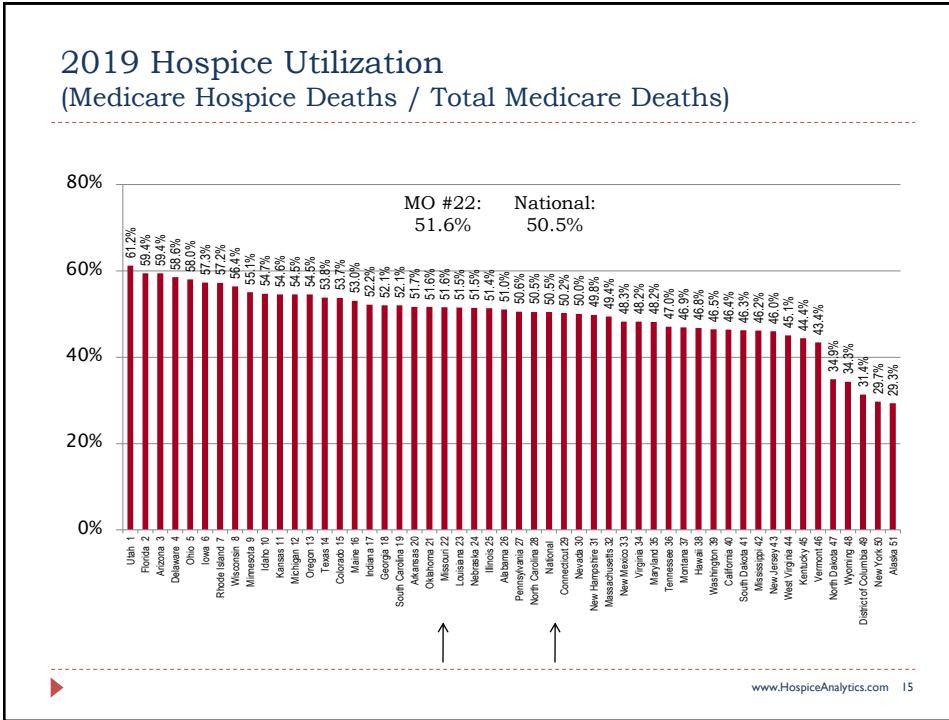
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## 2020 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)

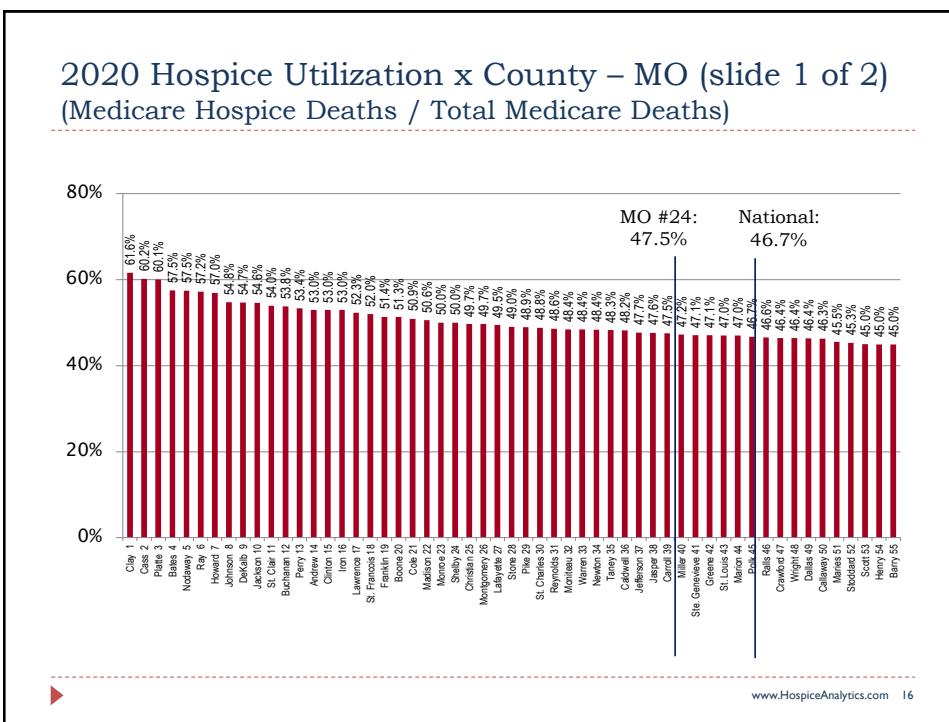


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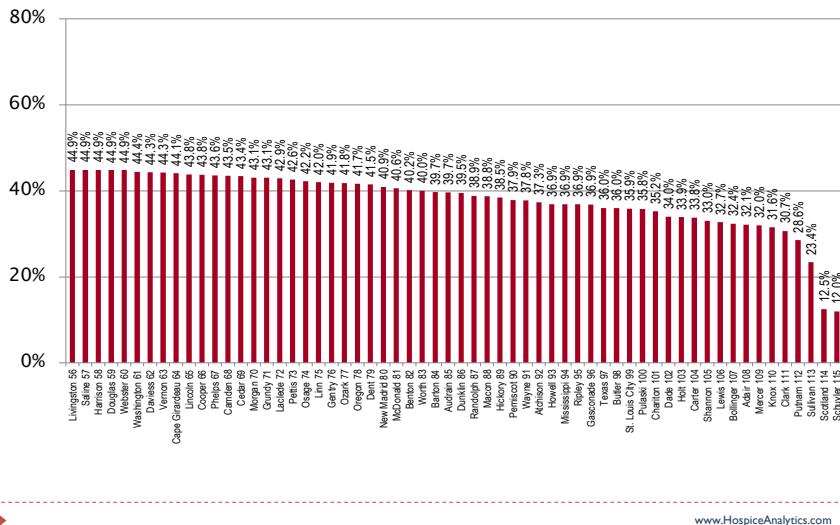


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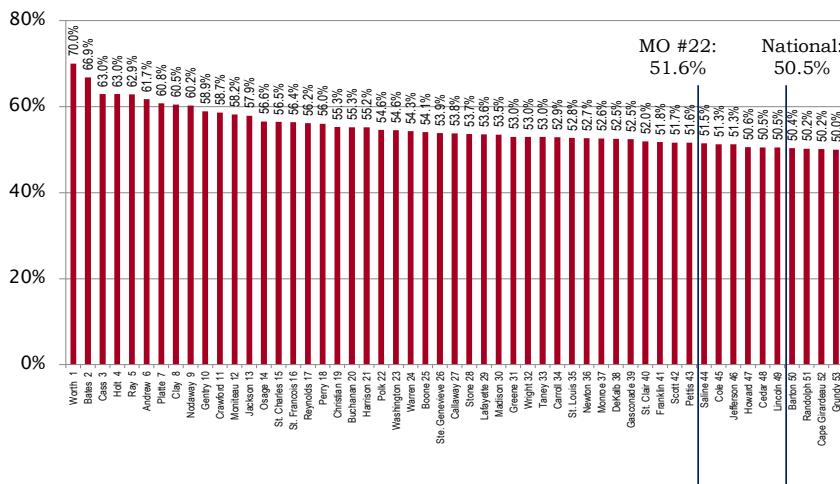
## 2020 Hospice Utilization x County – MO (slide 2 of 2) (Medicare Hospice Deaths / Total Medicare Deaths)



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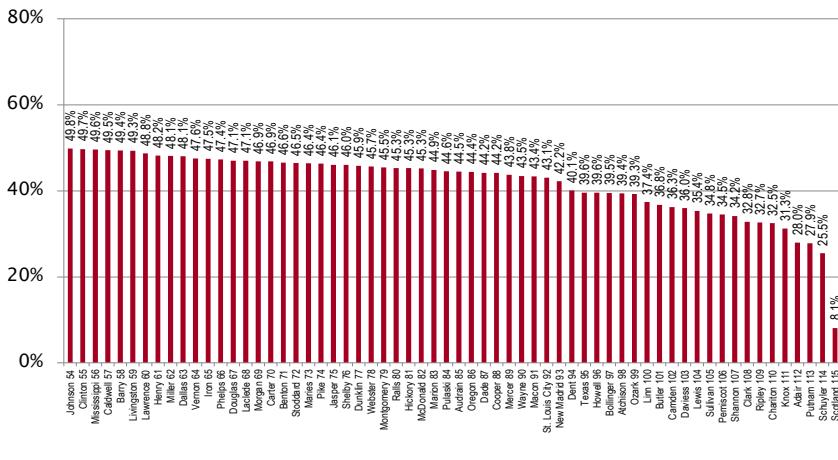
## 2019 Hospice Utilization x County – MO (slide 1 of 2) (Medicare Hospice Deaths / Total Medicare Deaths)



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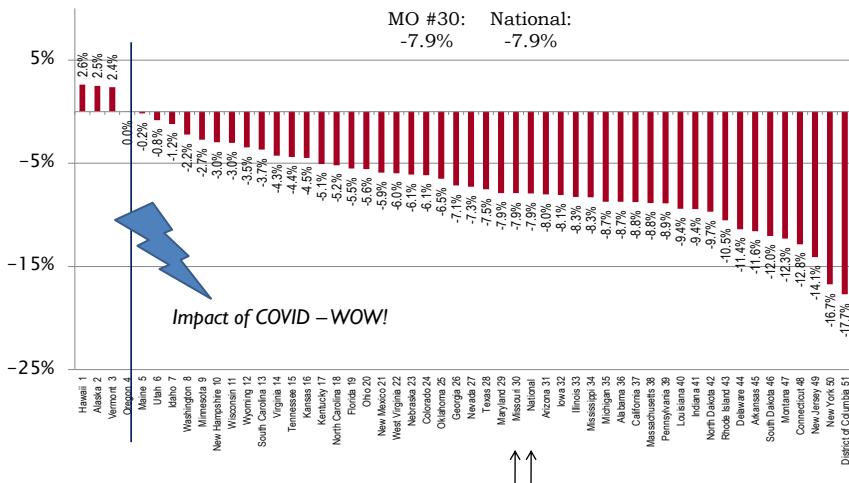
## 2019 Hospice Utilization x County – MO (slide 2 of 2) (Medicare Hospice Deaths / Total Medicare Deaths)



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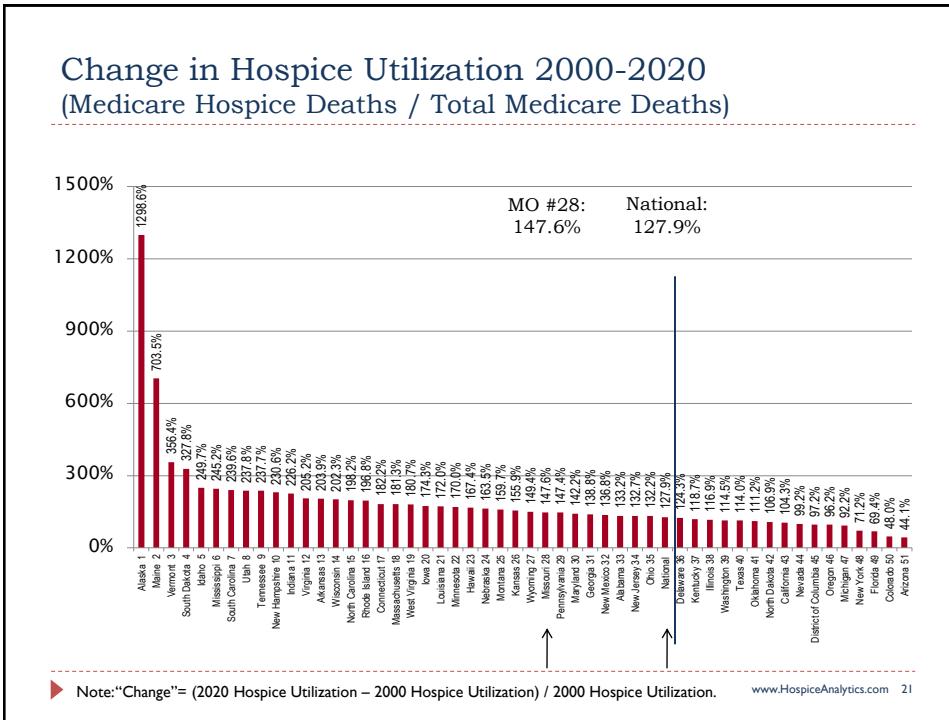
## Change in Hospice Utilization 2019-2020 (Medicare Hospice Deaths / Total Medicare Deaths)



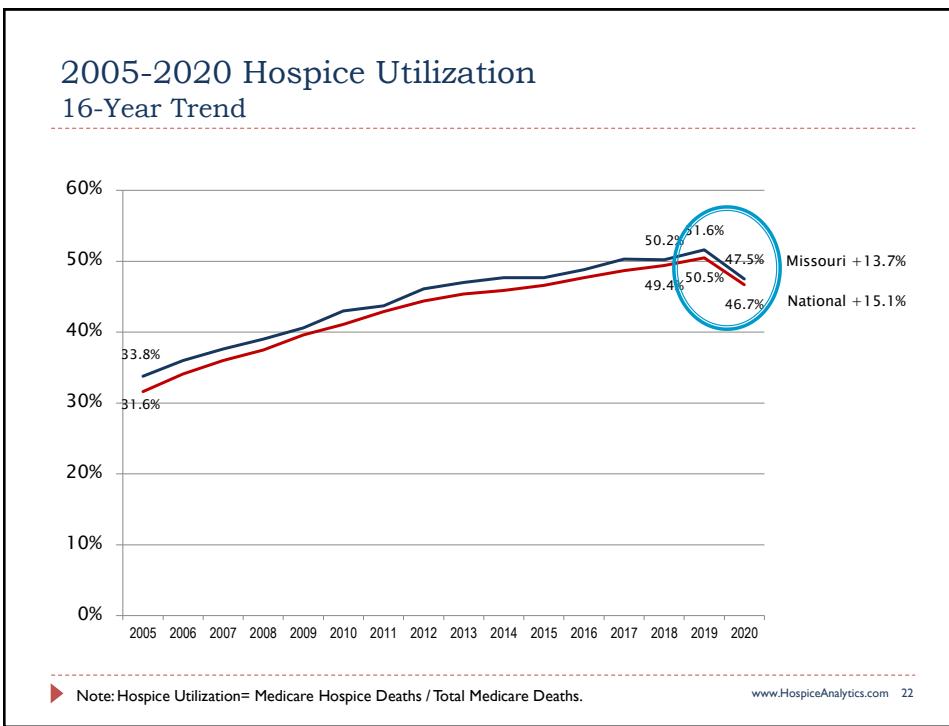
Note: "Change" = (2020 Hospice Utilization – 2019 Hospice Utilization) / 2019 Hospice Utilization.

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Medicare Advantage & Hospice

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## Hospice Medicare Advantage

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### Value-Based Insurance Design Model (VBID) Fact Sheet CY 2020

Jan 18, 2019 | Innovation models

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The Centers for Medicare & Medicaid Services (CMS) is announcing a broad array of Medicare Advantage (MA) health plan innovations that will be tested in the Value-Based Insurance Design (VBID) model for CY 2020. The VBID model is being tested under the authority of the CMS Center for Medicare and Medicaid Innovation (Innovation Center). The model is designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including dual-eligible beneficiaries, and improve the coordination and efficiency of health care service delivery. The changes to the VBID Model announced today aim to contribute to the modernization of Medicare Advantage through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries.

<https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020>

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## Hospice Medicare Advantage

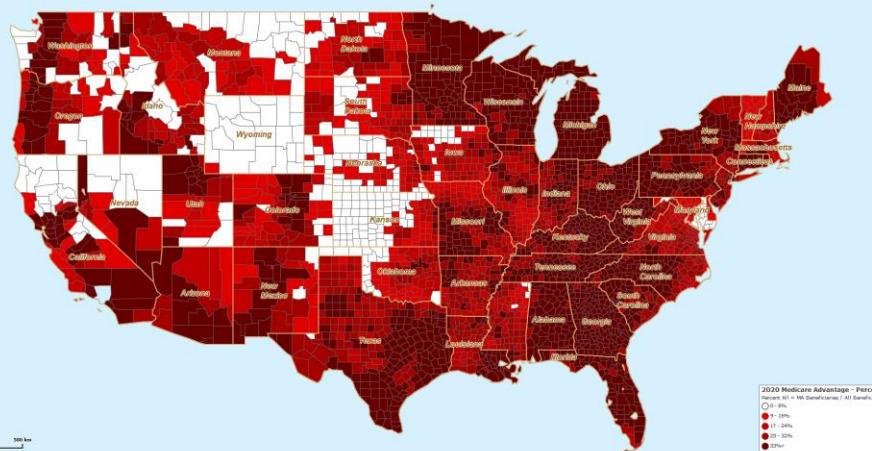
- ▶ On January 18, 2019, CMS announced it will test carving hospice into Medicare Advantage (MA) plans under its Value-Based Insurance Design (VBID).
- ▶ This test began **1/1/2021**.
- ▶ Some initial concerns include:
  - ▶ Will hospice reimbursement be reduced by MA plans? Perhaps MA plans will send more beneficiaries to hospice, but pay less for them?
  - ▶ Will hospice interdisciplinary services be unbundled? Perhaps MA plans will only pay for more skilled discipline visits?
  - ▶ How will CMS measure success? (Only \$\$\$?)

► <https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020>

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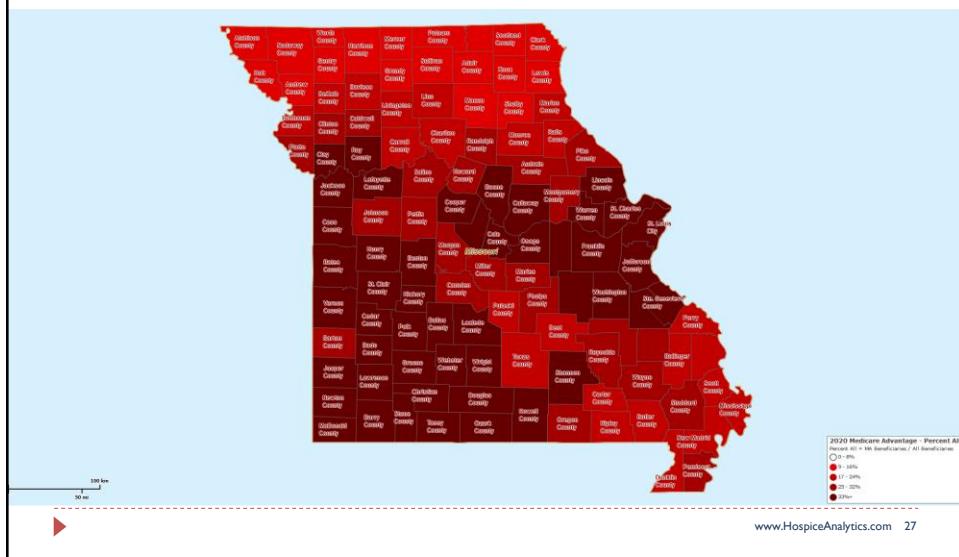
## 2020 Medicare Advantage - All Percentage of All Beneficiaries



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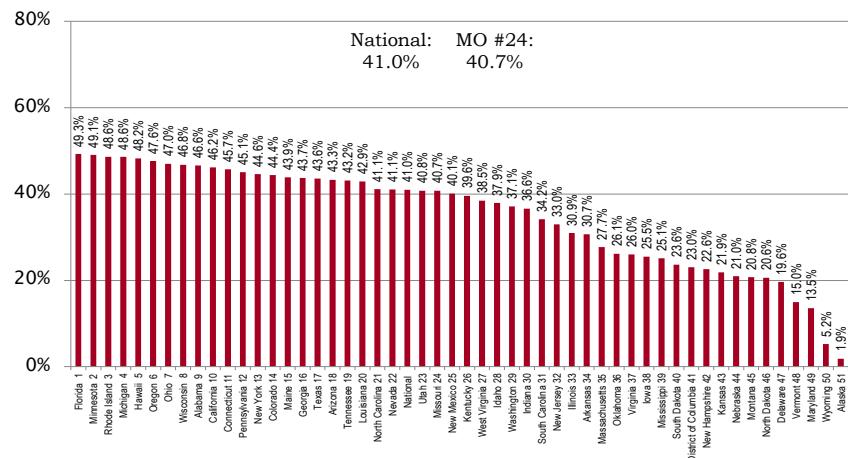
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## 2020 Medicare Advantage – All, Missouri Percentage of All Beneficiaries



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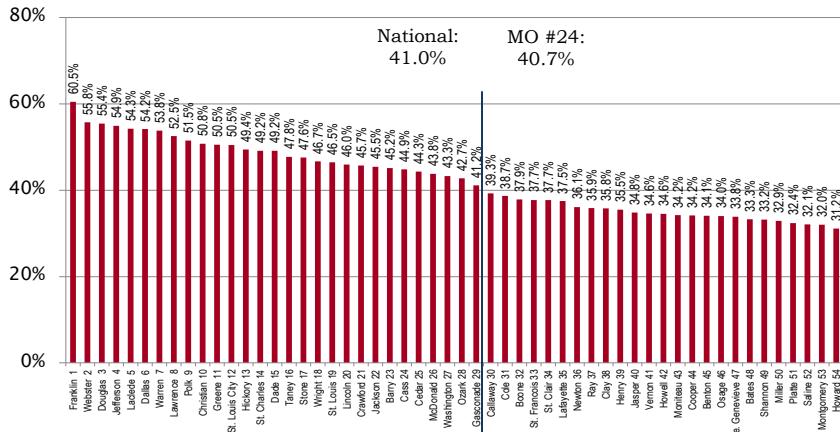
## 2020 Medicare Advantage – All Percentage of All Beneficiaries



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## 2020 Medicare Advantage – All – MO (slide 1 of 2)

Percentage of All Beneficiaries

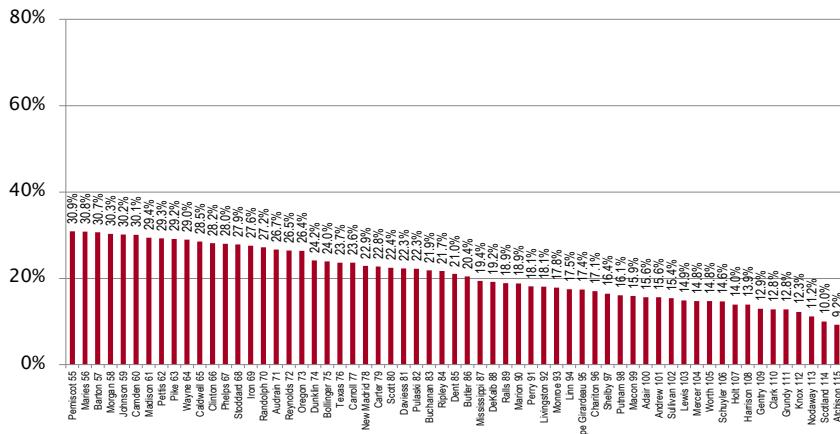


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## 2020 Medicare Advantage – All – MO (slide 2 of 2)

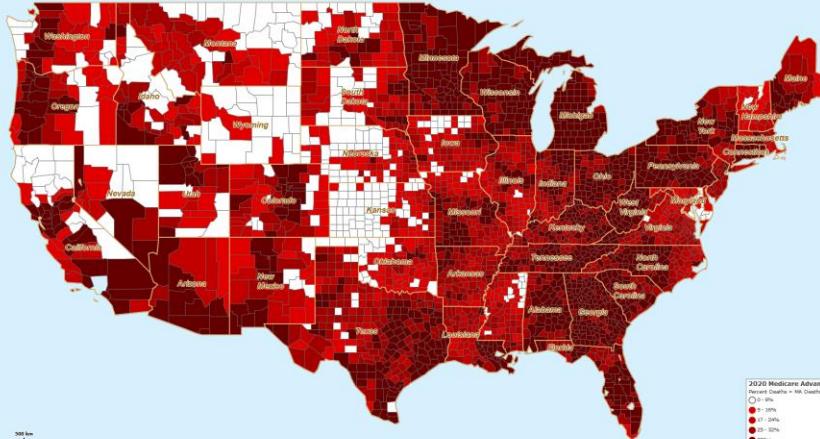
Percentage of All Beneficiaries



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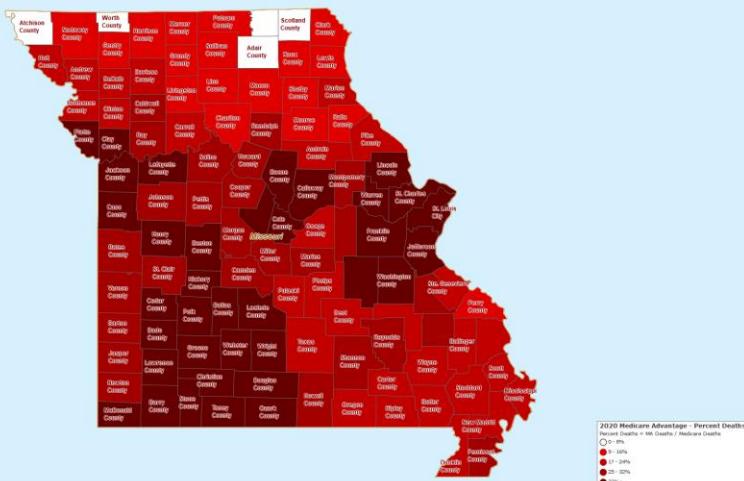
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## 2020 Medicare Advantage - Deaths Percentage of Beneficiary Deaths

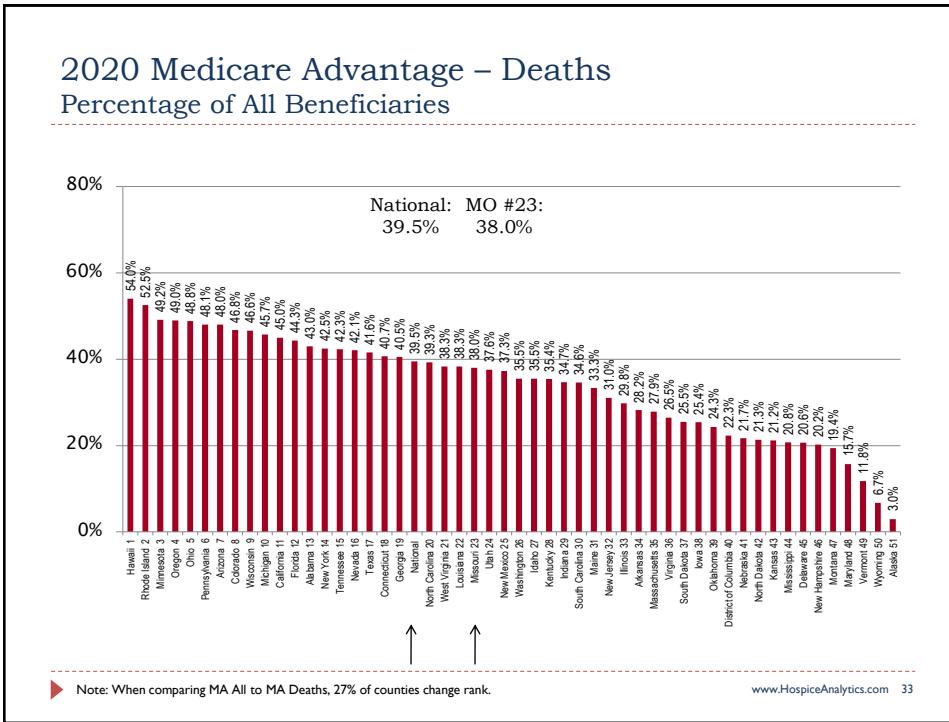


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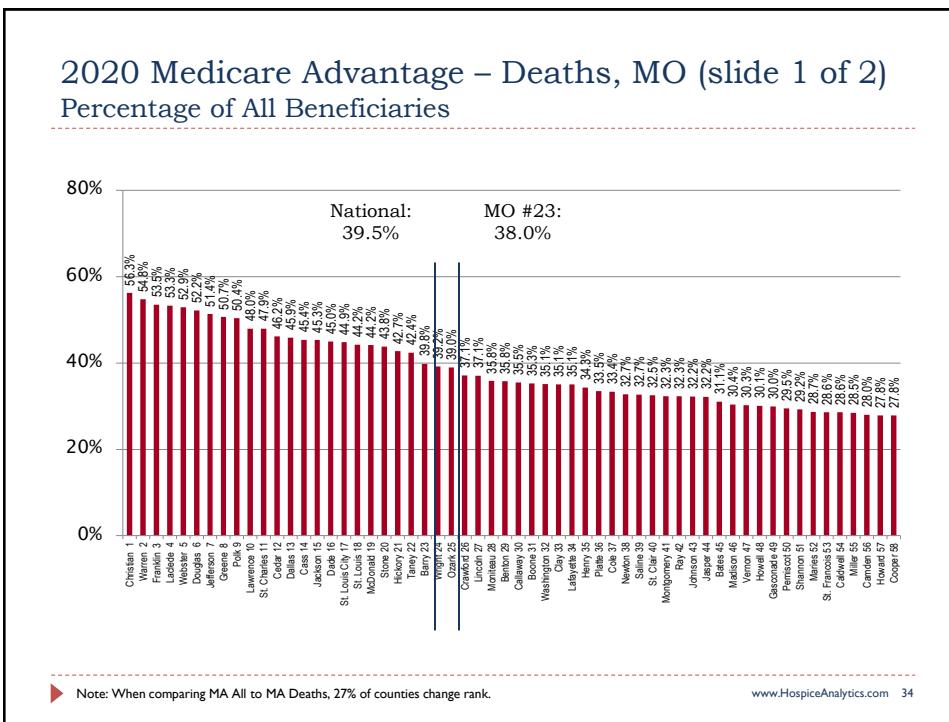
## 2020 Medicare Advantage – Deaths, Missouri Percentage of Beneficiary Deaths



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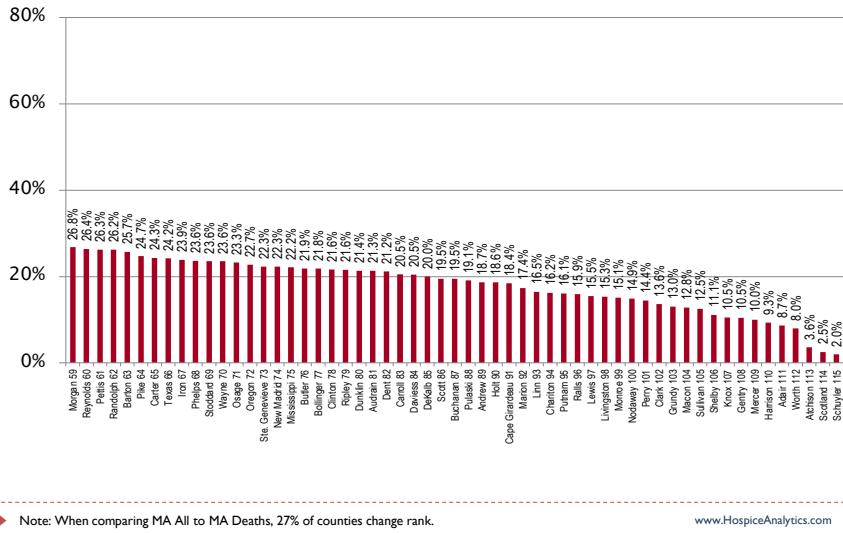
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## 2020 Medicare Advantage – Deaths, MO (slide 2 of 2)

Percentage of All Beneficiaries


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## Hospice Compare Update 11/19/20

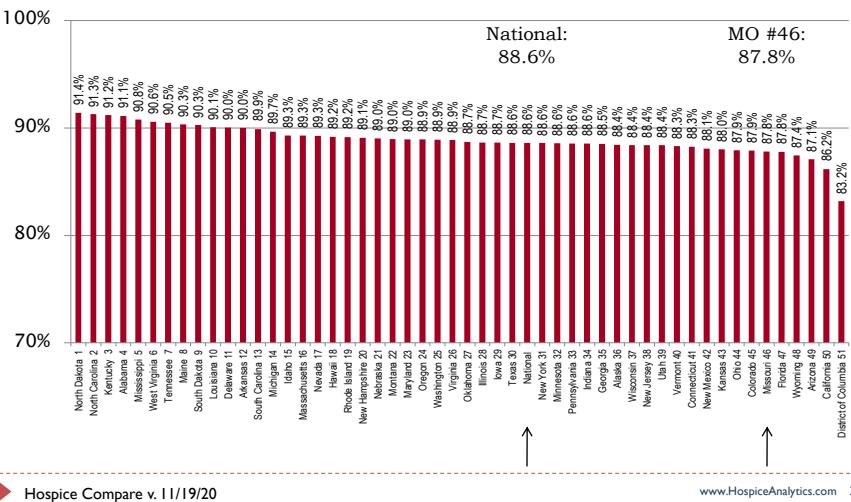
### 10/6/21 Notes:

- CMS most recently updated hospice provider information (e.g., ADC) 7/7/21.
- While Care Compare information for hospice is typically updated quarterly by CMS, it has not been updated since 11/19/20 due to COVID-19.
- The next Care Compare hospice quality scores update is expected 2/22.
- CMS is removing seven individual HIS process measures and the Comprehensive Assessment Measure no earlier than May 2022.
- CMS adding the Hospice Care Index (HCI), a composite measure of 10 indicators from claims data.
- Hospice Outcomes & Patient Evaluation (HOPE) tool is in development.
- Star ratings (based on CAHPS) is in development.

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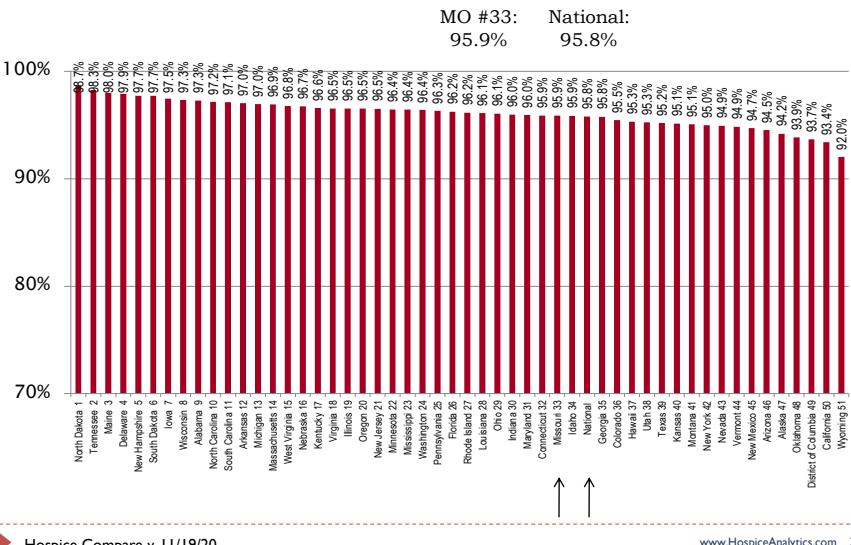
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## 11/20 Hospice Compare: Hospice HIS & CAHPS – Average Top Box Scores

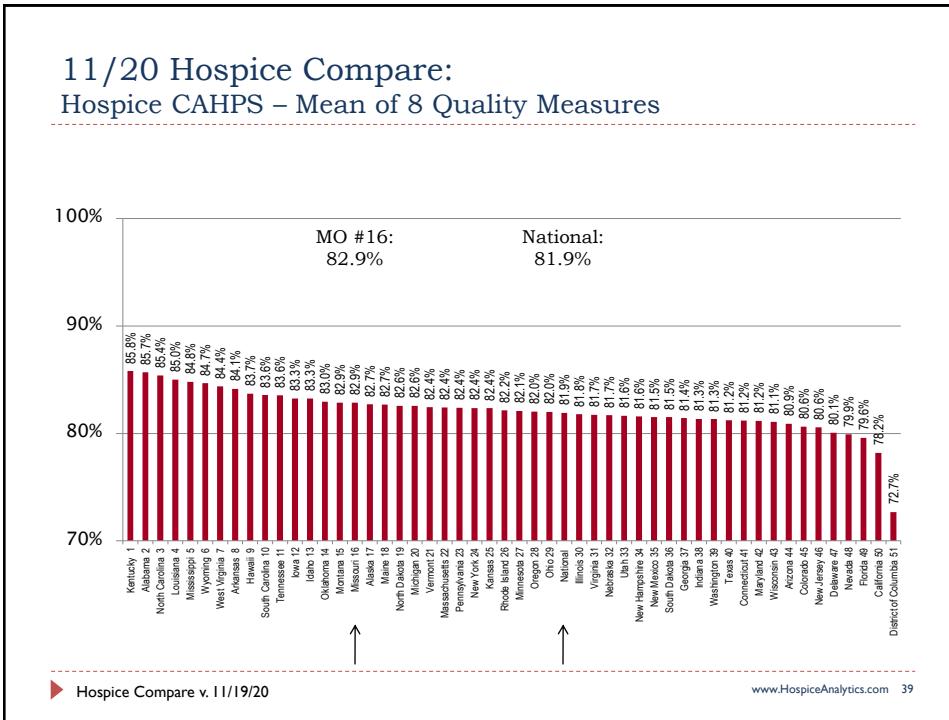


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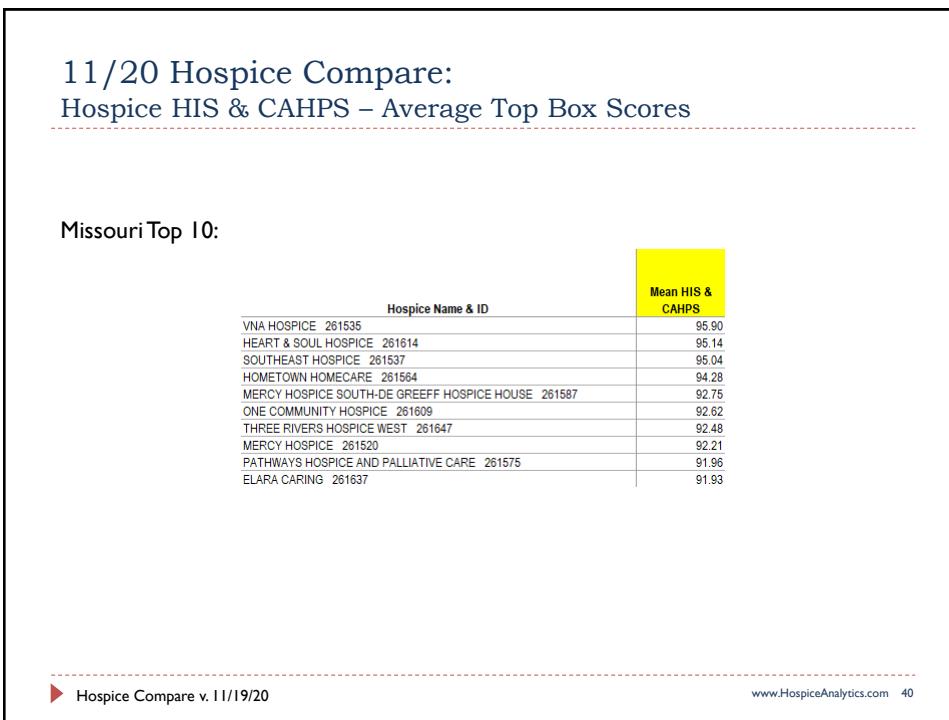
## 11/20 Hospice Compare: Hospice Item Set – Mean of 9 Quality Measures



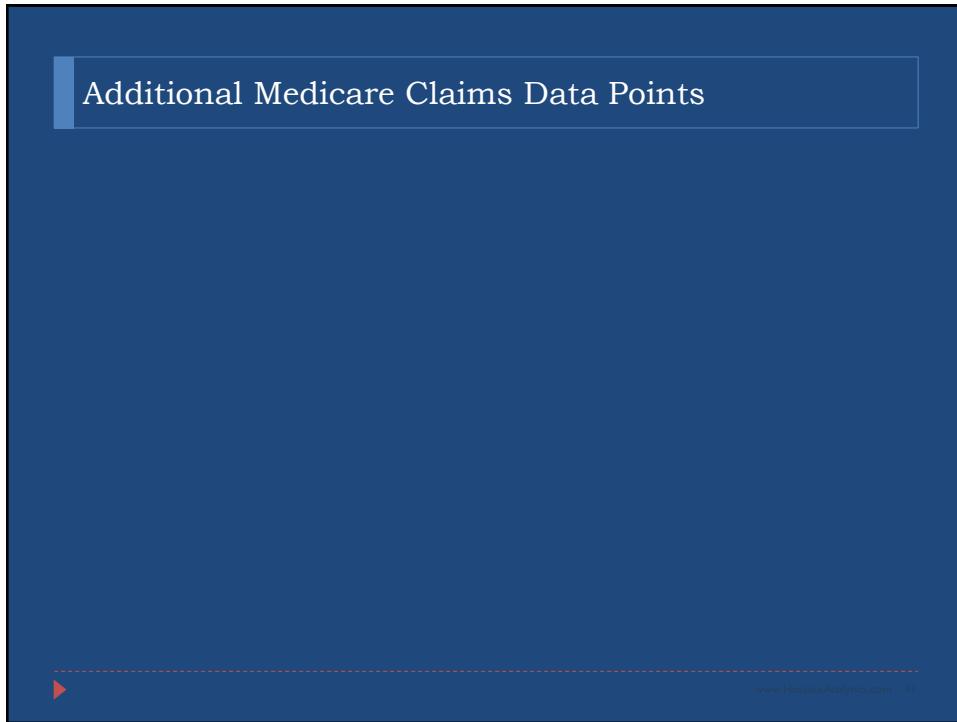
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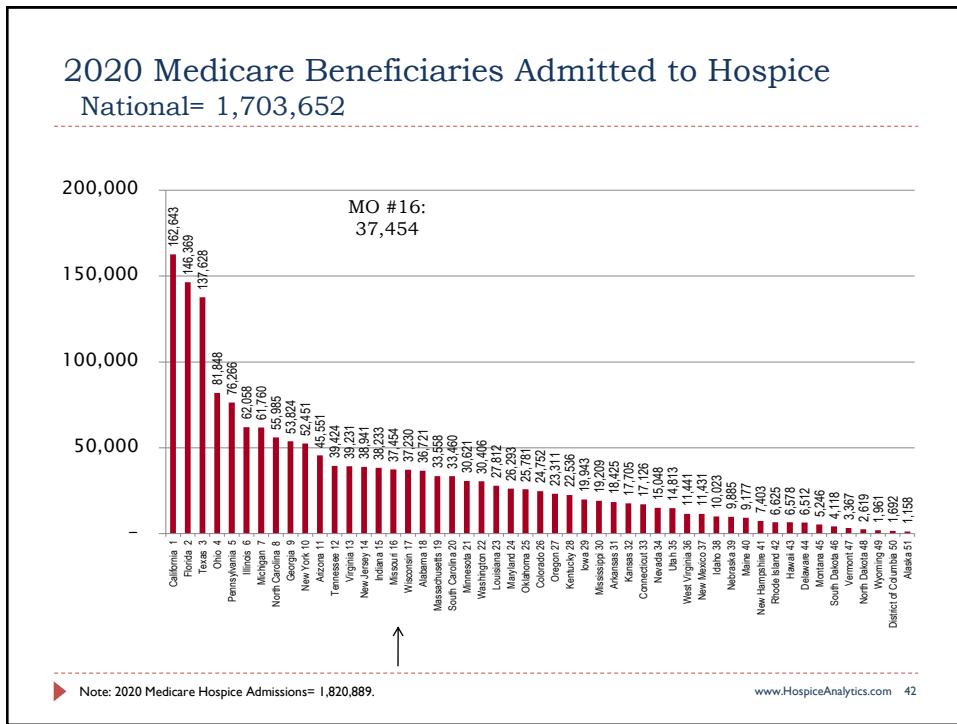
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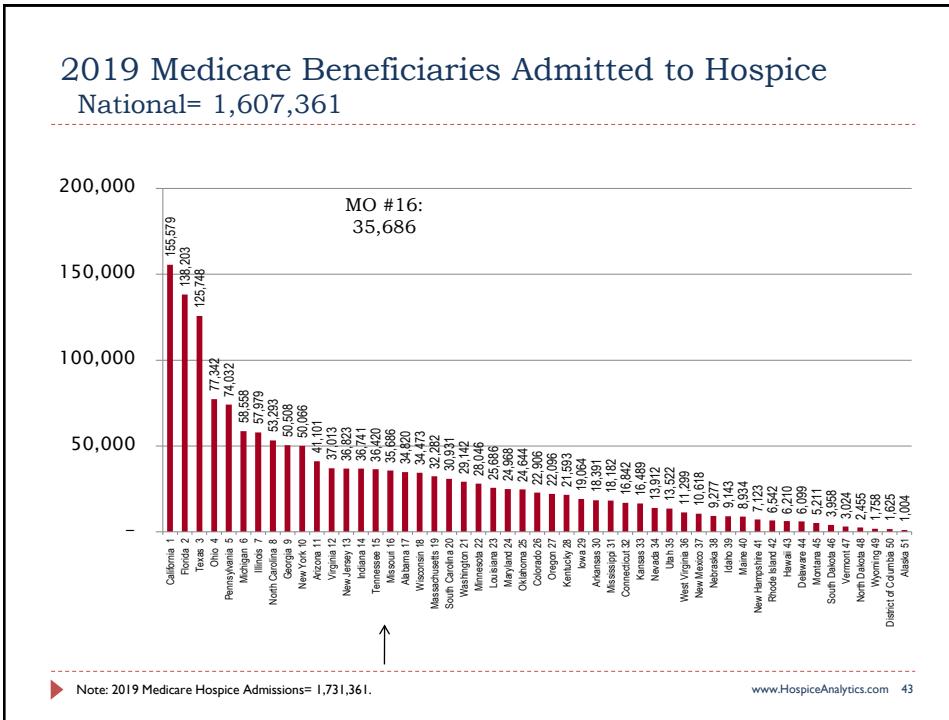
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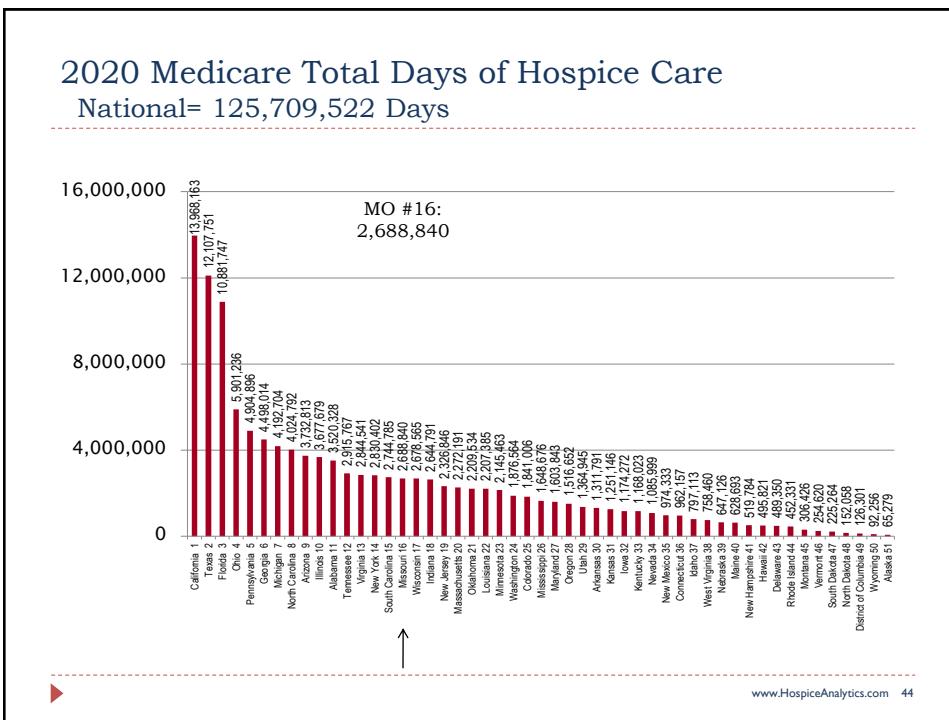
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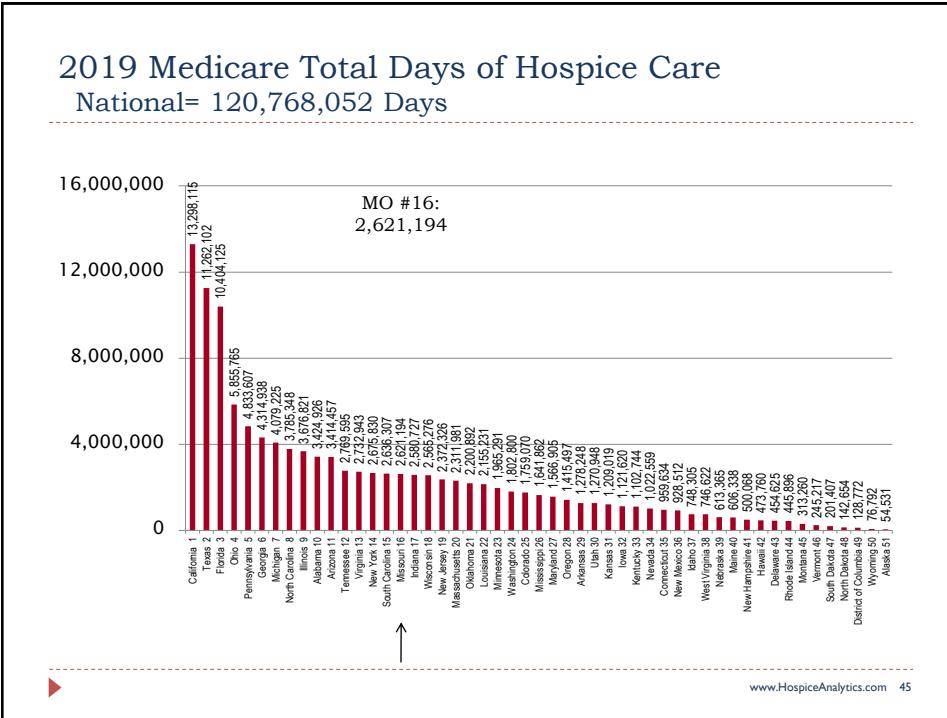
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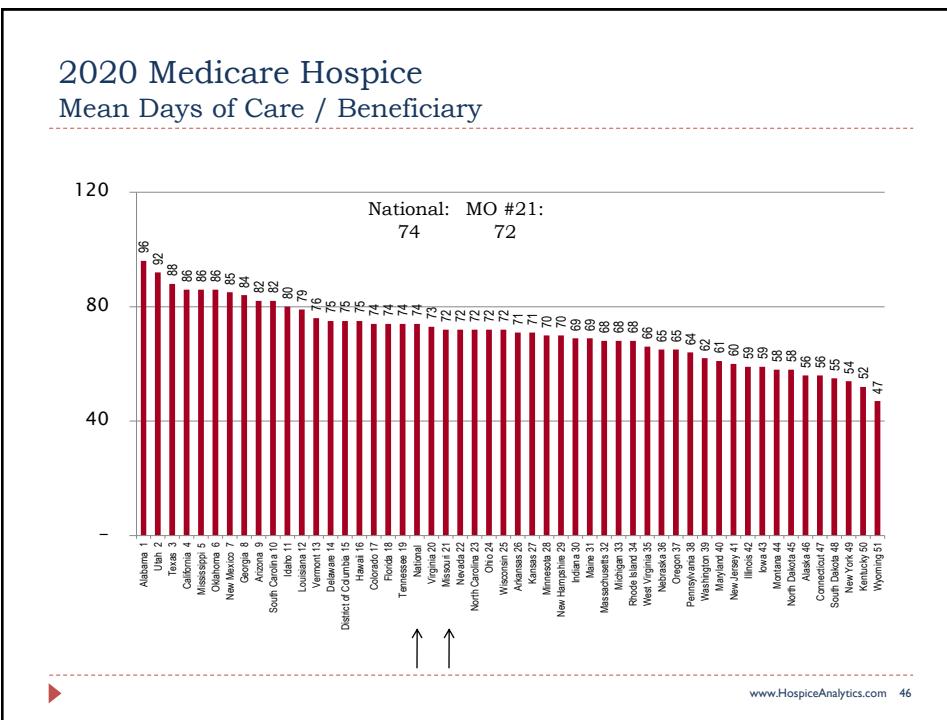
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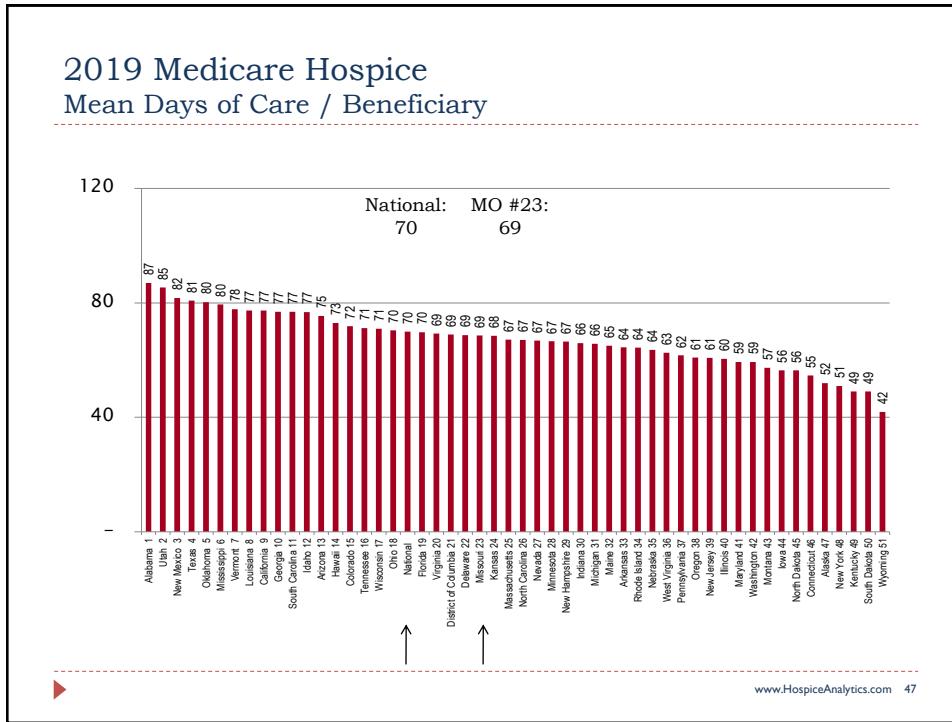
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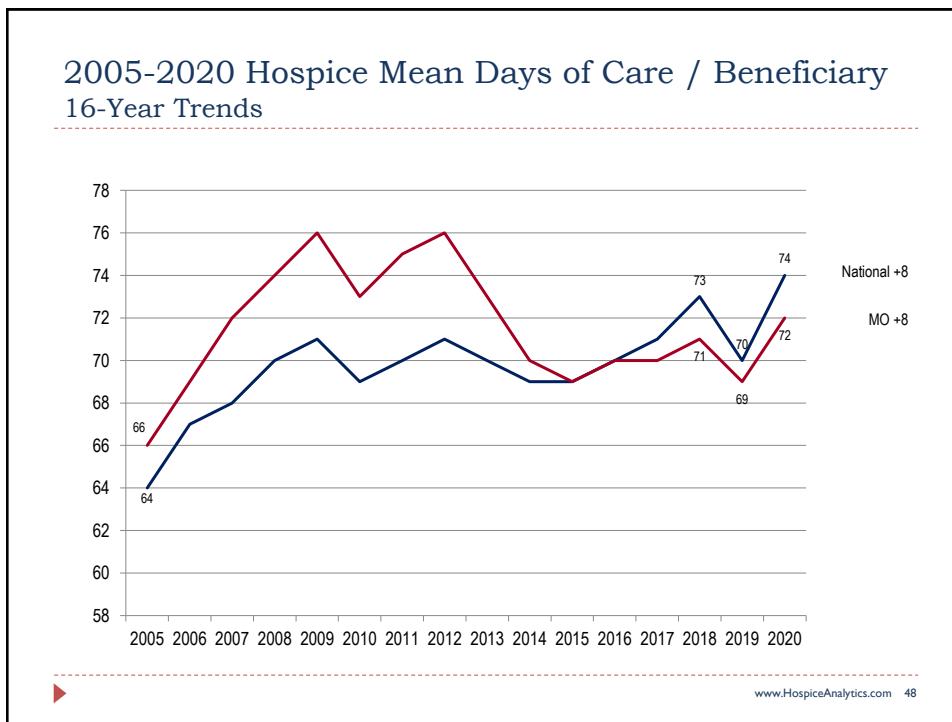
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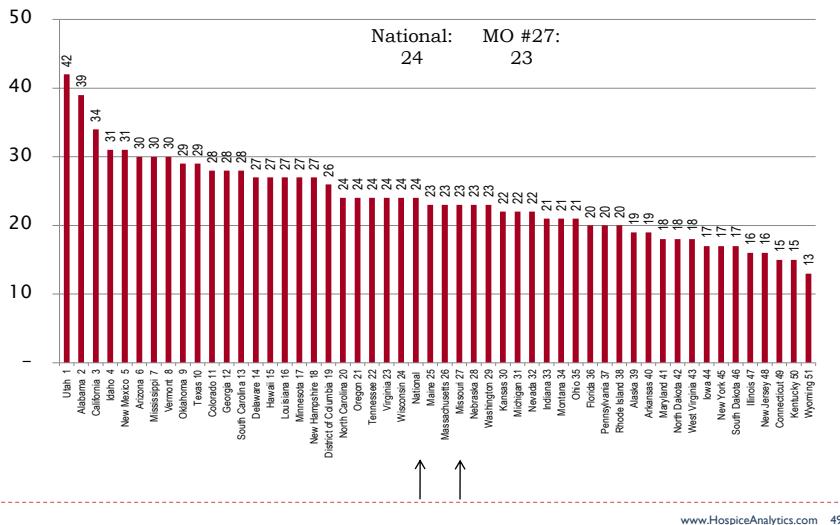


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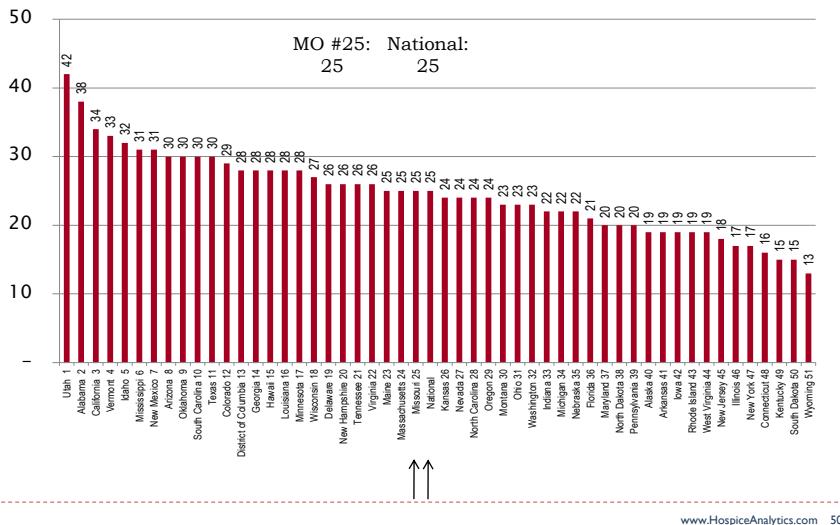
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## 2020 Medicare Hospice Median Days of Care / Beneficiary

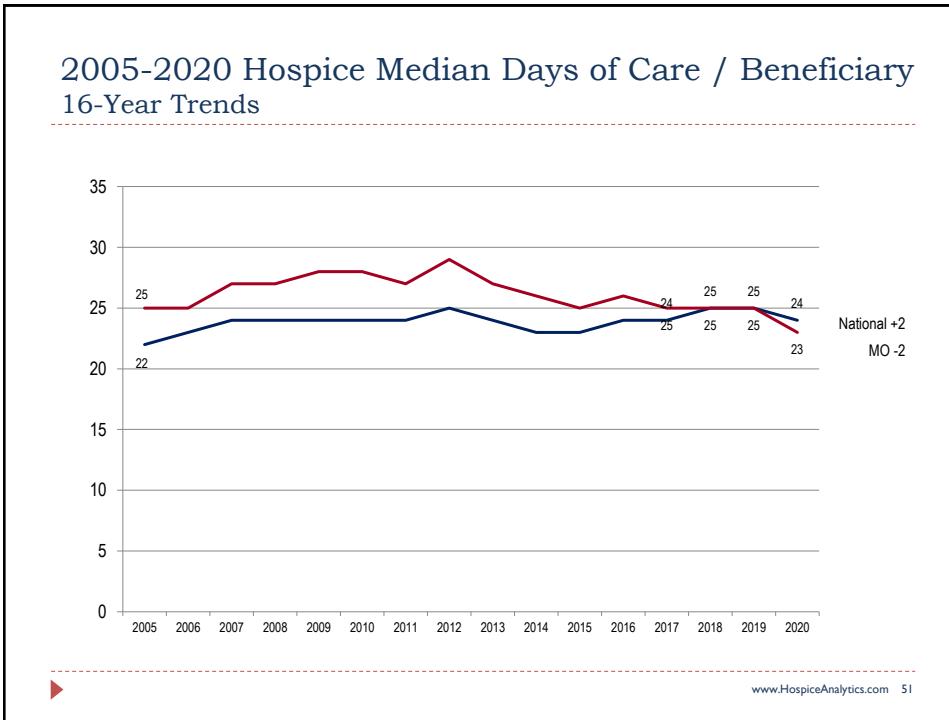


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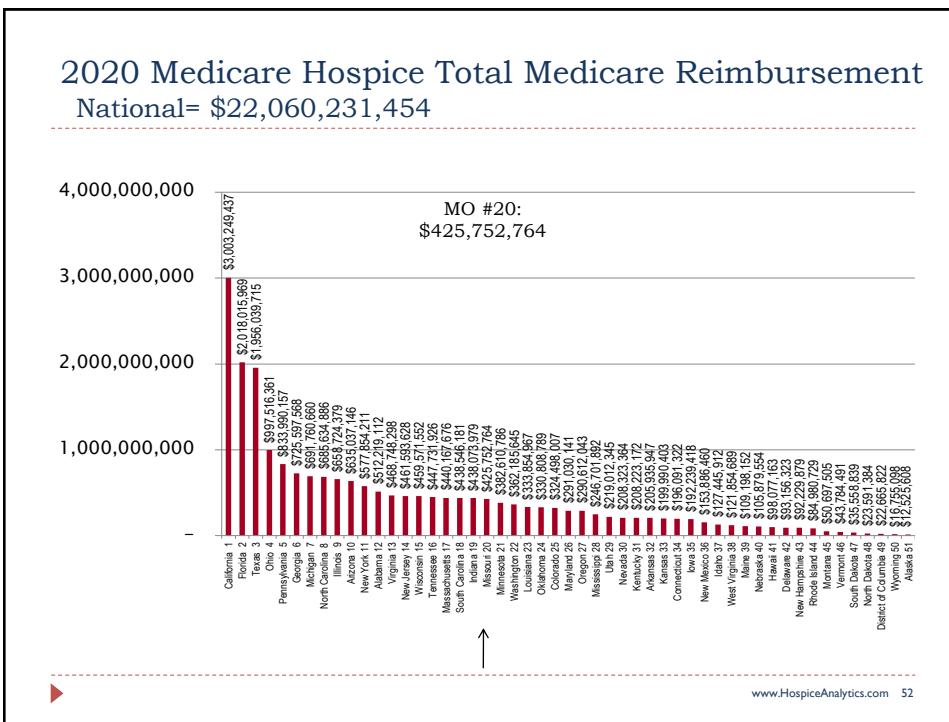
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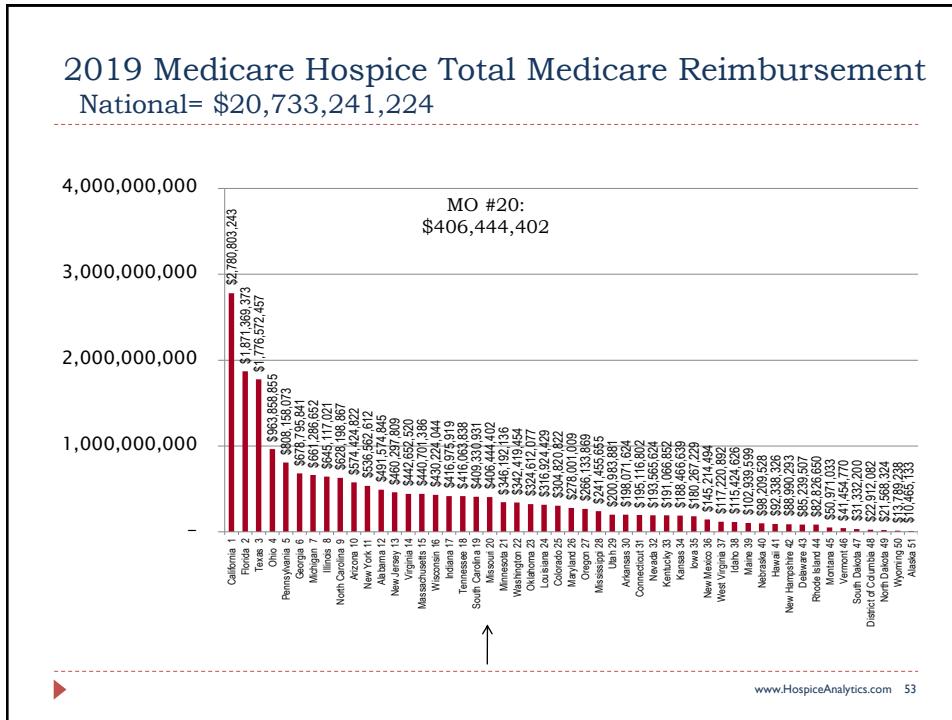
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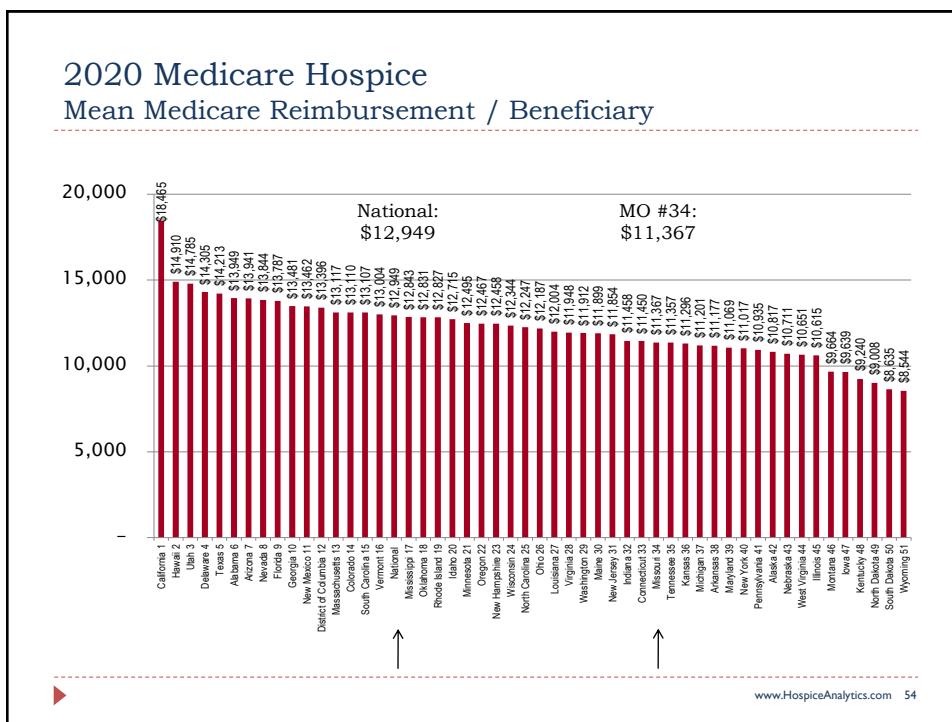
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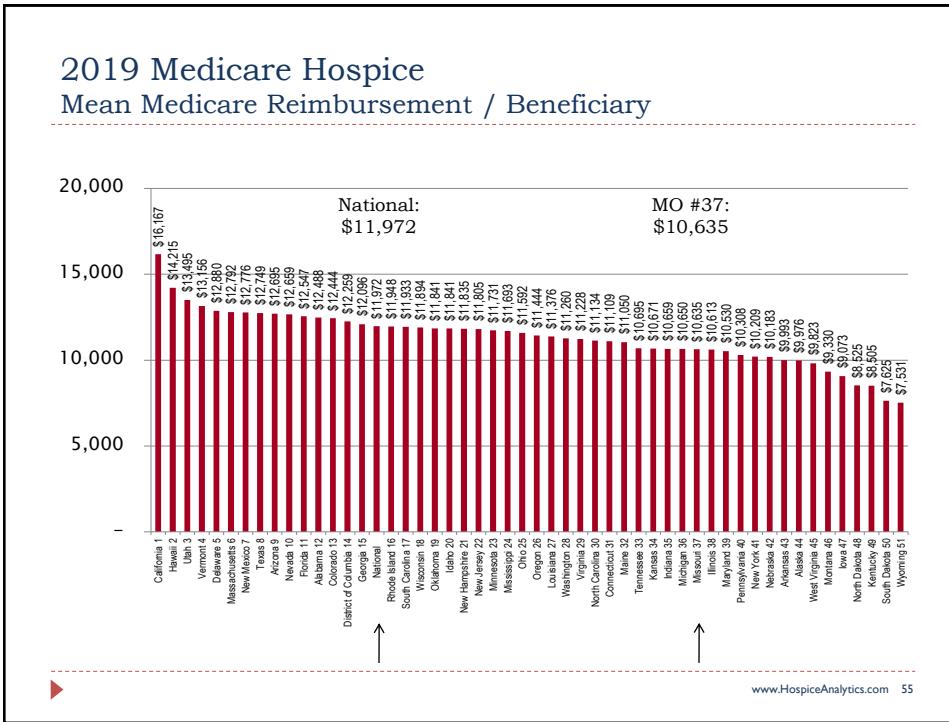
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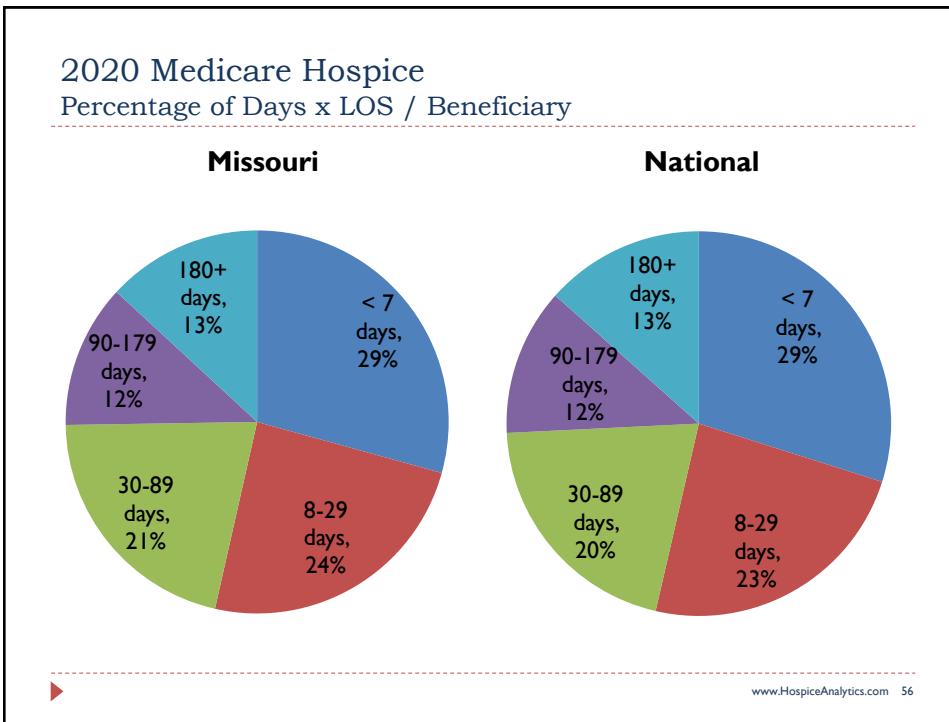
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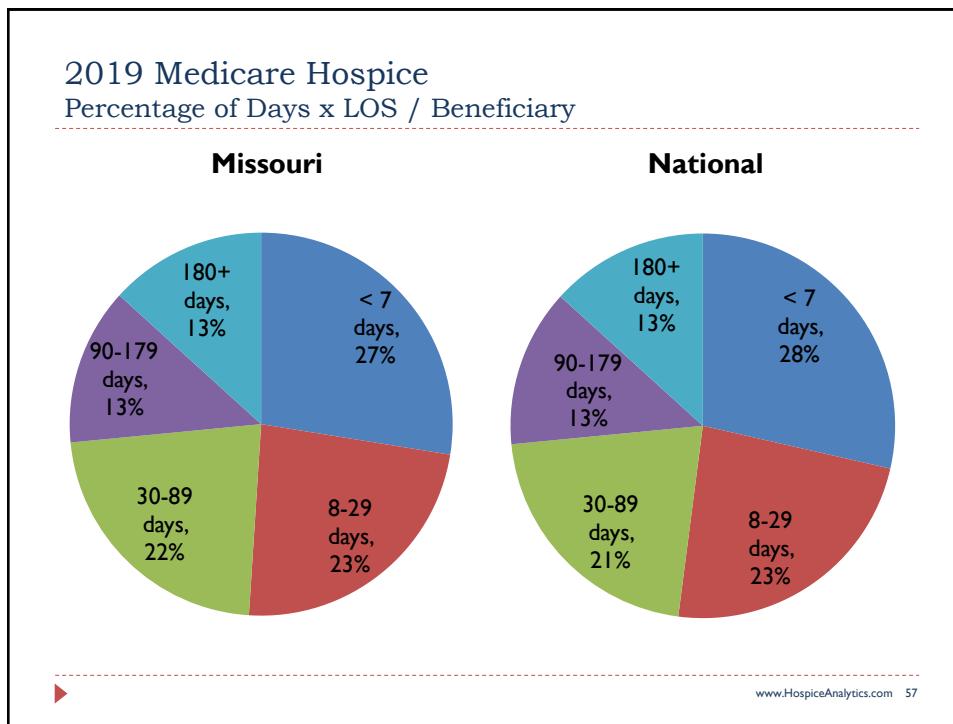
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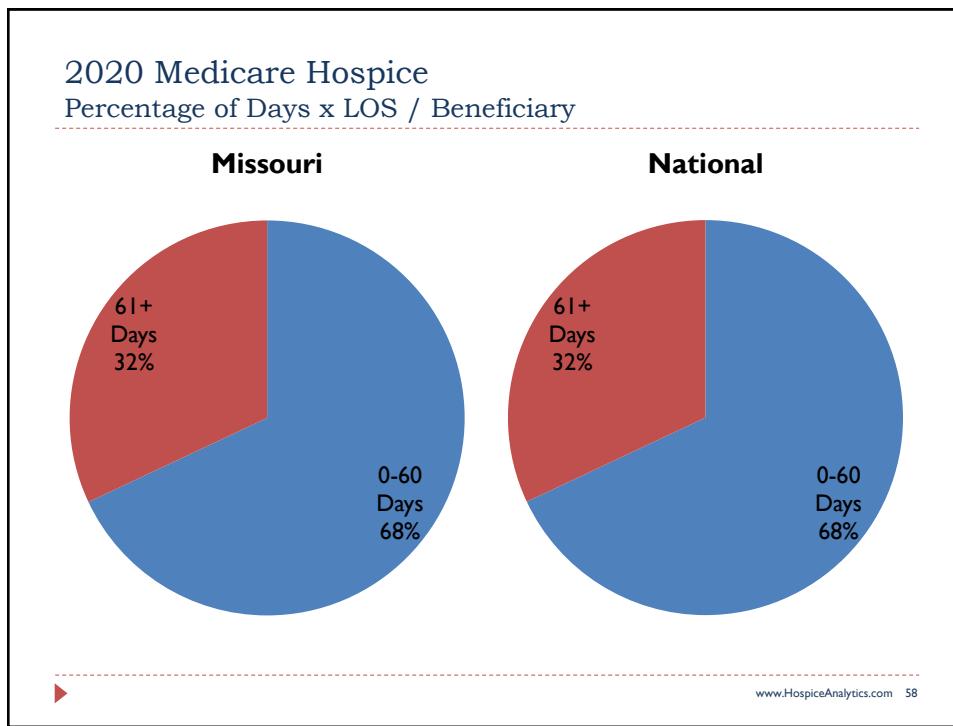
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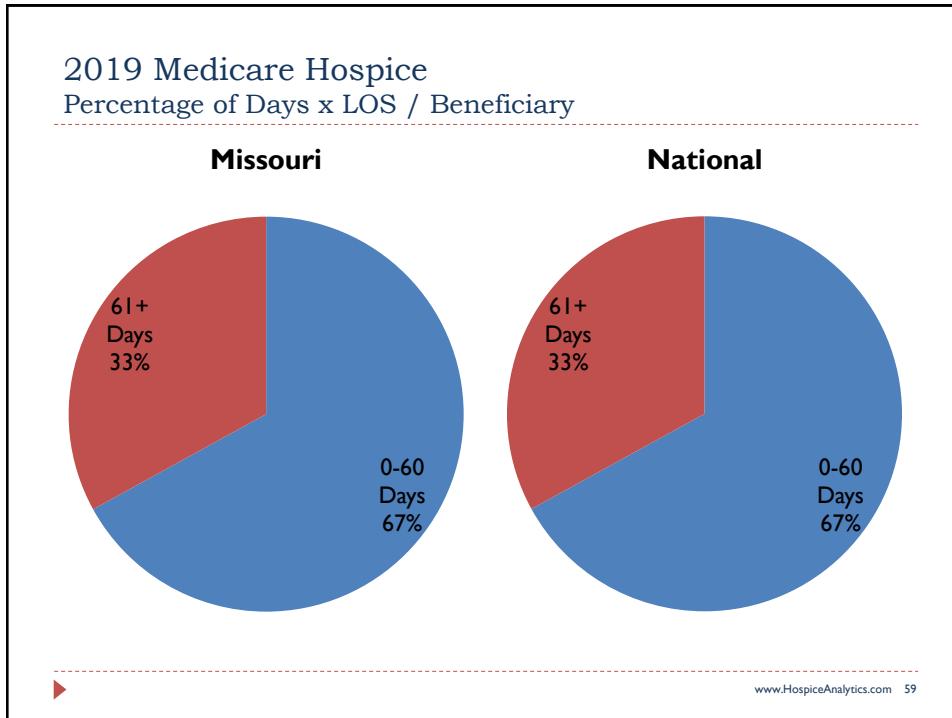
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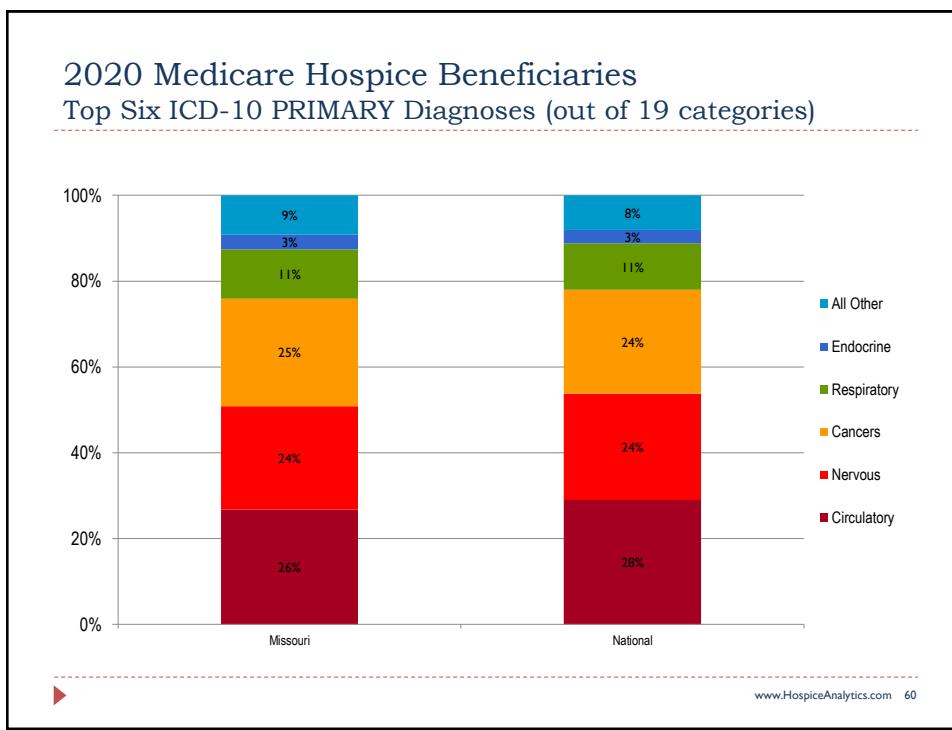
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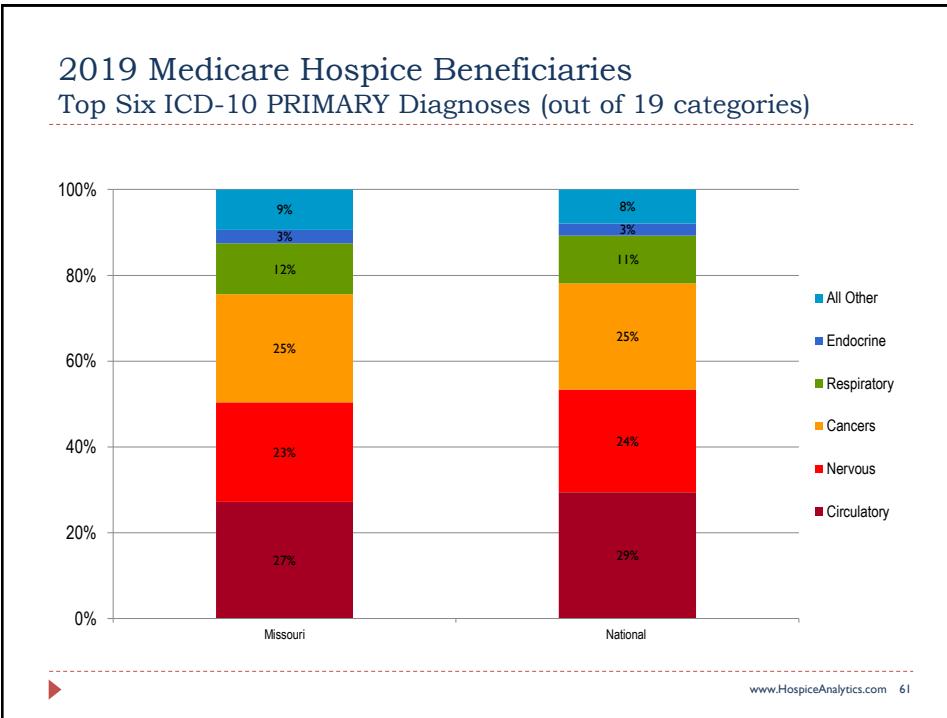
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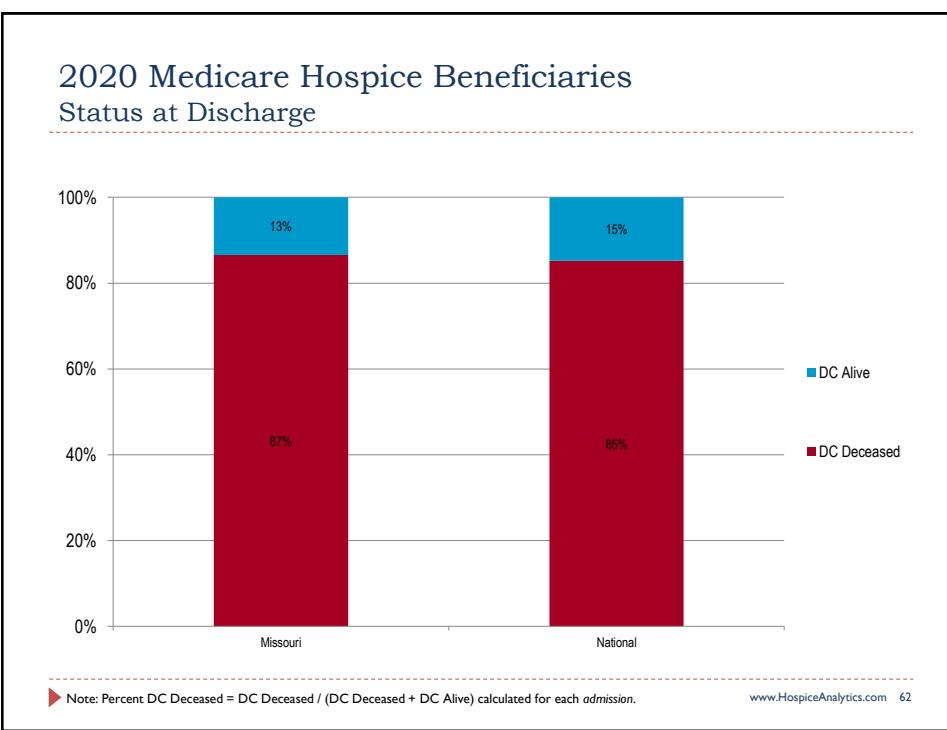
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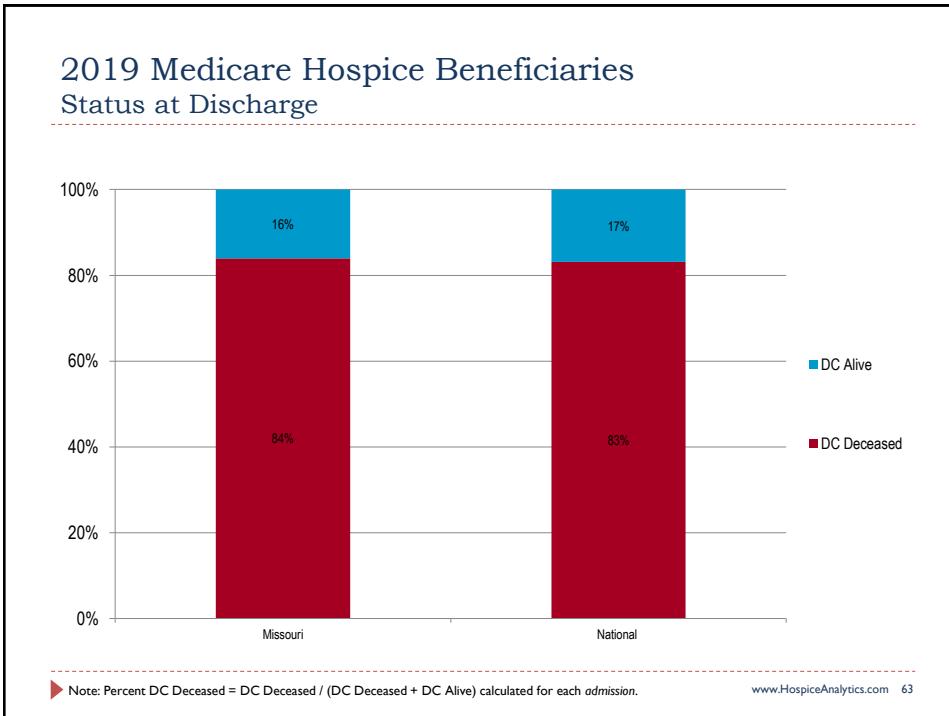
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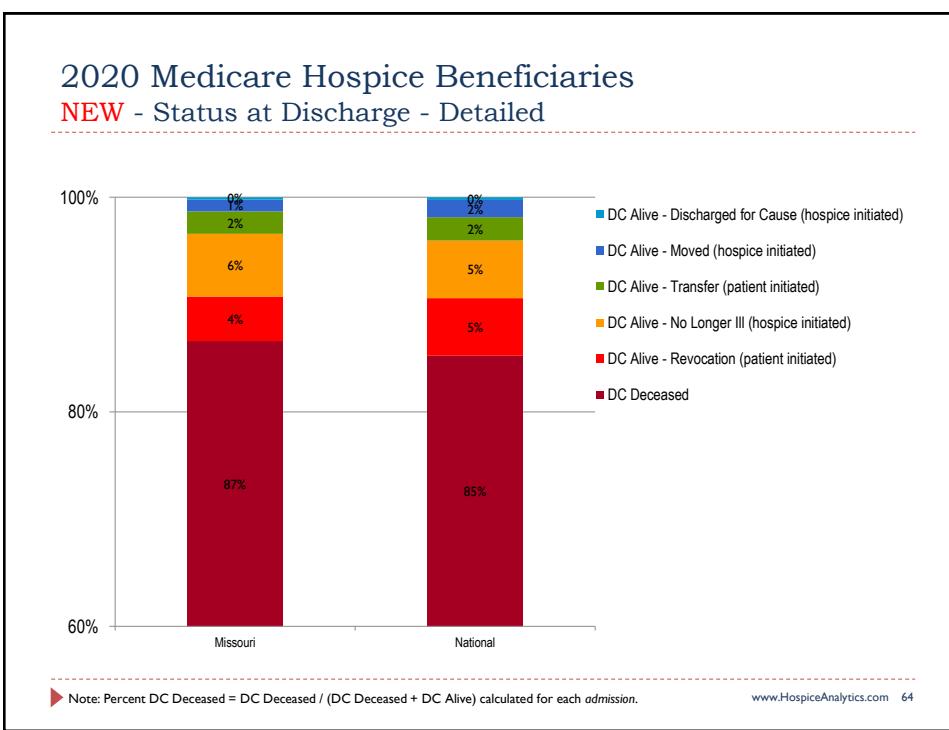
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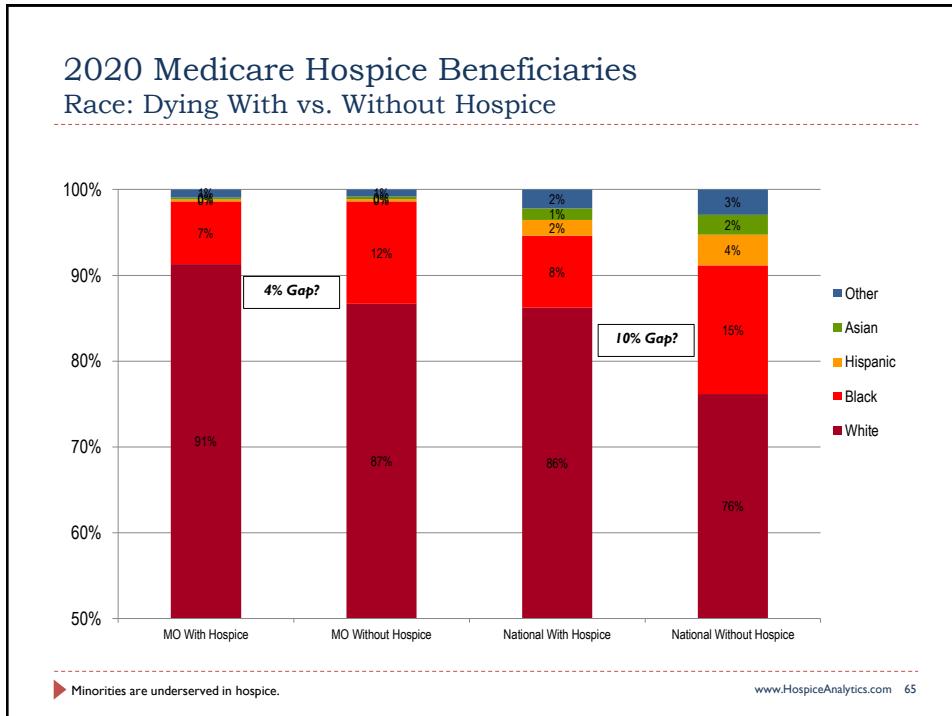
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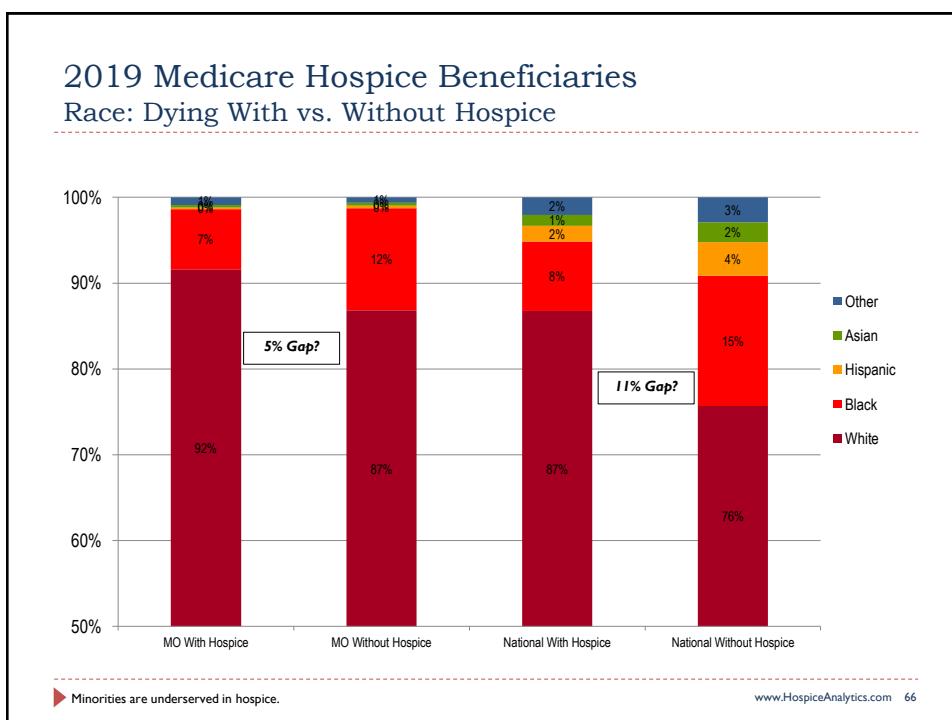
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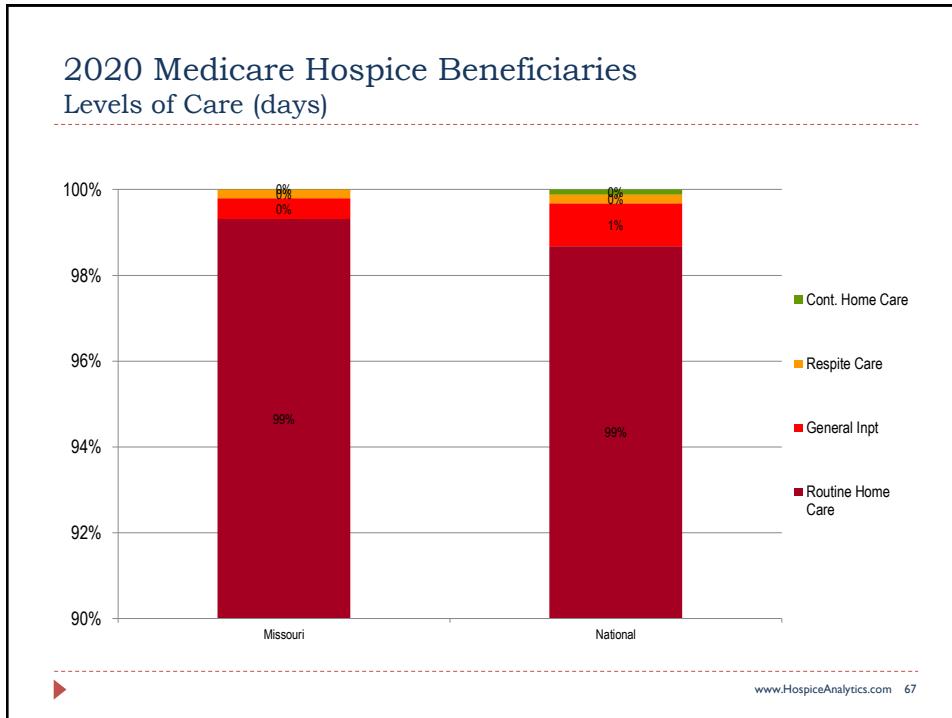
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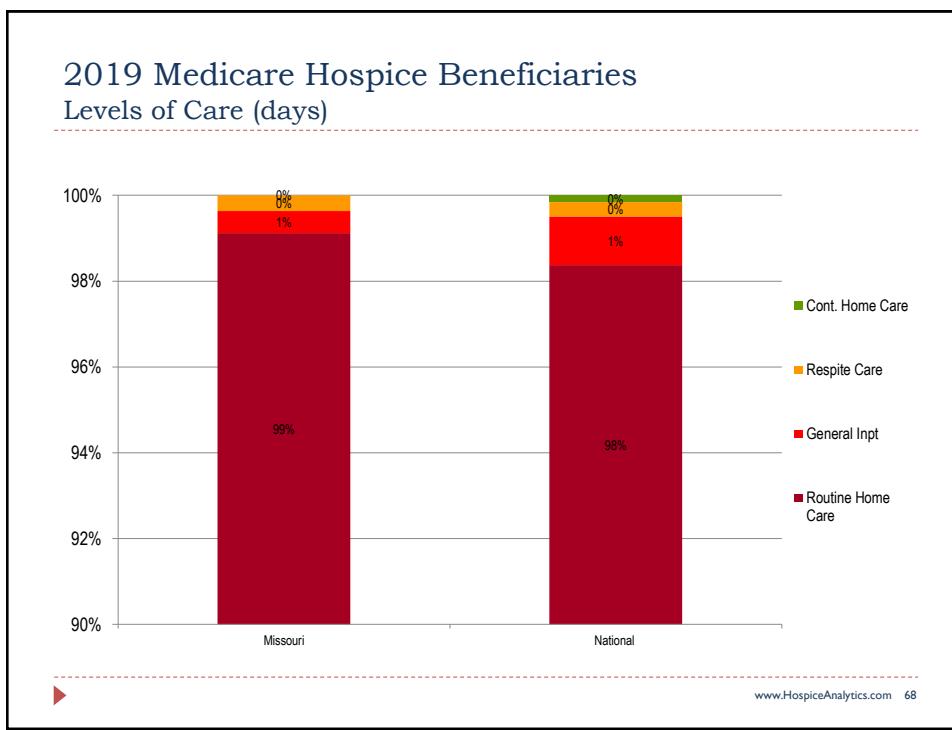
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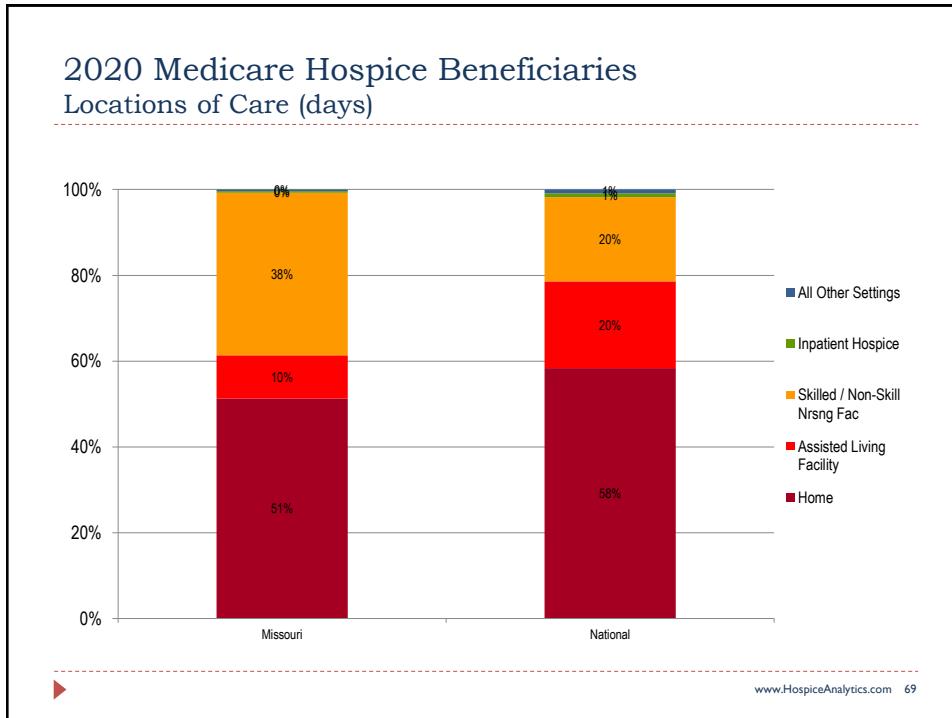
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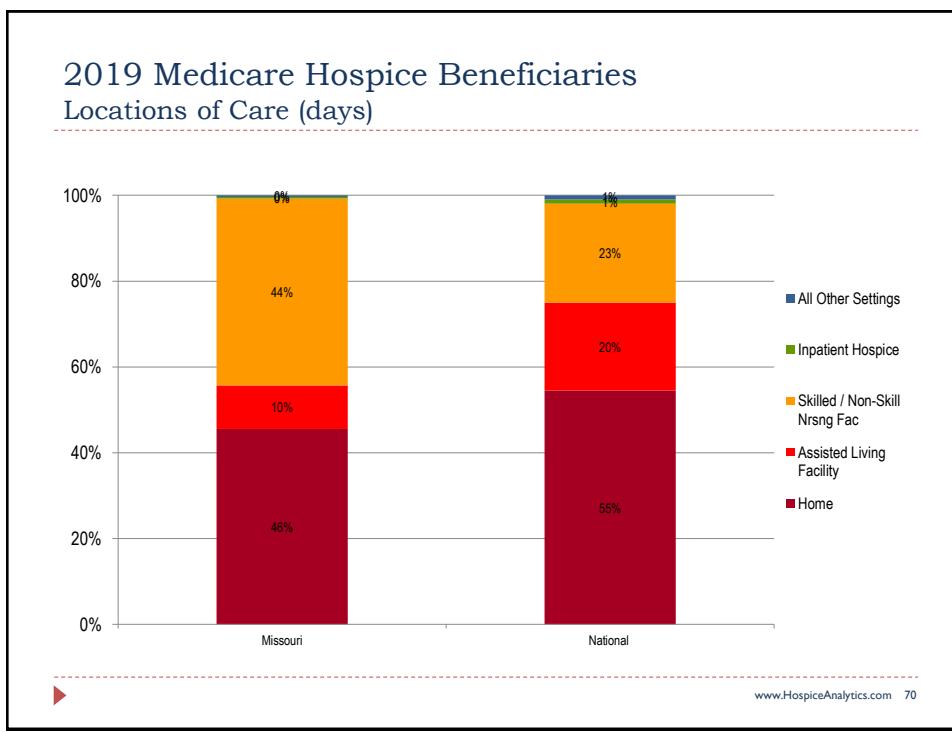
67



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# Thank you

Please contact Cordt Kassner, PhD, at Hospice Analytics with any questions, comments, feedback, or for additional information:

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\* Review the new National Hospice Locator at [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com) – geo-maps and detailed information on every known hospice in the United States!

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