

Big Changes and Strategic Issues for Hospice

Presented by:

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OUTLINE

- **Payment Reform**
- **Hospice Quality Reporting Program**
- **Focus Areas – now and on the horizon**

PAYMENT REFORM- WE WILL LOOK AT:

- **History**
- **Data**
 - Skilled care before death
 - Length of stay
- **2 Tiered System with SIA**
- **NOE**
- **Hospice Quality**

HISTORY

- 2007- Started reporting visits by site of care
- MedPAC
 - Hospice Utilization

	Beneficiaries	Days of care
2005	870,825	49,980,720
2010	1,159,986	81,347,377
2014	1,314,819	90,880,300

HISTORY CONTINUED

- Lacking information on hospice quality
- FY 14 - # beneficiaries receiving care increased but LOS remained flat
 - Median = 17 days
 - Average = 88 days
- Utilization
 - 47% Medicare decedents had hospice
 - 51% Medicare Advantage Plan decedents had hospice

FY 13 MEDICARE SPEND FOR NON HOSPICE ITEMS

- Part D
 - \$439 Million Medicare spend
 - \$50.9 Million Copay
- Non Hospice payments by Medicare FY 14
 - Paid by Medicare: \$900 million
 - Paid by beneficiaries: \$200 million

– Medicare Expenditures for hospice

- 2014 = \$15.1 Billion
- 2000 = \$2.1 Billion

– Margins

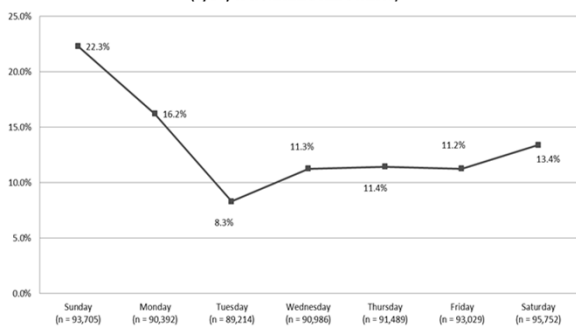
2012	2013	PROJECTED 2016
10%	8.6%	7.7%

LACK OF SKILLED CARE AT END OF LIFE

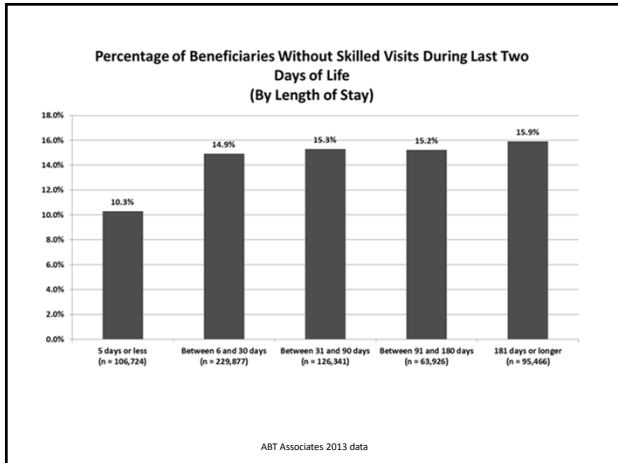
Days To Death on RHC	% No Skilled Visits
Day of death	27.4%
Last 2 days	12.3%
Last 3 days	7.6%
Last 4 days	5.9%

ABT Associates 2012

Percentage of Beneficiaries Without Skilled Visits During Last Two Days of Life
(By Day of Week That Death Occurred)



ABT Associates 2013



LACK OF VISITS BY AGENCY SIZE

Size of Program with ADC	% who did not receive a visit in last 2 days of life
ADC 10 patients- Small	17.1%
ADC 11 – 54 – Medium	13.1%
ADC over 55 – Large	11.9%

- TWO TIERED WITH SIA**
- Purpose- to better align payment with the cost of providing care
 - RHC days only
 - Two Tiered
 - +\$20 for 0-60 days = \$180
 - -\$20 from 61 days onward = \$140
 - First tier starts if patient is off of hospice for more than 60 days
 - SIA
 - Skilled care (RN and SW) last week of life
 - CHC rate up to 4 hours/ day

IMPACT?

- Medicare adjusts your payment
- Analysis done in Jan- March skewed by current patients on less than 60 days
- Redo your analysis- most did not 'win'
- Monitor- Medicare doing adjustments now

WAGE INDEX FINAL RULE

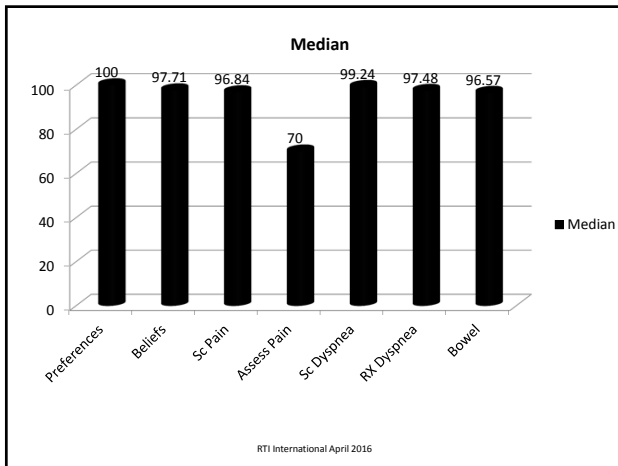
- New HIS data elements – April 1, 2017
- Public Reporting no earlier than CY 2017
 - HIS and CAHPS
 - Some say summer of 2017
 - Likely % not percentile
 - Likely risk adjusted
 - 8 quarters rolling average
- 2.1% increase without sequestration
- IDC 10 updates = October 2016

NOE/ NOTR

- Manual data entry = errors
- Reversals to correct errors = untimely submission
- New guidance – ok to correct diagnosis and MD at next submission
- Quality review of data
 - Do not wait for RTP to fix it
- How much have you lost?

HQRP- HISTORY AND CURRENT STATUS

- 2013 – reported 2 quality measures and pain
- 2014 – 7 HIS items
- 2015- Experience of care survey
- Public reporting ? 17 or 18 (8 Quarters)
- Our future reportable data is here!
- What is HIS saying to help you manage care better?
- Do you use benchmarking data to compare your results?



HIS 4/1/17

- % patients with RN, MD, APRN visits in last 3 days of life
- % patients with 2 or more visits from MSW, Chaplain/ Spiritual Counselor or LPN in last 7 days of life
- Completion of all 7 care processes at admission- may be risk adjusted
- Timely HIS Filing – 30 days after - 2% reimbursement for untimely filing
 - 1/1/16- 12/31/16 = 70%
 - 1/1/17- 12/31/17 = 80%
 - 1/1/18 – 12/31/18 = 90%

HIS COMPOSITE SCORE

- CMS Reports that only 67% of patients received all 7 care processes at admission
 - Pain Screening
 - Pain Assessment
 - Dyspnea Screening
 - Dyspnea Treatment
 - Bowel Regime
 - Treatment Preferences
 - Addressing beliefs and values

HOSPICE CAHPS MEASURES

- Hospice Team Communication
- Getting Timely Care
- Treating Family Member with Respect
- Getting Emotional and Religious Support
- Getting Help for Symptoms
- Getting Hospice Care Training
- Rating of Hospice
- Recommend Hospice

DRIVERS FOR CAREGIVER EXPERIENCE

- ...Hospice team really cared about your family member?
- ...Hospice team keep you informed about family member's condition?
- ...Hospice team listen carefully to you?

KEY METRICS AND FUTURE FOCUS AREAS

- Eligibility for care
 - Diagnosis
 - Prognosis
 - Level of care
 - Nursing home / ALF

PRODUCTIVITY

	V/ 8 hour day	Caseload
Nursing	4-5	10-12+
Aides	5-6	N/A
MSW	2-3	30
Chaplain/ Spiritual	3-4	45-60

ON THE HORIZON

- Medicare Advantage- in or out
- NOE NOTR- Electronic
- Prospective Assessment Tool
 - To collect data concurrently with the provision of care- symptom burden, functional status, pt/f/caregiver preferences
- Discharge Alive- Is your % higher than average

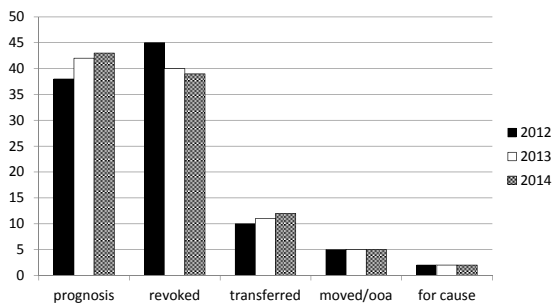
USEFUL TOOL= PEPPER REPORT

- Long LOS
- Continuous care in ALF
- RHC in ALF
- RHC in NH
- RHC in SNF
- Live discharges excluding transfers, revocations, for cause & out of service area

LIVE DISCHARGES AS A % OF ALL DISCHARGES

2012	2013	2014
18.5%	18.4%	17.2%

REASONS FOR DISCHARGE



- **GIP Audits- lots of non eligible patients**
 - Caregiver breakdown
 - Patient awaiting nursing home placement
 - Actively dying without symptom
- **“for pain control or acute or chronic symptom management which cannot be managed in other settings”**

OIG 9/2016

- **Hospices should improve their election statements and certifications of terminal illness (2012 GIP claims)**
 - Fraudulent claims
 - Physician not involved with care, did not see pt
- **Election statement missing**
 - Waiving coverage of certain Medicare services
 - Hospice is palliative not curative
 - Physician narrative not present

MEDICARE PROVIDER UTILIZATION AND PAYMENT DATA: HOSPICE PROVIDERS

- Final claims
- State aggregate and individual programs
- # patients, demographics, site of care, by diagnosis, by length of stay (less than 7, 60, 180), amount of Medicare payments, etc.
- <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Hospice.html>

Thank You!

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