

# CMS Public Use Files for Hospice: What They Tell Us & How to Use Them

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# Today's Presenter: Richard Chesney

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Richard Chesney is President of Healthcare Market Resources, a healthcare market intelligence company, which serves home health agencies, hospices, and other post-acute providers. Prior to founding Healthcare Market Resources, Richard served as Vice President at Thomas Jefferson University Hospital. He was also the Director of Marketing & Market Planning at Avon Products – Foster Medical, and Market Manager at General Electric. His experience encompasses operations, marketing, strategic planning, and general management. Rich holds an MBA from the Massachusetts Institute of Technology – Sloan School of Management and a Bachelor's in Mathematics from Lehigh University.

# Agenda

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- Objectives
- Description of Data Elements
- Importance of Data Elements
- Determination of Competitive Framework
- Key Calculations and Formulas
- Take-Away Tool Kit
- Conclusions

# Objectives

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- To learn how to acquire the FREE Hospice Public Use Files for 2014 and 2015
- To understand what data elements are included in these files
- To discover their importance and how they can be applied to the management of your hospice
- To find out how to develop a complete list of competitors

# Data Acquisition

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- Option 1 – Download all states
  - Go to [www.cms.gov](http://www.cms.gov) and then to <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Hospice.html>
- Option 2 – Download specific state(s)
  - Go to [www.healthmr.com](http://www.healthmr.com) and then <http://www.healthmr.com/resources/cms-ho-puf-states/>
- Download CMS explanation from Option 1

# Data Description & Elements

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- Tables are an aggregation either at the provider or state level
- If a beneficiary is served by more than 1 hospice or receives services in more than 1 state, they will be counted in both appropriate tables
- Zero dollar claims or claims missing key data elements were excluded
- Data elements which did not meet HIPAA requirements were left blank
- All data is for a calendar year



# Data Types

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- Financial
- Services
- Length of Stay
- Demographics
- Beneficiary Type
- Diagnosis
- Site of Service

# Financial Data

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- Specific data elements include hospice beneficiaries, total days, actual and standard payment amounts and charges
- Revenue per beneficiary =
  - Medicare payment/number of beneficiaries
    - Measures patient profitability; close to per discharge
- Days per beneficiary =
  - Total days/number of beneficiaries
    - Average Length of Stay(LOS) shows ability to spread upfront costs

# Financial Data

Provider ID	Name	Street Address	City	State	ZIP Code	HRR	Hospice beneficiaries	Total Days	Total Medicare		Total Charge
									Total Medicare Payment Amount	Standard Payment Amount	
11500	BAPTIST HOSPICE	301 INTERSTATE PARK	MONTGOMERY	AL	36109	AL - Montgomery	368	19,911	2,753,241	3,187,835	7,392,000
11501	NEW BEACON OF BIRMINGHAM	4735 NORREL DRIVE, SUITE 129	TRUSSVILLE	AL	35173	AL - Birmingham	369	30,655	4,395,304	4,859,531	6,265,786
11502	MERCY HOSPICE	374 GREENO ROAD	FAIR HOPE	AL	36532	AL - Mobile	316	17,859	2,531,703	2,959,259	3,755,159
11503	SAAD HEALTHCARE	1515 UNIVERSITY BOULEVARD, SC	MOBILE	AL	36609	AL - Mobile	319	29,413	4,006,432	4,643,097	6,323,294
11504	GADSDEN REGIONAL HOSPICE	82 INDUSTRIAL BOULEVARD	ATTALLA	AL	35954	AL - Birmingham	57	2,733	377,001	436,414	568,276
11505	HOSPICE FAMILY CARE	3304 WESTMILL DRIVE SOUTHWE	HUNTSVILLE	AL	35805	AL - Huntsville	343	21,717	3,064,355	3,351,937	4,566,409

# Services Data

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- Specific data includes % of routine home care days, MD services, home health, skilled nursing and social work visit hours/day overall and during the week prior to death
- Need to focus on % of non-routine days which shows if hospice addresses special patient needs in times of crisis
  - Research shows that 1/3 of hospice provide no inpatient care and more than 60% do not do continuous care

# Services Data (Cont.)

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- Relative level of Physician Services tells you how actively involved are the hospice medical directors involved in patient care.
  - Calculate physician services/beneficiary
  - Higher levels may be indicative hospice's preference to have its medical director manage patient care

# Services Data (Cont.)

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- Per visit levels of service are considered a quality of care measure
  - By discipline
  - Length of time
  - Timing
    - Prior to expiration
    - Overall
- Clearly influences patient/family satisfaction levels
- May not be indicative of the true quality of care
- Does not include MD, NP, and PA visits—part of new Hospice Quality of Care metric

# Services Data (Cont.)

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- Live Discharges %
  - Two-edged sword – “good vs. bad”
  - Good reasons include stabilization of patient’s condition and immediate need for hospice, for the time being, ceases. Look at diagnosis mix and LOS
  - Bad reasons include
    - Revocation and return to curative care, usually through a hospital re-admission, often prompted by acerbation of condition
    - Family dynamics
    - Patient using up their “Cap” days—unethical behavior

# Services Data

Provider ID	Name	Percent Routine Home Care Days	Physician Services	Home Health Visit Hours per Day	Skilled Nursing Visit Hours per Day	Social Service Visit Hours per Day	Total Live Discharges
11500	BAPTIST HOSPICE	99%	93	0.341	0.273	0.036	48
11501	NEW BEACON OF BIRMINGHAM	99%	58	0.258	0.315	0.049	69
11502	MERCY HOSPICE	97%	62	0.313	0.233	0.011	43
11503	SAAD HEALTHCARE	99%	0	0.638	0.167	0.024	69
11504	GADSDEN REGIONAL HOSPICE	98%	0	0.176	0.327	0.067	
11505	HOSPICE FAMILY CARE	100%	0	0.199	0.188	0.029	35



# Length Of Stay Data

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- Average LOS in Financial Data
- Short stay patients(seven days or less)-highly unprofitable
  - Need to better train referral sources on the value of hospice
- Lower reimbursement patients(LOS of 60 days or greater)
  - Impact of new reimbursement model
  - 25% difference between pre-6 and post-60 day rates
- Long LOS patients
  - Beyond original intent of benefit
  - Possible indication of abuse and cap issues
- Need to calculate five of total for each LOS category to make comparisons
- Median LOS is missing

# LOS/Service Data

Provider ID	Name	Hospice beneficiaries with 7 or fewer hospice care days	Hospice beneficiaries with more than 60 hospice care days	Hospice beneficiaries with more than 180 hospice care days	Home Health Visit Hours per Day During Week Prior to Death	Skilled Nursing Visit Hours per Day During Week Prior to Death	Social Service Visit Hours per Day During Week Prior to Death
11500	BAPTIST HOSPICE	108	98	35	0.105	0.385	0.057
11501	NEW BEACON OF BIRMINGHAM	83	143	61	0.109	0.322	0.068
11502	MERCY HOSPICE	131	78	35	0.097	0.334	0.012
11503	SAAD HEALTHCARE	70	134	59	0.290	0.362	0.036
11504	GADSDEN REGIONAL HOSPICE	18	13		0.067	0.296	0.073
11505	HOSPICE FAMILY CARE	73	108	37	0.113	0.242	0.051

# Demographic Data

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- Shows average age of all patients receiving care
- Details number of beneficiaries served by gender and race
  - Because of females longer lifespan, they usually are majority of patients
  - Higher % of males could indicate high number of veterans
  - Certain ethnic minorities have cultural biases against hospice
  - Could show where hospice is putting its outreach efforts—easier to find new patients than to take them away from someone else
    - Compare ethnic mix to % of senior population to indicate direct-to-consumer marketing opportunity

# Demographic Data

Provider ID	Name	Average Age	Male hospice beneficiaries	Female hospice beneficiaries	White hospice beneficiaries	Black hospice beneficiaries	Asian hospice beneficiaries	Hispanic hospice beneficiaries	Other/unknown race hospice beneficiaries
11500	BAPTIST HOSPICE	78.0	165	203	254	112		0	
11501	NEW BEACON OF BIRMINGHAM	81.9	141	228	288	81	0	0	0
11502	MERCY HOSPICE	79.3	121	195	253	60	0		
11503	SAAD HEALTHCARE	79.8	121	198	194	122	0		
11504	GADSDEN REGIONAL HOSPICE	75.2	22	35	53		0	0	
11505	HOSPICE FAMILY CARE	79.9	150	193	309	31	0		

# Medicare Beneficiary Data

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- Shows information about the payor source for the patient's care prior to entering hospice
- Need to compare % of total hospice to payor utilization within the geography
- May be indicative of where a given provider is marketing
  - Managed Care Organizations
  - Social service Agencies(Area agencies for Aging)

# Medicare Beneficiary Data

<b>Provider ID</b>	<b>Name</b>	<b>Medicare Advantage hospice beneficiaries</b>	<b>Medicaid Eligible hospice beneficiaries</b>
11500	BAPTIST HOSPICE	118	55
11501	NEW BEACON OF BIRMINGHAM	155	59
11502	MERCY HOSPICE	116	36
11503	SAAD HEALTHCARE	188	30
11504	GADSDEN REGIONAL HOSPICE	18	
11505	HOSPICE FAMILY CARE	43	26

# Diagnosis Data

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- Shows which clinical conditions are primary reason for hospice
  - Cancer
  - Dementia
  - Stroke
  - Circulatory
  - Respiratory
  - Other
- May be indicative to which physicians a hospice is marketing.  
Need to calculate mix %
- Compare % of patients to area's cause of death statistics to identify underserved clinical conditions.
  - Create % exclusive of accidents and traumatic injuries
  - Clinical admitting condition for hospice may not be cause of death

# Diagnosis Data

Provider ID	Name	Hospice beneficiaries with a primary diagnosis of cancer	Hospice beneficiaries with a primary diagnosis of dementia	Hospice beneficiaries with a primary diagnosis of stroke	Hospice beneficiaries with a primary diagnosis of circulatory/heart disease	Hospice beneficiaries with a primary diagnosis of respiratory disease	Hospice beneficiaries with other primary diagnoses
11500	BAPTIST HOSPICE	129	62	23	57	52	45
11501	NEW BEACON OF BIRMINGHAM	93	98	30	80	40	28
11502	MERCY HOSPICE	93	63	46	32	48	34
11503	SAAD HEALTHCARE	65	83	42	68	47	14
11504	GADSDEN REGIONAL HOSPICE	26			12	11	
11505	HOSPICE FAMILY CARE	134	54	11	45	40	59



# Site of Care Data

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- Details the number of beneficiaries who received a majority of their care in a particular setting
  - Home
  - Long Term Care Facility
  - Inpatient Hospital
  - Other
  - Assisted Living Facility
  - Skilled Nursing Facility
  - Inpatient Hospice Facility
- May show where a hospice is focusing their marketing
- Reveals hospice capabilities to deliver inpatient level of care

# Site of Care Data

Provider ID	Name	Site-of-service: Home hospice beneficiaries	Site-of-service: Assisted Living Facility hospice beneficiaries	Site-of-service: Long-term-care or non- skilled Nursing Facility hospice beneficiaries	Site-of-service: Skilled Nursing Facility hospice beneficiaries	Site-of-service: Inpatient Hospital hospice beneficiaries	Site-of-service: Inpatient Hospice hospice beneficiaries	Site-of-service: Other Facility hospice beneficiaries
11500	BAPTIST HOSPICE	267			34	63	0	0
11501	NEW BEACON OF BIRMINGHAM	208	13	90		46		
11502	MERCY HOSPICE	185		11	16	100	0	
11503	SAAD HEALTHCARE	261				40	0	0
11504	GADSDEN REGIONAL HOSPICE	45	0	0				0
11505	HOSPICE FAMILY CARE	341	0	0	0		0	

# Local Benchmarking

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- Need to compare your hospice against your competitors
- Go to Hospice Compare and create a list of competitors for your service area
- On the data you downloaded by hospice, select the entire chart and then click on the filter function, enabling you to choose particular providers—you and your competitors
- Filter for the hospices you want and create a chart of just those hospices by copying to a new Excel file
- Add up each column for your market and then create market norms(%)
- Now you can compare your organization to market norms

# How Do I Use the Data

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- Compare my hospice to state and national norms
  - Limited value because of market differences
- Compare my hospice to local market norms
  - Good v. bad differences
  - Market segments or competitors that I should target
  - Underserved areas-new sources of business
- Download both years of data and determine growth rates
- Metric performance varies often based on market maturity

# What is Missing

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- All data at provider level; no geographic specificity; not all competitors equally strong across your entire service area
- Data is beneficiary based; many not be ideal for all metrics
  - Days, Visits and Admissions/Discharges may be a more meaningful measure of same area
  - All PEPPER and quality metrics not available
- Timeliness of data could be improved; 1Q17 should be available in October

# Conclusions

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- The Hospice Public Use Files can give organizations insight into some of the workings of their competitors
- It can show strengths and weaknesses of your hospice when compared to your local competition and state norms
- It can help identify market opportunities, including sources of new patients

# CMS Hospice PUF Toolkit

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Find everything you need here:

<http://www.healthmr.com/resources/ho-puf-webinar/>

What's included:

- 2014 and 2015 CMS Hospice PUF by State
- HealthMR Whitepaper
- HealthMR Hospice Utilization Chart
- CMS PUF Methodology Document

# Thank You for Attending!

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