

Eli's Hospice Insider

Know Your Facts: Hospice Diagnosis Code Reporting Improves

Some of the stats CMS cites in the 2018 proposed payment rule may surprise you.

The **Centers for Medicare & Medicaid Services** cited a host of statistics in announcing its proposal to pare hospices' payment increase down to 1 percent, add quality requirements, and more (see Eli's Hospice Insider, Vol. 10, No. 6). And it will be using these figures when it makes some calls on its ideas of requiring the physician's medical record documentation for eligibility, imposing rebalancing or rebasing cuts, and more:

- The top five diagnoses on hospice claims in 2002 were, in order, lung cancer, congestive heart failure, debility unspecified, COPD, and Alzheimer's Disease. In 2017, they were Alzheimer's, heart failure unspecified, COPD, Malignant Neoplasm of Unsp Part of Unsp Bronchus or Lung, and Senile degeneration of brain NEC.
- In 2014, about half of hospice claims included only one diagnosis code. In 2016, 100 percent of hospices reported more than one code.
- The average length of stay remained "virtually the same" between fiscal year 2015 and FY 2016, 78 days compared to 79 days. LOS is "the number of hospice days during a single hospice election at the date of live discharge or death."
- The average lifetime length of stay also remained virtually the same □ 95.2 days in 2015 and 96.1 days in 2016. Lifetime LOS is "the sum of all days of hospice care across all hospice elections."
- Median LOS in 2016 was 18 days.
- Ninety-eight percent of hospice days in 2016 were Routine Home Care days. About 56 percent of RHC days were provided in the home and 41 percent in nursing or assisted living facilities.
- About 1.4 percent of hospice days in 2016 were General Inpatient Care, 0.27 percent Continuous Home Care, and 0.31 percent Inpatient Respite Care.
- Patients with Alzheimer's, Dementia, and Parkinson's had the longest lifetime LOS at 165 days while patients with Chronic Kidney Disease had the shortest at 57 days.
- Live discharges are down from 21.9 percent in 2007 to 16.9 percent in 2016. But last year saw the first rise in rates in nine years, up from 16.4 percent in 2015.
- While live discharges are generally going down, hospices in the top 5 percent for that metric discharged nearly half of their patients alive.
- The median live discharge rate was about 17 percent.
- CMS reminds readers of the Service Intensity Add-on payments effective January 2016 and the two quality measures on skilled services in the last days of life effective last month that address its concern "that many hospice beneficiaries may not be receiving skilled visits during the last days of life." In 2016, nearly 44 percent of the time the patient did not receive a skilled visit in the last 7 days before death. That's down a bit from 46 percent in 2014.
- Medicare payments for non-hospice Part D drugs received by hospice beneficiaries were \$331.3 million in FY 2012, \$348 million in FY 2013, \$294 million in FY 2014, \$315.2 million in FY 2015, and \$347.5 million in FY 2016.
- According to CMS's impact analysis, hospices seeing the biggest reimbursement bump from the proposed rule would be those in the Urban Pacific region with a 1.7 percent increase, while hospices in Rural Outlying areas would see a 0.9 percent drop mostly due to wage index changes.