

## Eli's Hospice Insider

### Know Your Facts: Reviewers May Target You With Your Own Claims Data

#### CMS puts long LOS, high live discharge rates under its microscope.

Medicare is analyzing the hospice data you are now submitting via claims and cost reports, and officials aren't liking everything they see.

At the **National Association for Home Care & Hospice's** March on Washington conference, the Centers for Medicare & Medicaid Services revealed a long list of statistics it gleaned from hospices' newly collected data.

Among the revelations from CMS's **Hillary Loeffler** in a March 24 session at the conference:

- Medicare's non-hospice-benefit spending on beneficiaries who have elected the benefit varies widely. For the bottom 10 percent of hospices (equaling 373 agencies), Medicare spent an average of only \$197 per beneficiary outside of the benefit. On the other end of the spectrum, for the highest 10 percent of hospice agencies, CMS spent \$1,289 per beneficiary.
- Patients with primary diagnoses of Debility and Adult Failure to Thrive had the highest Medicare spending.
- About 20 percent of hospices never billed a single General Inpatient (GIP) day in the period CMS reviewed. On the other hand, 46 hospices billed 10 percent or more of their days as GIP.

CMS can't discuss payment reform, noted the agency's **Hillary Loeffler** in the **National Association for Home Care & Hospice's** March on Washington conference on March 24.

At last year's March on Washington conference, CMS officials said the lack of cost report and claims data was making crafting payment reform challenging. Now, CMS is crunching the numbers on the increased data it's received (see related story, p. 49).

But the agency isn't yet ready to pull the trigger on reform. "We recently required additional information on hospice claims regarding drugs and certain durable medical equipment, effective April 1, 2014; and are in the process of finalizing changes to the hospice cost report to better collect data on the costs of providing hospice care," CMS says in the proposed hospice payment rule for 2015. "The additional information on hospice claims and the hospice cost report will be used in our hospice payment reform efforts, once the data are available for analysis," CMS says.

Meanwhile, the Medicare Payment Advisory Commission has been calling for a U-shaped payment model with higher payments at the beginning and end of care and lower payments in between for longer stays. Medicare officials are considering a J-shaped model as well, with somewhat higher payments at the start, lower payments in the middle, and significantly higher payments at end of life.

Other hospice issues raised in the NAHC forum include:

- **Cost reports.** Cost report changes for freestanding hospices are on deck, Loeffler said in the CMS hospice panel session. Changes for hospital- and home health agency-based hospices will come later, NAHC notes in its member newsletter.

The cost report will take effect for cost report years beginning Oct. 1, 2014, or later. CMS issued several proposed versions of the report, with the latest in November. Numerous form changes will support the new requirement to break down costs by each of the four levels of care: continuous, routine, inpatient respite, and GIP.

Watch out: "Level 1 and Level 2 edits will be implemented ... to help ensure great accuracy of cost reporting," NAHC believes.

- **CAHPS.** Hospices' Consumer Assessment of Healthcare Providers and Systems surveys are just around the corner. Hospices' vendors will start data collection next January, CMS's **Debra Dean-Whittaker** told conference attendees. The dry run period will run from January to March, then hospices' vendors must collect monthly data starting in April 2015.

**Remember:** If you fail to arrange for a vendor to collect and report your data next year, you'll see payment rates reduced by 2 percent in fiscal year 2017, Dean-Whittaker reminded hospices.

CMS and its CAHPS contractor hope to post the hospice CAHPS vendor list by this summer, Dean-Whittaker added. A date for public reporting of the CAHPS data has not yet been set, she said.

- **Quality reporting.** If you fail to live up to your hospice quality reporting program duties, you'll be in the minority. Ninety-three percent of hospices successfully reported quality data in 2014, said CMS's Mary Pratt in the conference.