



Hospice Utilization from Medicare Claims Data

Over 90 percent of the hospice care in the United States was delivered to Medicare enrollees in 2021. Thus, Medicare claims data are an excellent source for profiling the patterns and trends in the use of hospice care.

| Hospice Days of Care by Payor in 2021 | |
|--|--------|
| Medicare | 91.8% |
| Medicaid | 3.1% |
| Other Payors | 5.1% |
| All Payors | 100.0% |

Source: Medicare Cost Reports for 2021

Trends in Delivery of General Inpatient Care

Medicare pays hospice programs for each day of care at four levels.

Routine Home Care Day. A routine home care day is a day on which an individual who has elected to receive hospice care is at home and is not receiving continuous care.

Continuous Home Care Day. A continuous home care day is a day on which an individual receives more than 8 hours of predominantly nursing care on a continuous basis in the home. Continuous home care is only furnished during brief periods of crisis and only as necessary to maintain the terminally ill patient at home.

Inpatient Respite Care Day. An inpatient respite care day is a day on which the individual who has elected hospice care receives care in an approved facility on a short-term basis for respite.

General Inpatient Care Day. A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

In 2021, the vast majority of hospice care was delivered at the Routine Home Care level.

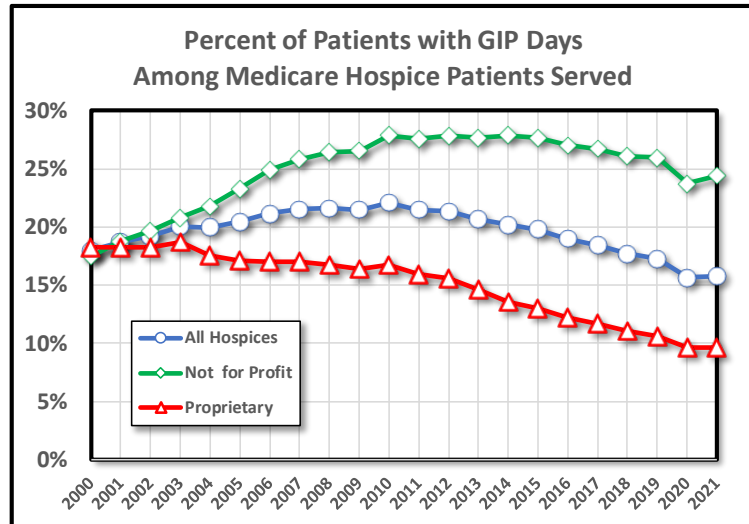
| Hospice Days of Care by Payor in 2021 | |
|--|---------|
| Routine Home Care | 98.36% |
| Continuous Home Care | 0.25% |
| Inpatient Respite Care | 0.27% |
| General Inpatient Care | 1.12% |
| All Payors | 100.00% |

Source: Medicare Cost Reports for 2021

Though only about one percent of all hospice days were at the General Inpatient Care (GIP) level in 2021, a significant percentage of Medicare enrollees receive some GIP care. In 2021, 16% (about one out of six) Medicare hospice patients 2021 received at least one day of GIP. This is below the delivery levels for GIP in 2010, when 22% (about one in five) Medicare hospice patients received some GIP.

Percent of Patients with GIP Days for Medicare Hospice Patients Served

| Year | All Hospices | Not for Profit | Proprietary |
|------|--------------|----------------|-------------|
| 2000 | 18.0% | 17.5% | 18.3% |
| 2001 | 18.7% | 18.8% | 18.2% |
| 2002 | 19.2% | 19.6% | 18.2% |
| 2003 | 20.1% | 20.8% | 18.7% |
| 2004 | 20.0% | 21.8% | 17.6% |
| 2005 | 20.5% | 23.3% | 17.1% |
| 2006 | 21.2% | 24.9% | 17.1% |
| 2007 | 21.5% | 25.8% | 17.0% |
| 2008 | 21.6% | 26.5% | 16.7% |
| 2009 | 21.5% | 26.5% | 16.4% |
| 2010 | 22.1% | 27.9% | 16.7% |
| 2011 | 21.5% | 27.6% | 16.0% |
| 2012 | 21.4% | 27.8% | 15.6% |
| 2013 | 20.7% | 27.6% | 14.6% |
| 2014 | 20.2% | 27.9% | 13.5% |
| 2015 | 19.8% | 27.6% | 13.0% |
| 2016 | 19.0% | 27.0% | 12.2% |
| 2017 | 18.5% | 26.7% | 11.7% |
| 2018 | 17.7% | 26.1% | 11.0% |
| 2019 | 17.3% | 26.0% | 10.6% |
| 2020 | 15.6% | 23.7% | 9.7% |
| 2021 | 15.8% | 24.4% | 9.6% |



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The decline in the availability of GIP services has been most pronounced among proprietary hospice programs. The percentage of Medicare enrollees who received GIP from proprietary hospices in 2021 (9.6%) was about half the level in 2003 (18.7%).

In 2021, 53 percent of all hospice programs provided no GIP to any Medicare enrollees they served. Among proprietary hospice programs, 61 percent did not provide any GIP to Medicare patients.

| Counts of Hospice Programs in 2021 | | | |
|------------------------------------|----------|---------------------------|--------------------|
| Type of Program | Programs | Programs Without GIP Care | % Without GIP Care |
| Not for Profit | 917 | 250 | 27% |
| Proprietary | 3,872 | 2,375 | 61% |
| Other Control | 562 | 222 | 40% |
| All Programs | 5,351 | 2,847 | 53% |

Source: Medicare claims data for hospice care in 2021

Trends in Physician Services Visits for Medicare Hospice Patients

Hospices are also paid by Medicare for Physician Services, which are visits to patients made by physicians and nurse practitioners. These visits are recorded in Medicare claims under a specific billing code (revenue center = 0657). The frequency of these Physician Services visits has decreased significantly since 2015, when there were about 149 visits made per 100 patients. For 2021, this visit rate had declined to 67 visits per 100 patients.

PHYSICIAN VISITS PER 100 PATIENTS IN MEDICARE HOSPICE CLAIMS

| PROFIT STATUS | PATIENT USE OF GENERAL INPATIENT CARE | 2015 | 2021 |
|----------------------|--|-------------|-------------|
| NOT FOR PROFIT | WITHOUT GIP DAYS | 94 | 26 |
| | WITH GIP DAYS | 533 | 298 |
| | ALL PATIENTS SERVED | 215 | 92 |
| PROPRIETARY | WITHOUT GIP DAYS | 64 | 33 |
| | WITH GIP DAYS | 319 | 249 |
| | ALL PATIENTS SERVED | 97 | 54 |
| ALL HOSPICES | WITHOUT GIP DAYS | 78 | 30 |
| | WITH GIP DAYS | 438 | 264 |
| | ALL PATIENTS SERVED | 149 | 67 |

Source: Medicare claims files for 2015 and 2021

Since Physician Services visits are more likely among patients who receive GIP, part of the decline in visits is tied to the decrease in the level of GIP. Proprietary hospices also provide fewer physician visits compared to not-for-profit hospices, which is also tied to the lower rates of GIP provided by proprietary programs compared to not-for-profit programs.

Methodology

The aggregated data presented above were drawn from three primary data sources:

1. Medicare Cost Reports
2. Hospice Standard Analytic Files from Medicare Claims
3. CMS Provider of Services File

Medicare Cost Reports

Hospices certified by Medicare must file an annual Medicare Cost Report. The cost reports contain summaries of utilization, revenue and expenditures for services rendered to all patients, including Medicare enrollees.

Standard Analytic Files

Standard Analytic Files (SAF), also known as Medicare claims files, are available for each claim type (Inpatient, Outpatient, Skilled Nursing Facility, Home Health Agency, Hospice, Carrier and Durable Medical Equipment). The hospice SAF contain provider-level and patient-level detail on hospice patients who are Medicare beneficiaries. This detail includes hospice days by level of

care and hospice visits by discipline. HealthPivots has an annual database of hospice SAF from 2000 through 2021.

CMS Provider of Services File

The categorization of programs by type of control (Not-for-Profit, Proprietary, Other) in these data is made based on the Provider of Services File published by CMS. The control type codes in the Provider of Services File. In these data, codes 01, 02 and 03 were used to aggregate data for the Not-for-profit category. Codes 04, 05, 06 and 07 were used to aggregate data for the Proprietary category. The remaining codes 08 through 13 were used to aggregate data for the “Other Control” category.

| |
|---------------------------------------|
| 01=VOLUNTARY NON-PROFIT - CHURCH |
| 02=VOLUNTARY NON-PROFIT - PRIVATE |
| 03=VOLUNTARY NON-PROFIT - OTHER |
| 04=PROPRIETARY - INDIVIDUAL |
| 05=PROPRIETARY - PARTNERSHIP |
| 06=PROPRIETARY - CORPORATION |
| 07=PROPRIETARY - OTHER |
| 08=GOVERNMENT - STATE |
| 09=GOVERNMENT - COUNTY |
| 10=GOVERNMENT - CITY |
| 11=GOVERNMENT - CITY-COUNTY |
| 12=COMBINATION GOVERNMENT & NONPROFIT |
| 13=OTHER |

Source: Provider of Services File Data Dictionary.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services>

For more information on the data available from HealthPivots, see <https://datalab.healthpivots.com/>