

ah HA! News from . . .

Hospice Analytics

Never Underestimate the power of data!



Fall I 2014

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FREE InfoMAX Demo Webinar, Sept. 4

Attend a **FREE, half-hour** webinar to learn more about the power of data in your budgeting and planning process and to see InfoMAX in action:

Sept. 4, 2:00PM EDT
(11:00AM Pacific).

To register, send an email to [Jennifer Ballentine](#).

Hospice Analytics Info

Our Mission

Hospice Analytics is an information-sharing research organization whose mission is to

Check your snail mail boxes for the latest Hospice Analytics print newsletter, with articles on how InfoMAX can help with your 2015 budgeting and planning, palliative care in neurology, and challenges in physician referrals to hospice. If you are not on our hardcopy mailing list, and would like to be, let us know! Or, [click here](#) to view the newsletter on our website.

Also **register now for our September 4 FREE InfoMAX webinar**. Details in the sidebar and below. Please the link or this edition of our e-newsletter to anyone you think will be interested. --Cordt

Evidence of Fraud or Meeting Changing Patient Needs for End-of-Life Care?

Media Scrutiny Raises Questions about Hospice Care

This summer has seen a spate of articles in the popular and peer-reviewed press critical of hospice practices suggesting fraud and sometimes resulting in substandard patient care. Hospice Analytics is preparing a more thorough response to the allegations leveled in these articles--not all of which are unfounded or invalid. In the meantime, all hospice organizations should review certain patterns in their utilization data to ensure ethical and compliant practice. *Several questions based on Medicare information are posed below, and **Hospice Analytics can assist in answering these questions for you and every hospice in your service area!***

Live discharge rates. The national average percentage of patients discharged from hospice alive has been inching up in recent years, from about 13% in 2000 to about 16% in 2012. A much lower average live discharge rate might suggest a too-restrictive application of enrollment criteria; whereas a much higher rate might indicate trouble. In a recent article published by the Washington Post, "experts" cited by author Peter

improve hospice utilization and access to quality end-of-life care through analysis of Medicare and other national datasets.

Collaboration with State Hospice Orgs

More than 50 percent of the State Hospice Organizations participate in Hospice Analytics' Market Reports Project. These State Hospice Organizations represent over 60% of the hospices serving over 70% of the hospice patients in the country. Substantial revenue is shared with participating non-profit State Hospice organizations.

Our Staff

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Hear What Our Clients Are Saying!

We have really come to appreciate you and the service you provide. It's been invaluable to our work!

--Hospice CEO (TX)

This is really wonderful data! The report . . . has really helped our Board to picture where we are and where we need to go as an organization.

--Hospice Executive Director (NY)

I like your reports and find them invaluable to our business development work. Keep up the good work!

Whoriskey claim that agencies with a live discharge rate above 30% "are likely to be either driving [patients] away with inadequate care or enrolling patients who aren't really dying in order to pad their profits." ***What is your rate of live discharge?*** There are certainly other possible reasons for high live discharge rates, but a rate above 50% should be critically examined.

Very-long-stay patients. Historically, shrinking lengths of stay have been cause for concern in the hospice community. When the *median* length of stay is nationally less than three weeks, we know that many patients and families are not receiving the full benefits of hospice care. Many education, outreach, and referral efforts are directed at enrolling hospice-eligible patients sooner rather than later in order to ensure the highest quality of life and support. However, industry overseers see the increasing average LOS as worrisome for some of the same reasons they are scrutinizing live discharge rates: longer lengths of stay "must" mean hospices are preferentially or even fraudulently enrolling low-intensity, non-terminal patients in order to maximize profits from routine home care per-diem reimbursement. The national average length of stay increased from 54 days in 2000 to almost 72 days in 2012 (actually down from a peak of 86 days in 2010). ***What is your average length of stay? What percentage of your patients are on service longer than 90 days? Longer than 180 days?*** If 20% or more of your patient population are very-long-stay patients, you are likely not only pushing the aggregate cap, but may be inviting regulatory attention.

Provision of GIP and continuous care. The Washington Post and Huffington Post authors raise questions about hospices' apparent manipulation of different levels of care: on the one hand, they suggest that hospices are deliberately provoking symptom crises in order to transfer patients to GIP and, on the other hand, not providing GIP or continuous care to patients who need it because of inadequate resources or staffing. Continuous care is intended to be rare; GIP is likely to be needed by many hospice patients at some points during their stays. An inordinately high percentage of higher levels of care or none at all should both be cause for concern. Currently, according to our analysis of the Medicare Claims dataset, 65% of hospices billed for *no continuous care days* in 2012 and 26% billed for *no GIP*. ***What is your utilization of GIP? What is your***

--Hospice Business
Development Manager
(WA)

utilization of continuous care? Are you adequately equipped to meet patient needs?

Look for our more thorough discussion of these issues in September, but in the meantime, examine your utilization patterns. If your program is an "outlier," consider changes in policy or practice to ensure the highest quality patient care and ethical practice.

InfoMAX Webinar September 4--Register Now!

Hospice Analytics is your data analyst and research partner in using data to improve quality care. Our online, user-friendly "InfoMAX" reports translate Medicare claims and cost report data into strategic knowledge of your service area, business operations, and market opportunities. **Join us for a FREE Webinar demo on September 4;** details in the sidebar at left.

InfoMAX allows you to **pull just the data you need, when you need it.** In just a few clicks you can produce 25+ report formats on preset variables (such as utilization, patient and market demographics, discharge status, levels of care, admissions and mortality, Medicare reimbursements, etc.) or you can customize reports across counties or years. **Consultant reports are available** for industries serving hospices as well.

Generate InfoMAX Report

| | |
|---|--|
| Report Name | 01 Hospice Utilization ▾ |
| Data Year: <small>Hold down the control button (or command if on a mac) to select multiple years.</small> | 2012 2011 2010 2009 |
| Data County: <small>Hold down the control button (or command if on a mac) to select multiple counties.</small> | CO - Denver CO - El Paso CO - Teller |
| Reporting Data: | <input checked="" type="radio"/> By Provider County <input type="radio"/> By Beneficiary County |
| Report Format: | <input checked="" type="radio"/> Excel <input type="radio"/> PDF |
| <input type="button" value="Generate"/> | |

For only **\$500 set up fee and \$100/county**, InfoMAX is your captive research resource for budgeting, strategic

planning, utilization analysis into the new year. Join us for the FREE webinar, use the links in the sidebar to contact us, or visit our [Web site](#) for an online InfoMAX demo and to learn more!

Speaking and Teaching by Hospice Analytics

Hospice Analytics will offer keynotes, workshops, and trainings at the following hospice, palliative care, and long-term care conferences and agencies this fall. To arrange an engagement in your state or organization, contact [Jennifer Ballentine](#).

- Sept 8-10: [The Carolinas Center for End-of-Life Care 38th Annual Hospice & Palliative Care Conference](#), Charleston, SC
- Sept. 16-18: [Colorado Health Care Association and Center for Assisted Living Annual Convention](#), Denver, CO
- Oct. 5-6: [Midwest End-of-Life Conference](#), Branson, MO
- Oct. 8-10: [Rocky Mountain Hospice Conference](#), Loveland, CO
- Oct. 12-14: [Washington State Hospice & Palliative Care Organization Conference](#), Chelan, WA
- Nov. 3-5: [Midwest Care Alliance: 2014 Annual Conference](#), Columbus, OH
- Nov. 17-18: [California Hospice & Palliative Care Organization 2014 Annual Conference](#), Las Vegas, NV

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