

## HOSPICE PRIORITY: DATA COLLECTION

- ◆ Data collection on the utilization of the Medicare Hospice Benefit is woefully insufficient. Currently, the only data collected by CMS is gleaned from limited claims data and provider cost reporting. Medicare has little information about what services are being provided to what beneficiary types, and as a result, policymakers lack direction for payment reform.
- ◆ To address this lack of data, in 2007, the Centers for Medicare and Medicaid Services (CMS) issued two Change Requests, which, among other changes, required hospices to begin reporting the location where hospice care is delivered and the number of visits by physicians, nurses, social workers and home health aides on claims.
- ◆ Because these changes were made in a Change Request (CR) rather than a Notice of Public Rulemaking (NPRM), the hospice industry had no official period designated for public comment. Typically, changes contained in CRs are minor and administrative fixes. The new requirement will have far-reaching impact on hospices' day-to-day operations, and should have been published in an NPRM.
- ◆ More troubling is that the kind of data and manner in which it will be collected will make the data gathered meaningless. To gather data, CMS is using claim codes used on home health Medicare claims, a throwback to fee-for-service Medicare. The fee-for-service model is largely culpable for the fragmented and uncoordinated healthcare system today, and accordingly, the data gleaned from its tools will only reveal a fragment of hospice care. Furthermore, healthcare reimbursement is shifting to quality-based payment, and the proposed data reveal nothing about quality of hospice care.
- ◆ Most troubling is that MedPAC published a chapter on recommendations for reform to the Medicare hospice benefit, and its recommendations were based on sparse and unreliable data. MedPAC has also stated that it plans to use the forthcoming data on location of care and visit counts to make future recommendations on hospice benefit reforms.
- ◆ Hospices want policymakers to have more information about the benefit, and many hospices crave more detailed information about their industry. However, data collection must be designed with the outcome in mind: meaningful, useful and pertinent information.
- ◆ **OHPCAN Asks You**
  - ◇ To urge CMS to work collaboratively with the hospice industry towards data collection that will more accurately capture the full array of services provided under the Medicare hospice benefit, and that will encourage high-quality rather than high-quantity care.