December 4, 2012

Possible Future Hospice Data Collection

Background

Over the past several years the hospice industry, the Medicare Payment Advisory Commission (MedPAC), the Government Accountability Office (GAO) and the Office of the Inspector General (OIG) have recommended that we collect more comprehensive data in order to better evaluate trends in utilization of the Medicare hospice benefit. We began collecting additional data on hospice claims beginning in January, 2007 (CR 5245), when we began required reporting of a HCPCS code on the claim to describe the location where services were provided. We continued our data collection effort with CR 5567, which, beginning in July 2008, requires Medicare hospices to provide detail on their claims about the number of physician, nurse, aide, and social worker visits provided to beneficiaries. In January 2010, we required line item reporting on hospice claims, including visit time reporting, and added therapists and social work phone calls to the data collected with CR 6440. Effective in October 2010, CR 6905 added an additional HCPCS site of service code (Q5010, for hospice home care provided in a hospice facility), to supplement those implemented in 2007 with CR 5245. While we have existing authority to collect additional data, Congress specified in Section 3132(a) of the Affordable Care Act that we collect additional data needed for reform on claims, through cost reports, or through other mechanisms.

Claims Data Collection:

Industry representatives have communicated to us that the required claims information is not comprehensive enough to accurately reflect hospice care. In CR 6440, we promised to collect data on valued members of the hospice team, such as chaplains and counselors, in a future data collection. More recently, industry stakeholders have also commented that to understand hospice costs, we should consider non-labor costs, as these can be significant, and are largely comprised of data on drugs, durable medical equipment (DME), and medical supplies. We also want to better understand usage of hospice services for general inpatient care (GIP), relationships between hospices and other facilities, and visit patterns on the day of death.

The bulleted items below describe the data elements we are considering for future claims data collection:

- We are considering collecting data on paid hospice chaplain and counselor visits and visit length (in 15 minute increments) on a line-item basis on hospice claims.
    - Chaplains: Code revenue code 0659, new HCPCS G-code, and # of 15-minute increments
    - Dietary counselors: Code revenue code 0659, new HCPCS G-code, and # of 15-minute increments
    - Other counselors: Code revenue code 0659, new HCPCS G-code, and # of 15-minute increments

- The collection of line item visit data, including visit length, would provide more information about the intensity of hospice services during a general inpatient or respite level of care. We believe collecting inpatient visit data, including length of visits, in nursing facilities or in hospitals would be no more burdensome than collecting home care visit data for hospice staff seeing patients in a NF or in their private residence.

  As such, we are considering collecting line-item visit data, including length of visits in 15-minute increments, for nurses, aides, social workers, physical therapists, occupational therapists, speech-language pathologists, chaplains, and counselors providing GIP or respite care to hospice patients in nursing homes or hospitals.

  - Inpatient visits: Code the appropriate revenue code for the discipline, new or existing HCPCS G-code, and # of 15-minute increments

- To better understand trends in hospice usage and access to inpatient hospice services, we are considering collecting the NPI of any nursing facility, hospital, or hospice inpatient facility where the patient is receiving services, regardless of the level of care provided. However, we recognize that we cannot collect NPIs in the rare cases when a hospice submits a paper claim.

  - NPI number: Code loop 2310 E

- With patient safety and quality of care in mind, we are considering reporting of visits and length of visits for nurses, aides, social workers, therapists, chaplains, and counselors which occur after the patient has passed away, on the calendar day of death. Visits occurring after death would need to be reported using a modifier to differentiate them from visits occurring before death. Our thoughts are that post-mortem visits to patients who died while receiving GIP or respite in a hospice inpatient unit, or to their families, would be exempt from this requirement.

  - Post-mortem visits: Code the appropriate revenue code and HCPCS G-code for the discipline, a new modifier, and # of 15-minute increments

- We are considering collecting DME data on the claims by reporting the 29X revenue code series and the appropriate DME HCPCS code for the time period covered by the claim. This is similar to the DME reporting that occurs on home health claims.

  - DME: Code revenue code 029X and any appropriate HCPCS code

- We are considering collecting data on claims for certain medical supplies by reporting revenue code 27X and 62X, with the supply charges totaled for the time period covered by the claim.

  By definition, routine supplies are typically used in small quantities for patients during the course of most visits (for example, gloves, alcohol wipes, adhesive or paper tape). Non-routine supplies, on the other hand, are those medically supplies which are needed to treat a patient's specific illness or injury in accordance with the physician's plan of care.

Non-routine supply items are specifically identifiable to a particular patient, and are ordered by the physician and recorded in the plan of care. These definitions and procedures are similar to those used for home health claims. We are considering limiting the reporting of medical supplies to that of non-routine.

- Non-routine supplies: Code revenue code 027X or 062X and any appropriate HCPCS code

- We are considering collecting data on injectable drugs, non-injectable prescription drugs, and over-the-counter drugs, as follows

  - Injectable drugs would be reported on claims on a line-item basis per administration, using the appropriate HCPCS code, with units representing the dosage provided.

    Injectable drugs: Code revenue code 0636 and any appropriate HCPCS code

  - Non-injectable prescriptions would be reported by National Drug Code (NDC) on the claim when the prescription is filled, but not when given / administered to the beneficiary

    Non-injectable prescriptions: Code revenue code 0250, NDC code, NDC quantity and qualifier for unit measure

  - Over-the-counter (OTC) drugs would be reported using generic revenue code 250, with the units representing the number of OTC drugs provided during the period covered by the claim. For example, if a hospice provided 2 boxes of Colace and 1 bottle of Tylenol during the billing period, the units shown would be 2.

    Over the counter drugs: Code revenue code 250 and units

Medicare claims require that charges be associated with every revenue code, so hospices would need to report appropriate charges for each of the items/services above when reported on claims. A sample claim accompanies this memo, and is included in the zip file posted on the hospice center page website, showing how these new data collection items would appear on the claim.

We invite the public to provide comments on the data items we are considering. Please email your feedback to us at **HospiceData@cms.hhs.gov** by January 31, 2013.

Cost Report Data:

Hospice cost reports have not been comprehensively updated for years, and yet the industry has undergone changes which affect cost reporting. We are revising the hospice cost reports, and will soon publish a Paperwork Reduction Act (PRA) notice in the *Federal Register*, which will solicit public comment on the revisions. Please watch for the notice – we will also notify the public once it displays through our Hospice Center page website (http://www.cms.gov/Center/Provider-Type/Hospice-Center.html).