

Medicare Provider Utilization and Payment Data

Hospice PUF: Frequently Asked Questions

What is the difference between “Medicare Payment Amount” and “Medicare Standard Payment Amount” in the Hospice PUF?

“Medicare Payment Amount” is the actual amount that Medicare pays for hospice care. “Medicare Standard Payment Amount” is the amount that Medicare pays for hospice care, adjusted for geographic differences in payment rates.

Why don't you include “Allowed Charges” in the Hospice PUF?

Hospice services do not have any cost-sharing requirements and therefore the Medicare payment amount will equal the allowed amount.

What are the “Total Days” and “Hospice Beneficiaries” variables in the Hospice PUF?

“Total days” reflects the total count of hospice care days provided by a specific provider in the calendar year. “Hospice Beneficiaries” of a hospice provider reflects the number of distinct Medicare beneficiaries receiving at least one day of hospice care in the calendar year from the provider.

Does the Hospice PUF contain information for beneficiaries in Medicare Advantage or Medicaid?

The Hospice PUF includes claims information for Medicare Advantage enrollees. Unlike other Medicare benefits, all hospice claims are submitted under fee-for-service. The file does not include claims from commercial payers or Medicaid.

Are any of the data suppressed in the Hospice PUF data?

Hospice providers who had 10 or fewer hospice beneficiaries in the calendar year are not included in the Provider Table of the Hospice PUF. To protect the privacy of Medicare beneficiaries, any cells containing values derived from 10 or fewer beneficiaries are suppressed in the Hospice PUF. Additionally, cells that may be used to determine the value of suppressed cells are also suppressed.

If I publish findings from the Hospice PUF in medical journals do I need to obtain permission from CMS?

No, this data is public information and users are free to use the data in publications.

Can “Hospice Beneficiaries” be summed across providers or states for a total count of distinct hospice beneficiaries in the Hospice PUF?

No, hospice beneficiaries cannot be summed across providers or states for a total count of distinct hospice beneficiaries. Hospice beneficiaries will only be counted once per provider but a beneficiary may receive services from more than one hospice provider and in more than one state during a year.

What are the site of service variables in the Hospice PUF?

The PUF contains 7 variables containing the number of hospice beneficiaries who received care at: 1) home; 2) assisted living facilities; 3) long-term care or unskilled nursing facilities; 4) skilled nursing facilities; 5) inpatient hospitals; and 6) inpatient hospice facilities; 7) other facilities. The site of service variables are mutually exclusive at the provider level, a beneficiary will only be counted in one of the 7 variables depending on which site they received the most hospice care days.

What are the diagnosis variables in the Hospice PUF?

The PUF contains 6 variables containing the number of hospice beneficiaries who had a primary diagnosis of: 1) cancer; 2) dementia; 3) circulatory/heart disease; 4) respiratory disease; 5) stroke; and 6) other diagnoses. The diagnosis variables are mutually exclusive at the provider level, a beneficiary will only be counted in one of the 6 variables depending on which primary diagnosis they received for the most hospice care days. Please see methodology documentation for details on what specific diagnoses were included in each variable.

Can the “Total Days” and “Hospice Beneficiaries” variables in the Hospice PUF be used to calculate hospice beneficiaries’ length of stay?

Total days and distinct hospice beneficiaries cannot be used to calculate length of stay in hospice because many hospice beneficiaries have stays that span multiple calendar years. The total days variable in the PUF only includes the hospice care days provided in 2015. However these variables may be used to calculate the average number of hospice care days per hospice beneficiary, which approximates a true length of stay.

How was site of hospice services determined in the Hospice PUF?

The site of service variables are mutually exclusive at the provider level, a beneficiary will only be counted in one of the 7 variables depending on which site they received the most hospice care days.

How were hospice beneficiaries’ diagnoses determined in the Hospice PUF?

The diagnosis variables are mutually exclusive at the provider level, a beneficiary will only be counted in one of the 6 variables depending on which primary diagnosis they received for the most hospice care days. Please see methodology documentation for details on what specific diagnoses were included in each variable.