

ah HA! News and Updates from



Research and Analytics to Improve Hospice Care

Spring 3 2015

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FREE InfoMAX Demo Webinar, June 11

Attend a **FREE, half-hour** webinar to learn more about the power of data in your management and planning processes.

We're a little tardy with May's newsletter -- here it is already June! It's been a big month at Hospice Analytics, including presentations at the NHPCO Management and Leadership Conference, the Hospice and Palliative Care Federation of Massachusetts annual meeting, the Hospice and Palliative Care Association of New York State annual interdisciplinary seminar and meeting, along with **developing new products and services**, wrapping our minds around the **Proposed Rule and its implications**, and -- for one of us -- moving across the country. Jennifer is now based in the San Diego area and looking forward to connecting with our California clients and colleagues! We're looking forward to seeing you all at our Basecamp gathering in Denver in July!

--Cordt, Jennifer, Cathy, and Joy

Registration Filling Fast for Hospice Analytics "Basecamp," July 31 in Denver!

Earlybird rates expired today and seats are filling fast, but you can still sign up for our **day-long, hands-on "basecamp" for hospice leaders and staff**. The day



is designed for anyone already working with our *InfoMAX* data or wanting to learn more about it. In a lively workshop format, we'll walk through how to access, understand, manipulate, and report essential data. Sessions will focus on utilizing data for **financial and strategic planning, marketing, advocacy, and clinical services**.

Advance registration is available until June 24, at only \$400.00, which includes your hotel stay over the night of July 30 at the luxurious [Woolley's Classic Suites](#), breakfast and lunch on the conference day, all conference materials, complimentary reception the evening of July 30, and free transportation to and from Denver International Airport. *After June 24, assuming any space is still available, registration increases to \$500.00.* [Register now](#)
Space is limited!

June 11, 3:00PM EST
(12:00PM 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 **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

New Products and Services

Hospice Cost Reports Available for Purchase!

Any visitor to our [Web site](#) can now select individual freestanding hospice cost reports for immediate, automated purchase. These are the **complete, itemized cost reports as submitted by hospice agencies to Medicare**, providing details on what hospices are spending on professional salaries and contract services; drugs, supplies, and equipment; patient and staff transportation; program features such as volunteer services or bereavement; fundraising; and so on. **For just \$150.00 per cost report**, you can gain access to vital business intelligence and competitive data for your service area in a few clicks.

From the Hospice Analytics home page, select "[Purchase](#)"; then select state and counties and/or provider agencies by name; then pay with a credit card. **Three steps and done.** You'll be emailed a link to download your selected reports with the credit card receipt. (We update cost report information from CMS every weekend, so if you don't see a report you need or want, just check back periodically.)

Coming soon . . . individual hospice Executive Summaries for any hospice in the country!

National Hospice Locator Updates

We're in the process of a detailed update to our [National Hospice Locator](#)--our consumer-oriented guide to hospices. The NHL is the only easily accessed database of every hospice in the country including contact information and details on services and quality features. Check your listing and [let us know](#) if updates or changes are needed . . . and consider [advertising](#)!

Responding to the Proposed Rule -- What Data Will Help?

By now, hospice leaders have had several weeks to digest and begin to ponder the implications of the [Medicare FY 2016 Hospice Wage Index and Payment Rate Update](#) (Proposed Rule). From our analysis of the rule and discussions with clients, industry experts, and agency administrators, we're feeling cautiously encouraged about its potential for positive effect, not only on the financial health of hospices but also on aligning financial incentives and rewards with quality.

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!

–Hospice Business Development Manager (WA)

Speaking & Teaching by Hospice Analytics

Hospice Analytics has offered workshops and plenary sessions on data analysis and utilization, strategic planning, and other topics at numerous state and national conferences. To arrange an engagement in your state or agency, contact [Jennifer Ballentine](#).

June 4, [Maine Hospice Council Annual Meeting](#) (Cordt Kassner)

What data do you need to determine what effects the rule will have on your program? Let's look first at what's proposed.

Proposed Payment Rate Changes

- **Tiered Routine Home Care rates**, based on LOS
 - Higher base rate for first 60 days of care (+/- \$187.63)
 - Lower base rate for days 61+ (+/- \$145.21)
 - "Days follow the person": When patients who are discharged alive or revoke and re-enroll, or who transfer from one hospice program to another in less than 60 days, the count of days and corresponding payment rate does not re-set. In other words, if a patient has been served by Hospice A for 45 days, and then enrolls with Hospice B, Hospice B can only bill at the higher RHC rate for 15 days.
- **Service Intensity Add-on payment** applicable for limited episodes of more focused care (at CHC hourly rate of +/- \$39.44), if:
 - day is billed at RHC rate,
 - care takes place in patient's home (not SNF or NF),
 - care provided during last 7 days of patient's life and patient discharged deceased, and
 - care provided in person by RN or SW.
 - No more than 4 hours total/day allowed

Data You Need to Model Effects

- Your program's -- and your competitors' -- average, median, and maximum LOS
 - The national mean LOS is 65 days; median is 24.
 What about your program? What about your competitors?
- Percentage of your patients who are discharged or die in less than 60 days, and more than 60 days
 - If your program is outside national norms, and half or more of your patients die or are discharged after 60 days, the new payment model may be problematic.
- Ratio of home care patients to skilled nursing or long-term care facility patients--yours and your competitors'
 - Nationally 3 out of every 4 hospice patients



receives care in their private homes (not including ALFs, SNFs, NFs). What about your patients? What about your competitors?

- Number of patients enrolling from other hospice programs or after previous live discharge or revocation and within what period of time.
 - Will the "days follow the person" provision be a problem for you?

Questions to Ponder About Effects



Once you've had a chance to look at the numbers, other questions and concerns may bubble up. In considering that effect proposed changes -- these to payment rates and others proposed to the aggregate cap calculation or

quality measure collection -- here are some helpful questions to ask:

- *What will be financial impact on your program?*
- *Are incentives appropriately aligned with high-quality care?*
- *Any unintended consequences?*
- *Any changes to practices or services needed to accommodate these changes?*

Our InfoMAX reports can quickly give you much of the data you will need for this consideration, but let us know if there are other ways we can be of help!

"Since You Asked . . . "

The Hospice Analytics team is available to answer questions at any time. It's occurred to us that your questions--and our answers--might be interesting to others in the field. So we're adding this new feature to our newsletter. Each month we'll share a question and an answer. Let us know what you think!

If hospice utilization is down in a particular county, do you think that would be a good place to concentrate marketing efforts or should we market in a county that has higher hospice utilization?

Regarding hospice utilization rates, our bias to explore low utilization counties for additional marketing. There are likely challenges associated with this (e.g., rural areas, etc.), but our goal would be to bring more people into hospice who otherwise wouldn't receive it. There is a counter marketing

position along the lines of "Open an ice cream shop on the same street as four other ice cream shops because clearly everybody on that street loves ice cream and comes to that street to get some!" instead



of opening a shop four streets over where there is no ice cream. So the strategic decision boils down to "trying to bring people into hospice who otherwise wouldn't receive it" vs. "trying to bring people into your hospices rather than a competitor's hospice." Areas with smaller populations lean toward the first method, whereas areas with higher populations lean toward the second method.

Opportunities and Announcements

Missouri Hospice & Palliative Care Association Launches New Prison Hospice Training

On May 15, 2015, the Missouri Hospice and Palliative Care Association in partnership with the Missouri Department of Corrections launched a comprehensive hospice training that will positively impact those affected by end of life in the prison population. This first training for offenders, who volunteer their time to care for the terminally ill, was held at the Jefferson City Correctional Center in Jefferson City, Missouri. Developed by a small, dedicated group of Missouri Hospice & Palliative Care experts, in coordination with MoDOC staff, the training provides offender volunteers within the prison population with the tools necessary to understand and provide compassionate, comforting care to those at end of life in Missouri prisons. This seven-hour program is the first prison hospice volunteer training that has been approved by a state corrections department for state-wide implementation.

Resources to Oppose Physician-Assisted Suicide

Physician-assisted suicide (aka "physician aid in dying," "physician-assisted death") bills have been introduced in **20 states**. Several other states have proposals or drafts in process, and lawsuits challenging laws prohibiting PAS have been filed in New York and California. (As of the end of May, however, **bills have been defeated or tabled in 7 states:** Connecticut, Rhode Island, Maryland, Tennessee, Colorado, Wyoming, Utah, and Nevada.) **If it hasn't already, this issue will soon come to you**, and every hospice professional and agency will be called upon to provide accurate information, distinguish hospice from assisted death, and reassure patients and families that relief of suffering is both our specialty and our top priority. **Hospice Analytics has been following this issue very closely** and has assembled copious fact-based information as well as model position statements and legislative recommendations. Because there appears to be no national clearinghouse or centralized organization opposing PAS, we have **assembled opposition resources on our [Web site](#)**. For more information, contact **Jennifer Ballentine**, 303-

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