

EXAMINING THE PATTERN OF UTILIZATION OF HOSPICE SERVICES FROM THE MASSACHUSETTS ALL PAYERS CLAIMS DATA (MA APCD)

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Purpose

Most studies on hospice services have used the Medicare fee-for-services data and the Surveillance, Epidemiology and End Results (SEER)-Medicare data. Although these data systems serve as important research databases for understanding the utilization of hospice services, they focus on Medicare beneficiaries and therefore do not show utilization patterns among the non-Medicare population. This study used the MA APCD to examine the utilization pattern of hospice services among all payer types (Medicare, Medicaid and select commercial payers) across different sites of service.

Methodology

Data Source:

The Massachusetts All Payers Claims Data for calendar years 2013 to 2017 – Release 7, Highestversion = 1

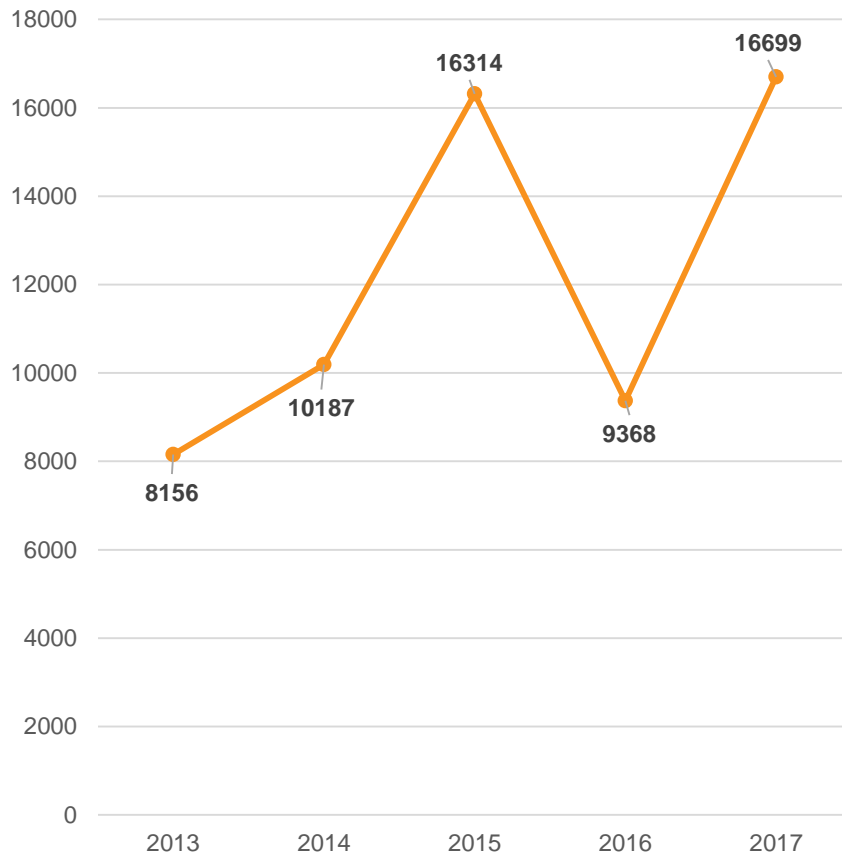
- Identified hospice-related discharges and their corresponding sites of service and payers, using Dischargestatuscleaned, Siteofserviceonnsfcms1500claims-cleaned, Insurancetypecodeproduct, and Distinct Memberlinkid.
- The resultant data were stratified according to the discharge status codes 50, 51, 40, 41 and 42. Also 01, 30 and 70 where site of service is 34

Methodology (continued)

- Stratified Payers into Government and Non-Government using the Insurance Type Code
- Facility-related discharges were compared with non-facility related discharges across different sites of service.

Results

Trend of Hospice Utilization

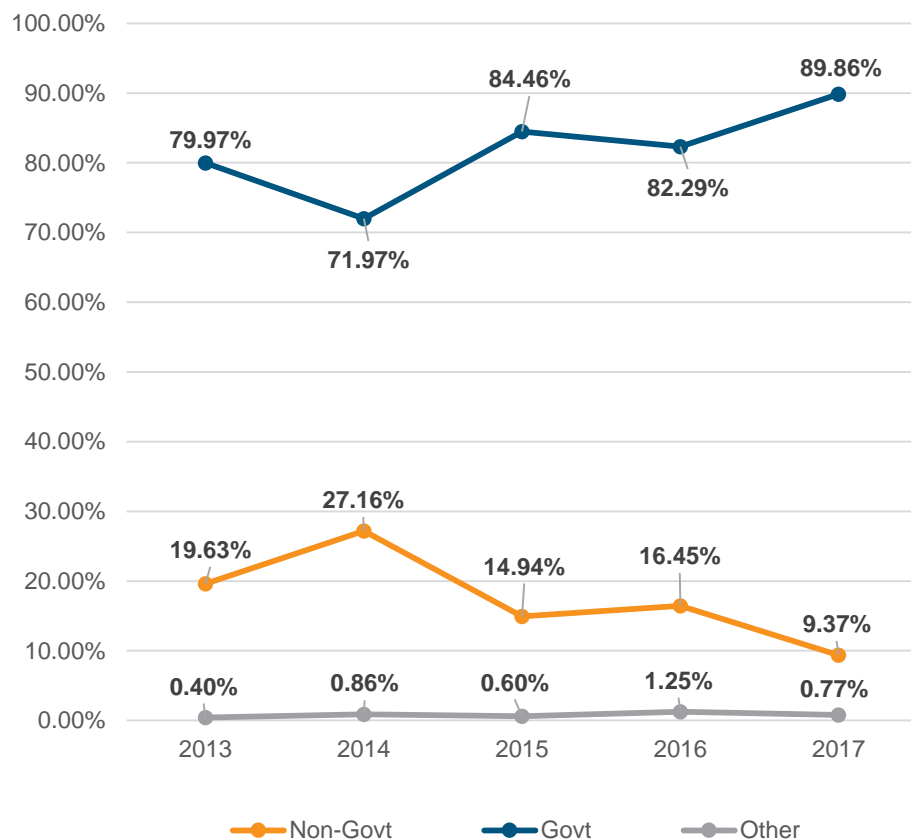


An increase from 2013 spiked in 2015 with a sharp decrease in 2016, followed by an increase in 2017.

This finding is attributable to the 2016 Supreme Court's decision in *Gobeille versus Liberty Mutual Insurance* that the Vermont state cannot require ERISA protected health plans to send information that describes all health care procedures. Many ERISA protected health plans stopped sending claims data to the MA APCD as a result of this decision.

Results Continued: Trend of Insurance Type: Government vs. Non-Government

Hospice Services Insurance Status:
Government vs Non-Government

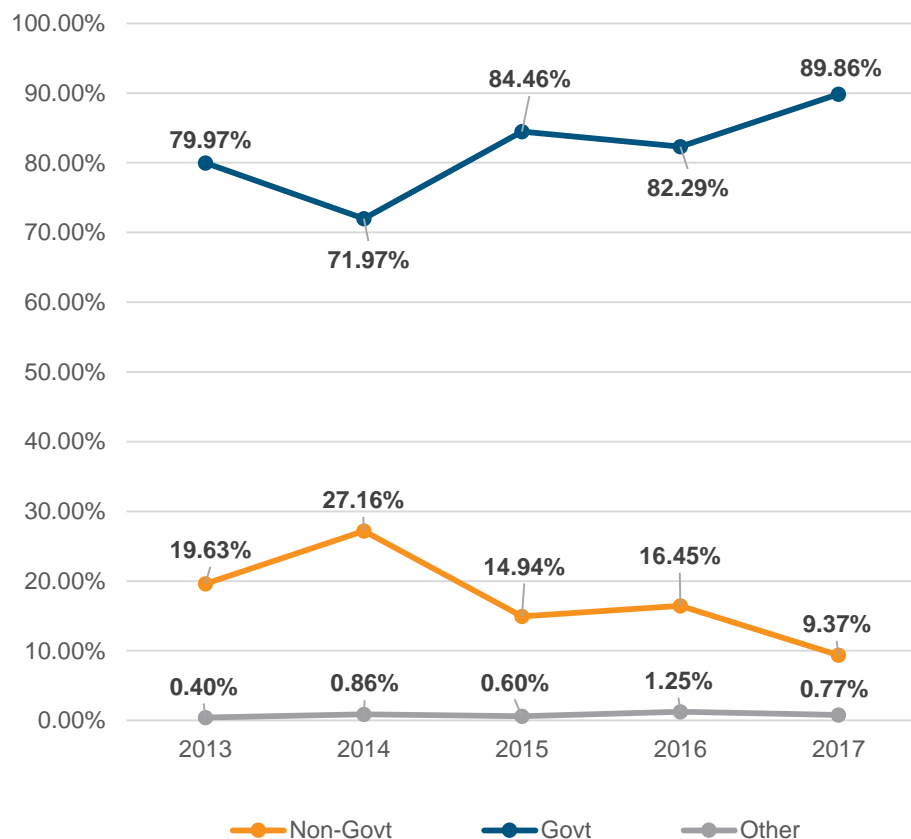


The percent of non-government payers spiked in 2014, followed by a downward trend in 2015; a slight increase in 2016 and a decrease in 2017. In reverse, the percent of government payers decreased from 2013 to 2014, followed by an increase in 2015 and a slight decrease in 2016 with a subsequent increase in 2017.

Results Continued:

Trend of Insurance Type: Government vs. Non-Government

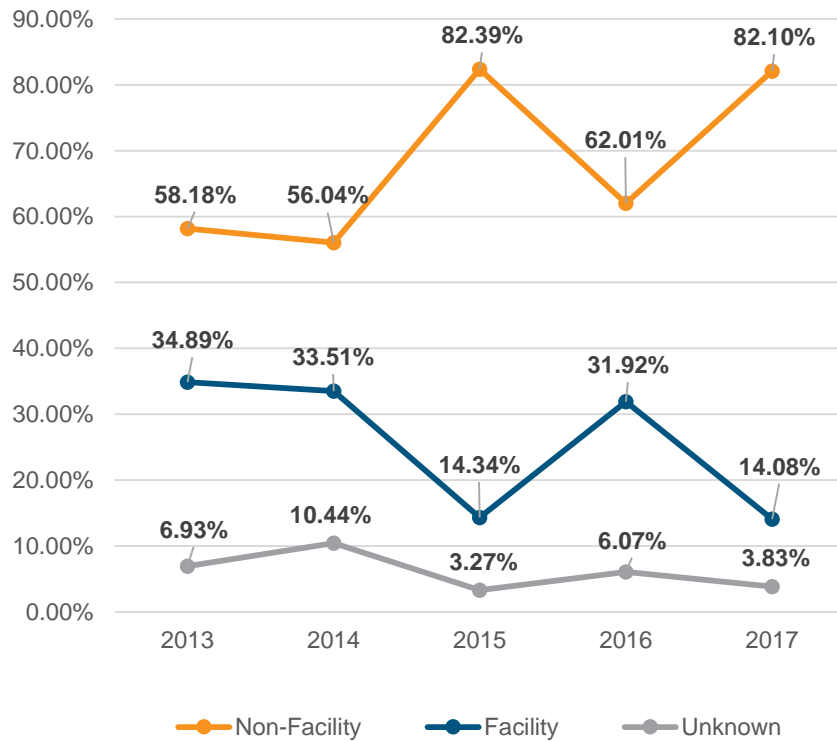
Hospice Services Insurance Status:
Government vs Non-Government



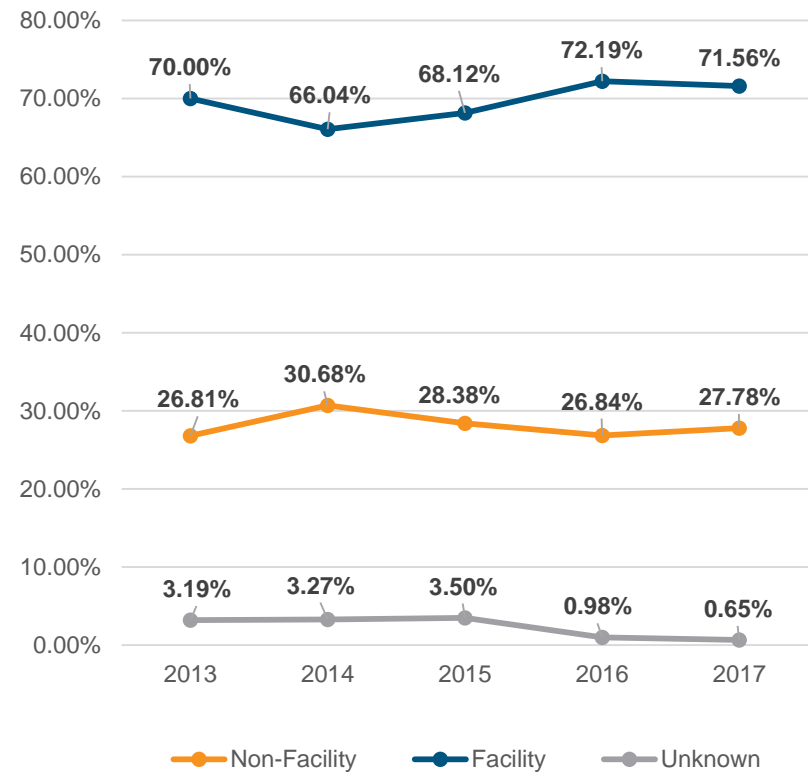
- Non-government Payer includes Self-pay, Indemnity, PPO, POS, HMO, and EPO.
- Government Payer includes Medicaid, Medicaid Managed Care Organization, Medicare parts A, B, Secondary Plan, Medicare Advantage, Commonwealth Care, Commonwealth Choice, VA, & Other Federal Plan.

Results continued:

Annual Percentage of Live Hospice Discharges



Annual Percentage of Hospice Deaths



Results continued:

Non-facility related live hospice discharges constituted about two thirds of discharges all five years with an average of 68.14%. On the reverse, facility-related hospice deaths constituted an average of 69.58%, more than two thirds of all hospice deaths during the five year period. Dramatic increases and decreases are seen in the live discharges in 2015 and 2016, when the percentage of non-facility discharges spiked with a corresponding decrease in facility-related discharges, and vice versa.

Conclusion

The use of the MA All Payers Claims Data rather than the Medicare claims data serves to study groups of patients across health care systems. Further studies should shed more light on the relationship, if any, between the proportion of deaths and the site of service.

Questions?

Contact Slide

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