

National Hospice Operations Dashboard January 2018

Key Performance Indicator	State of Tennessee			Nation		
	Lower 25%	Median	Upper 25%	Lower 25%	Median	Upper 25%
Average continuous care cost per day	\$ 469	\$ 547	\$ 755	\$ 207	\$ 664	\$ 1,271
Average routine care cost per day	\$ 101	\$ 119	\$ 131	\$ 107	\$ 128	\$ 156
Average I/P respite care cost per day	\$ 203	\$ 257	\$ 333	\$ 212	\$ 212	\$ 493
Average GIP care cost per day	\$ 674	\$ 868	\$ 1,049	\$ 567	\$ 855	\$ 1,200
Average overall cost per day	\$ 109	\$ 134	\$ 150	\$ 122	\$ 148	\$ 185
Number of agencies in database	Total agencies: 44			Total agencies: 3,097		

The above indicators are from the National Hospice Operations Dashboard Report compiled by BKD, LLP using Medicare cost report data from freestanding agencies with fiscal years ended between January 1, 2016 and December 31, 2016.

Average continuous care cost per day is the average cost per hospice continuous care day. Continuous care is provided to patients only during periods of crisis to maintain the patient at home.

Average routine care cost per day is the average total cost per hospice routine home care day. Most hospice days are routine care days.

Average I/P respite care cost per day is the average total cost per hospice inpatient respite care day. I/P respite care occurs when a patient is sent to an inpatient facility to give respite to their caregivers.

Average GIP care cost per day is the average total cost per hospice general inpatient care day. GIP care occurs when a patient's pain control or symptom management cannot be managed outside of an inpatient facility.

Average overall cost per day is the average overall cost per hospice patient day, including all hospice costs and all levels of care.

Frequently Asked Questions

Question: Does the above average overall cost per day include adjustments for non-allowable costs?

Answer: *No. The average overall cost per day presented is before any adjustments in cost required by Medicare cost report rules, such as removal of unallowable costs or adjustments to related party costs. The average cost per day by level of care, however, is presented after adjustments in cost made by the providers for Medicare cost reporting compliance.*

Question: Why is continuous care cost reported on a per day basis above when continuous care is billed in 15-minute increments as opposed to the other levels of care, which are billed per day?

Answer: *The new Medicare hospice cost report forms only require hospice agencies to report the total number of continuous care days and do not gather the related continuous care hours. Because one continuous care day could cover a period of 8 to 24 hours, the range from the lower 25% to the upper 25% for continuous care is the widest of all levels of care shown above.*

Question: What is the reason for the wide range in cost per day for both the I/P respite and GIP levels of care?

We believe one of the primary reasons for the wide range in the cost per day for the inpatient levels of care is due to preparer cost report inaccuracies. Some providers may not be maintaining records with the appropriate amount of detail to accurately report the correct costs by level of care and others may be allocating too much overhead to contracted inpatient cost. It is critical for all hospice agencies to report costs by level of care correctly on the cost report so Medicare doesn't change payments rates based on inaccurate cost report data.

Other questions? Contact a BKD advisor by phone at 417.865.8701 or e-mail at:

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