Carve In or Carve Out: Hospice Live Discharge Rates in Medicare Advantage Compared to Medicare Fee-for-Service (TH306-D)

Joan Teno, MD MS, Brown University, Providence, RI
Pedro Gozalo, PhD, Brown University School of Public Health, Providence, RI
Thomas Christian, PhD, Abt Associates, Cambridge, MA
Elizabeth Horn, MD, Brown University School of Public Health, Providence, RI
Vincent Mor, PhD, Brown University School of Public Health, Providence, RI

Objectives

- Understand the concerns with live discharges as vulnerability of the Medicare hospice benefit.
- Become familiar with the research findings on the difference in hospice enrollment, length of stay, and rate of live discharges among Medicare Advantage vs. fee-for-services.

Original Research Background: When enrollees in Medicare Advantage (MA) plans elect hospice care, all covered services are reimbursed under the Medicare fee-for-service (FFS) program. This financial arrangement may incentivize MA plans to refer persons to hospice.

Research Objectives: Characterize hospice live discharge rates by MA plan members vs fee-for-service (FFS) Medicare beneficiaries.

Methods: Two cohorts were utilized: (1) Medicare decedents in 2010 and (2) Medicare beneficiaries discharged from hospice in 2010 with 1-year follow-up post discharge. For cohort 1, we examined the association between MA enrollment and hospice referral using multivariate logistic regression models adjusted for age, sex, race, and state MA enrollment rate. For cohort 2, a multivariate logistic model predicted whether a patient was discharged alive, the pattern of live discharges, and 1-year mortality post discharge after adjustment for age, sex, race, and hospice primary diagnosis. A robust variance estimator accounted for clustering of persons within hospice programs.

Results: Among 1,766,935 Medicare decedents, 22% (n=389,724) were covered by an MA plan. MA plans compared to FFS referred more patients to hospice (49.1% vs 45.0%; AOR 1.20; 95% CI, 1.15-1.22). Compared with FFS beneficiaries, MA enrollees had a higher live discharge rate (18.6% vs 18.0%; AOR 1.06; 95% CI, 1.03-1.09) but similar rates of hospice discharges among stays greater than 180 days (26.1% vs 26.7%; AOR, 0.99; 95% CI, 0.95-1.03). The rate of early live discharges within the first 7 days of starting hospice was similar (10.1% in MA vs 11.0% in FFS; AOR 0.89; 0.85-0.93). Among MA patients discharged alive from hospice, the 1-year mortality was slightly lower (58.1% in MA vs 60.0 in FFS; AOR 0.91; 95% CI, 0.89-0.94).

Conclusions: Compared with FFS beneficiaries, MA enrollees are more likely to use hospice, but the rate and pattern of live discharges are similar.

Implications for Research, Policy, or Practice: Further research is needed to examine consumer perceptions of the quality of care.