

# Publicly Reported Hospice Characteristics based on Public Use File Data

## Questions and Answers

### Question 1: What are the publicly reported hospice characteristics?

The characteristics describe Medicare-certified hospice organizations in a user-friendly format. They include:

- The number of patients cared for by a hospice on average each day (average daily census);
- Levels of hospice care provided;
- Conditions treated;<sup>1</sup>
- Locations where care was provided;<sup>2</sup> and
- The type of Medicare patient served.

The Hospice Quality Reporting Program (HQRP) at Centers for Medicare & Medicaid Services (CMS) publicly reports these hospice characteristics on [Care Compare](#).

### Question 2: Where do the data come from?

Data come from the Post-Acute Care and Hospice Public Use File (PUF). The Post-Acute Care PUF begins with Calendar Year 2017, and replaces the legacy Hospice PUF, which includes data for the calendar years 2014, 2015, and 2016. Post-Acute Care and Hospice PUF files, methodology, and frequently asked questions are available at: [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/PAC\\_Hospice](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/PAC_Hospice).

### Question 3: What changes were made to the PUF data displayed in 2020-2021?

The HQRP no longer reports national averages for the conditions treated or location of care characteristics. This change allows users to focus on the characteristics of specific hospices. In addition, the location of care characteristic displays the percentages of a hospice's patients who were cared for in each setting. The percentages replace check marks that documented whether the hospice cared for any patients in each setting. This change increases the detail on locations of care that the data communicate to consumers. Finally, CMS began publicly reporting two additional data elements from the PUF file: whether a hospice served any Medicare Advantage patients, or served any patients with both Medicaid and Medicare coverage.

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<sup>1</sup> A patient will only be counted in one of the six diagnostic categories, depending on which primary diagnosis the patient received for the most hospice care days.

<sup>2</sup> Location of service is based on where the patients received the most hospice care days.