

# Hospice Care in Colorado

## A Claims-Based Identification Approach

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To access the full hospice abstract and to learn more about public and non-public CO APCD data, visit [civhc.org](https://civhc.org) or view the QR code.



### Research Objective

To validate a new methodology for identifying hospice care in claims by matching patient hospice care indicators on death records, providing a descriptive population analysis paving the way for a future cost-benefit evaluation of hospice care utilization.

### Background

- Timely access to hospice care improves the quality of life at the end of life and reduces unnecessary or unwanted medical interventions (Kelley et al., 2013; Nicholas et al., 2024).
- National and state-level analyses often rely on incomplete or payer-specific data sources, limiting insights into equity and utilization patterns (McDermott et al., 2019; MedPAC, 2024).
- The Colorado All-Payer Claims Database (CO APCD) presents a unique opportunity to comprehensively identify and describe hospice services across various payer types and populations in Colorado (MAP, 2014; Abt Associates, 2023).

### Study Design

This retrospective observational cohort study uses CO APCD claims data linked to Colorado death records (CDPHE) from 2018 to 2021.

Identified hospice claims in the CO APCD using:

- Place of Service code (34)
- CPT/HCPCS & bill type codes (e.g., T2042–T2046, 81X/82X)
- Hospice provider taxonomy codes

Identified hospice enrollment at time of death:

- CDPHE hospice flag

Stratified by year, insurance payer type, and dual eligibility status

### Cohort

Included

- Died between 2018 and 2021
- Age 18 or older
- ≥6 months of healthcare coverage before death
- 50% healthcare coverage 3 years before death

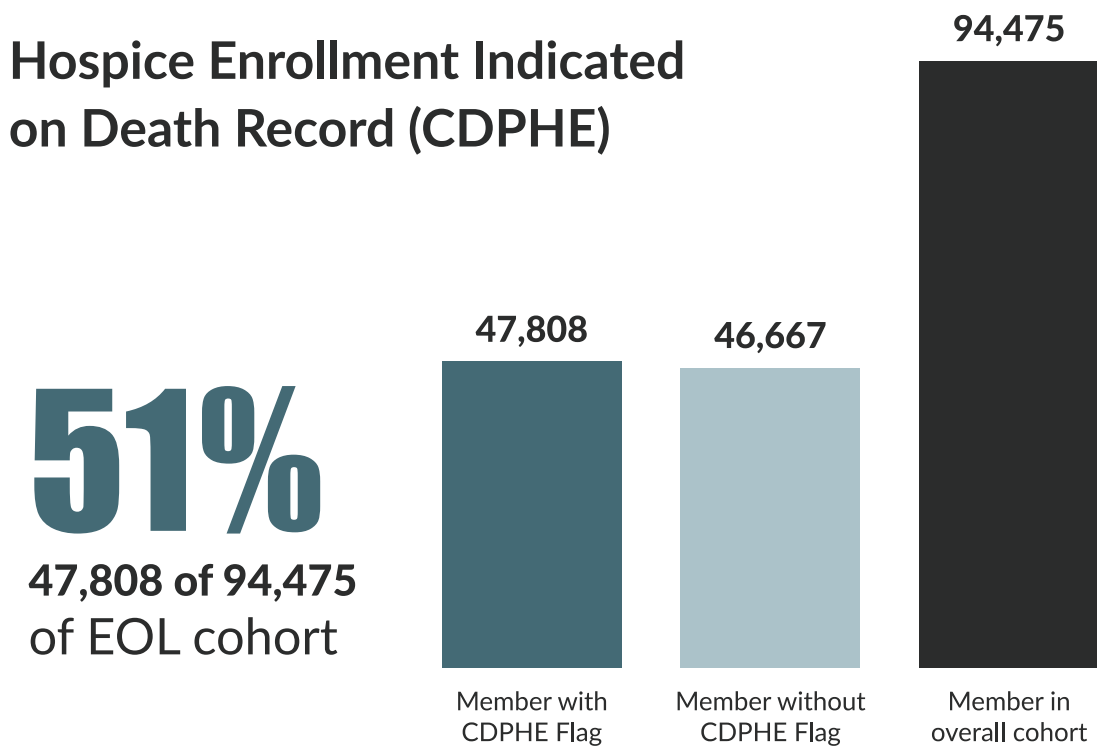
94,475  
End-of-life Members

Excluded

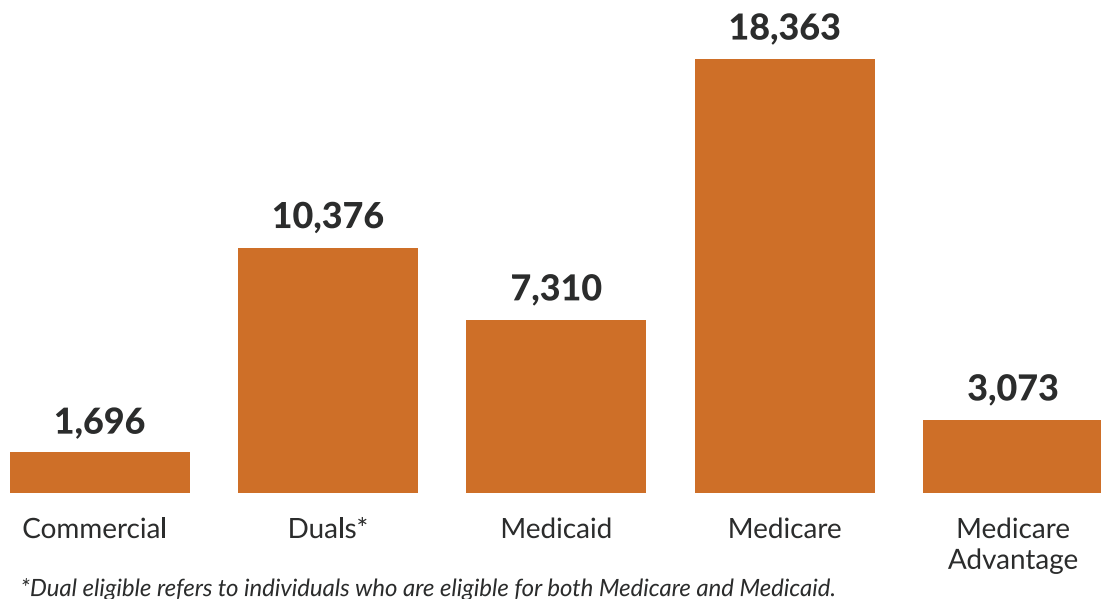
- Traumatic deaths
- People with claims after they died
- People without six-months of eligibility prior to death

### Principle Findings

Hospice Enrollment Indicated on Death Record (CDPHE)



Hospice Use by Payer Type Among Members with Claims and a CDPHE Hospice Flag



Hospice Identification from Claims Methodology (CO APCD)

39,420  
members had at least one hospice claim in the four years before death

58%  
(27,664 of 47,808) of individuals

flagged for hospice on their death record also had hospice claims in the CO APCD.

Members without CDPHE Hospice Flag



Members with CDPHE Hospice Flag



### Implications for Policy or Practice

Utilization trends and payer variation reflect differences in coverage design and access to hospice services (MedPAC, 2024).

Ensuring equitable access across payers may reduce crisis-driven care and improve quality of life (McDermott et al., 2019; Nicholas et al., 2024; MAP, 2014).

Changes to insurance coverage are necessary for more supportive, earlier, and sustained hospice engagement, not just in the final six months of life, especially for individuals with life-limiting chronic conditions (MAP, 2014; Abt Associates, 2023).

### Conclusions

- The claims-based hospice identification methodology successfully captured utilization across payers, revealing essential differences in volume, and timing of care
- Higher utilization among Medicaid and Medicare members may reflect greater familiarity with benefits, targeted advocacy, or differences in referral patterns
- These findings provide a foundation for policy and practice changes aimed at improving equity, access, and timing of end-of-life care in Colorado (MedPAC, 2024; Nicholas et al., 2024; MAP, 2014)

### References

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