


Medicare Payment and The Plan of Care - Understanding the Connection


Subscriber Audioconference
October 2015




HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Today's Plan

- The Background
- "The Bridge" Between Payment and Survey
- Critical Elements
- Survey and Payment Issues
- Key IDG Competencies and Education
- Actions of the Prudent Hospice™




When Did Care Planning Become A Payment Issue?

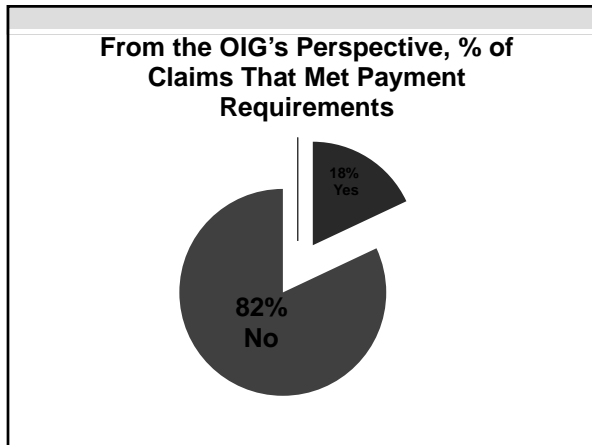


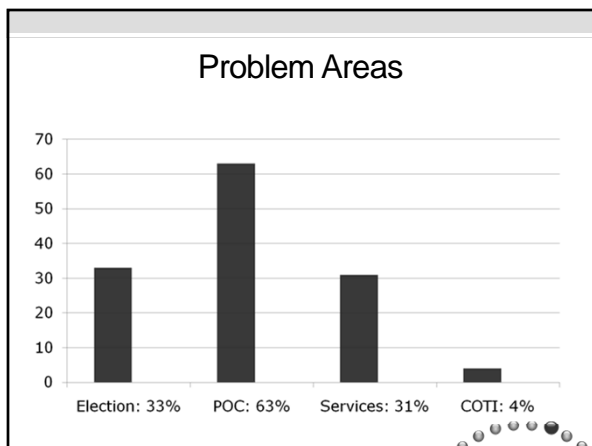
OIG Report OEI-02-06-00221

Medicare Hospice Care for Beneficiaries in Nursing Facilities:
Compliance with Medicare Coverage Requirements

- September 2009
- Reviewed 450 randomly selected claims of
 - Medicare beneficiaries residing in nursing homes receiving hospice services
 - Services provided in 2006
- Eligibility was not assessed
- The results
 - were horrible
 - are mentioned frequently and guiding many review activities







Plan of Care Problem Areas

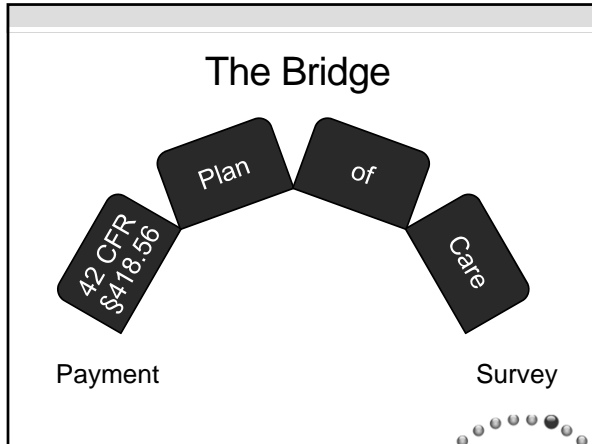
63% did not meet POC requirements	<ul style="list-style-type: none">• 1% did not establish POC• 62% did not meet at least 1 requirement
31% did not provide the number of services as identified in the POC	<ul style="list-style-type: none">• Provided services to the beneficiaries less frequently than identified in the POC• In the most extreme cases, there was no documentation in the medical records of any visits for a particular service

The OIG Recommendations to CMS

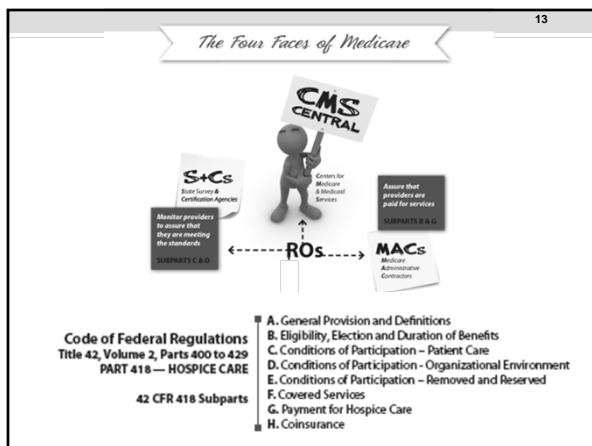
- Strengthen monitoring practices regarding hospice claims
- Use targeted medical reviews and other oversight mechanisms to improve compliance especially with respect to establishing plans of care and providing services that are consistent with the plans of care
- Conduct more frequent certification surveys
- Instruct MACs to consider the issues in this report when they prioritize medical review strategies
- Share this report and relevant claim information with the RACs

The OIG's Bridging Question

Did the plan of care exist and did it meet the specific requirements in 42 CFR §418.56?



- ### 42 CFR 418 Subparts
- A. General Provision and Definitions
 - B. Eligibility, Election and Duration of Benefits
 - C. Conditions of Participation – Patient Care
 - D. Conditions of Participation - Organizational Environment
 - E. Conditions of Participation – Removed and Reserved
 - F. Covered Services
 - G. Payment for Hospice Care
 - H. Coinsurance



Subpart F – Covered Services §418.200

To be covered, hospice services must meet the following requirements.

1. They must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions.
2. The individual must elect hospice care in accordance with Sec. 418.24.
3. ***A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in Sec. 418.56.***
4. ***The plan of care must be established before hospice care is provided.***
5. ***The services provided must be consistent with the plan of care.***
6. A certification that the individuals terminally ill must be completed as set forth in Sec. 418.22.

Recent Corporate Integrity Agreement with Settlement \$6.5 million

3 of 6 areas included compliance issues related plan of care

- Did not treat certain of its patients according to an individualized plan of care
- Did not adequately maintain a system of communication and integration among its interdisciplinary team, to ensure that plans of care were being followed for each patient
- Failed, in certain instances, to ensure that its nursing services were provided in accordance with the plan of care

The Condition and the 5 Standards

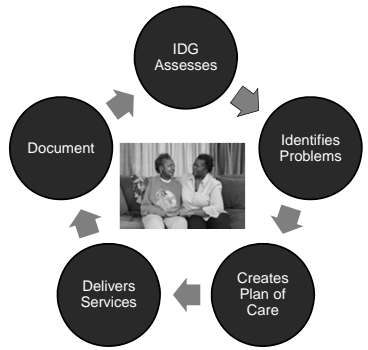
§418.56 IDG, Care Planning & Coordination of Services

- §418.56 (a) Approach to Service Delivery
- §418.56 (b) Plan of Care
- §418.56 (c) Content of the Plan of Care
- §418.56 (d) Review of the Plan of Care
- §418.56 (e) Coordination of Services

State Operations Manual Appendix M Guidance to Surveyors: Hospice

- The hospice interdisciplinary group (IDG) gathers the appropriate patient/family information needed to perform accurate comprehensive assessments and necessary updates to the assessment.
- The IDG works together to develop and update the individualized plan of care for each patient, based on the assessments, to meet the identified patient/family needs and goals. (During the survey, it is helpful to attend at least a part of the scheduled IDG reviews of the patients' plans of care, if possible.)
- The hospice involves the patient and/or family in developing the plan of care. (Interviews with staff, patients and family can be helpful in determining how the hospice involves patient/families in developing the plan of care.)

The Cycle of Care



Contents of Plan of Care

- A plan of care is a roadmap or GPS and includes
 - Problems or needs
 - As identified in the initial and comprehensive assessments
 - Goals
 - How hospice knows if the care is making a difference
 - Measurable
 - Interventions
 - What is going to occur
 - Who is going to provide the care
 - Frequency of services, visits
 - Medications, DME, supplies

What Makes Up Your Plan of Care?

- What are the documents called?
- Include medications, supplies, DME?
- Orders?
- Hospice aide assignment?
- Volunteer assignment?
- IDG updates?
- Supported by policy?
- How does this all print out in EMR?

Plan of Care – Critical Elements


- Established before services are provided
- IDG in collaboration with attending physician
- Individualized based on current assessments
- Patient specific information; assessments of needs, management of pain and symptoms
- Updated as frequently as patients condition requires but at least every 15 days
- Progress or lack of progress towards the goals
- Scope and frequency of services
- Care and services must be consistent with plan of care

Established by IDG before services provided in collaboration with attending...

- Is it clear from your documentation that the POC was established on the first day of care?
- Does it contain care and services which address the immediate needs (as identified in the initial assessment) of the patient and family?
- Was the IDG involved in the development? And is it clear from the documentation?
 - Attending physician and IDG members do not have to sign the plan of care *BUT* there must be documentation of their involvement
- How does the collaboration with the attending physician (if there is one) occur?
- Are you following your policy for establishing the POC?


Individualized based on current assessments with patient specific information...

- Goals and outcomes are a critical piece so that you know if the plan of care (i.e., your care and services) are making a difference
- Are they measurable?
- Is there patient specific information in the POC?
- Do all your plans of care look the same?




Updated as frequently as condition requires but at least every 15 days with progress or lack of progress towards goals...

- Just because you have reviewed every 15 days does not mean you are in compliance
- Significant changes in patients condition requires revision. Consider:
 - Change in level of care
 - Change in living environment
 - Unanticipated symptoms
- IDG in collaboration with the attending physician
- How does your updated plan of care reflect progress or lack of progress towards the goals?



Scope and Frequency of Services

- How do your frequencies look?
 - Visit ranges with small intervals are acceptable 2- 4 not 1 to 5, not 0 to 7
 - Do you update plan of care when there are frequent use of PRN visits?
- Is it clear which discipline(s) are involved in the interventions? Which facility staff are involved and for what?
- Are you following the frequencies?
- Are you providing services frequently enough to meet the needs?
- Are they updated when the needs change?



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Care and Services Consistent with the POC

- Do staff review plan of care before, during and after the visit?
- Is the plan of care guiding the visit? (think roadmap)
- Do you use the power of your EMR to match plans of care to visits made?
- Is each and every visit documented timely?
- Do you review POC during IDG?

Care Plan Items – Top 10 Survey Deficiencies 2014

L Tag	Section	Regulation (Standards)
L543	§418.56(b)	Plan of care
L545	§418.56(c)	Content of the plan of care
L555	§418.56(e)(2)	Ensure that the care and services are provided in accordance with the plan of care
L547	§418.56(c)(2)	Detailed scope and frequency of services necessary to meet specific patient and family needs
L552	§418.56(d)	Standard: Review of the plan of care

CMS 2014

Problem Areas-Surveys

Process

- No monitoring to see if what was to be delivered was delivered
- No measurable goals
- No care plan at all

Paper/EMR

- Unwieldy computer generated care plans

People

- Not tying delivery of care to care plan

Problem Areas-MAC Denials

CGS #3 (January to March 2015)	PGBA #4 (April to June 2015)
<ul style="list-style-type: none">Hospice plan of care does not meet requirements8.7%	<ul style="list-style-type: none">No plan of care submitted5.5%

What MAC Medical Review Has to Say about PoCs

- Must be established before services are provided to be a Medicare covered day
- POC must be included in ADR for the entire dates under review
 - January 1 to 31 under review (presumes every 14 day review versus 15)
 - December 27
 - January 10
 - January 24


What MAC Medical Review Has to Say about PoCs

- The POC must contain certain information to be considered valid
 - Scope and frequency of services to meet the beneficiary's/family's needs
 - Beneficiary specific information, such as assessment of the beneficiary's needs, management of discomfort and symptom relief
 - Services that are reasonable and necessary for the palliation and management of the beneficiary's terminal illness and related conditions
- IDG member involvement must be evident
- CGS is not looking at content, "that's a quality issue for your surveyors"

Sample Work Plan: Care Planning			
What / How Many	When	Who	Comments
20% of all admissions. Plan of care identified the patient/ family 's immediate needs during the initial assessment	January & July	Compliance	Review records from each admission nurse.
20% of all admissions. The initial plan of care was developed before services were provided			
20% of all current patients. Plan of care is reviewed/revised as frequently as the patient's condition requires but no less frequently than every 15 calendar days	February & August	Compliance/Clinical Ops	Review records from each team.
20% of all current patients. Care is provided according to the plan of care			
20% of all current patients. Visit frequencies for each discipline correspond to frequencies on the plan of care			
There is evidence all members of the IDG were involved in the revision of the plan of care.			


Internal Decisions

- How does the admission process result in the development of a plan of care with the IDG involvement?
- What comprises your care plan? And does your policy back you up?
 - plan of care
 - physician orders
 - medication profile
 - hospice aide assignment
 - volunteer assignment



Internal Decisions

- What is considered a significant change in patient's condition triggering a revision?
 - How does this get communicated to the IDG?
 - How is the IDG involvement get documented?
- How does communication with attending physician occur?
- How will compliance be monitored – how will you know if the right things are happening
 - Services delivered as ordered
 - Updating



What payment side will look for

- People use same terminology for different things
- Don't make reviewers hunt for things or allow them to define what they see or don't see
 - Consider cover letter on ADRs (or any medical review request) explaining what constitutes the plan of care, where you find documentation of IDG involvement, where progress or lack of progress is documented
- Make sure to include plans of care for all days under review
 - Ex. July 1 -31 under review
 - POC reviews documented **June 18**, July 2, July 16, July 30
 - Send them all

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Key IDG Competencies and Training

- Cycle of care/plan of care = roadmap for care
- Comprehensive assessments
- Responsibility for communicating to IDG and others involved in care delivery
- How it all works in your EMR or documentation system

Actions of the Prudent Hospice

- Read (again) 418.56 and the interpretative guidelines and use the probes to guide your processes
- Use the Plan of Care Process Assessment Tool
- Make sure your hospice clearly understands how the care planning process works in your EMR and how you can (and should) customize

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Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.


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