


The 2014 OIG Work Plan


Subscriber Webinar
February 2014




HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Plan for the Day

- Review of the Role of the Office of the Inspector General & Why We Care
- OIG Work Plan and Report Basics
- Hospice Specifics – 2013 and 2014 Plans
- Actions of the Prudent Hospice™



The Two Key Questions



1. What might we expect in 2014?
2. Based on the answer to #1, how can we best allocate scarce resources to meet our compliance needs?

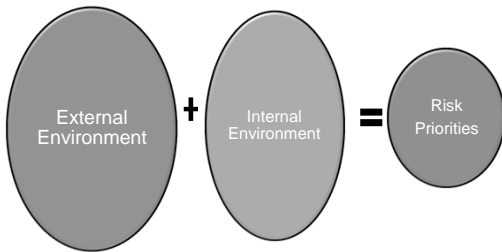
Two Key Components of Readiness

1. Ability to identify & prioritize risks
2. Ability to respond to risks

The Good News: An effective compliance framework supports both

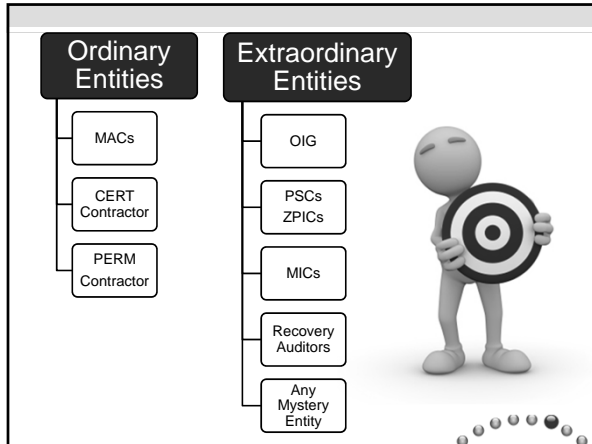
OIG Compliance Program, Guidance for Hospices
<https://oig.hhs.gov/authorities/docs/hospicx.pdf>

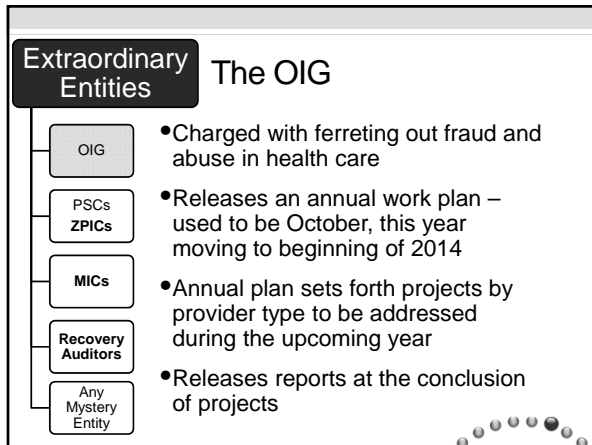
Assessing & Prioritizing Risks

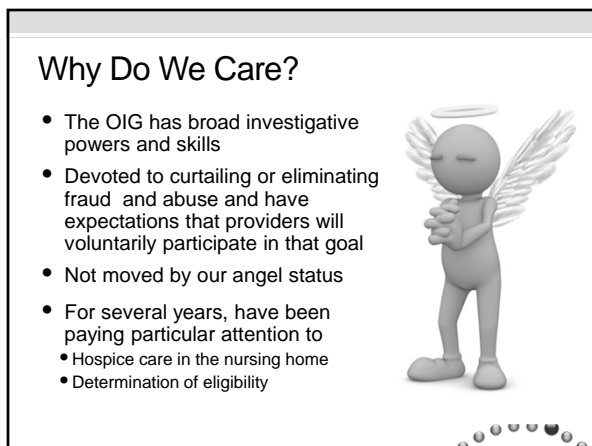


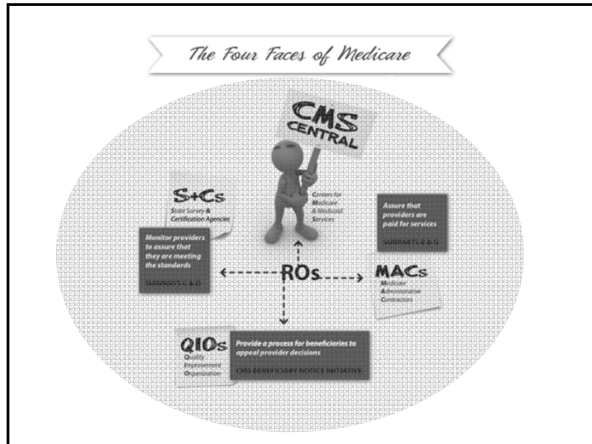
The Environment

- | External | Internal |
|---|--|
| <ul style="list-style-type: none">•OIG•CMS<ul style="list-style-type: none">• MACs• Surveys•ZPICs & RACs•MedPAC•PEPPER•What else? | <ul style="list-style-type: none">•Past Performance•Outliers•New Programs•Resources•Regulatory Competence•Culture•What else? |







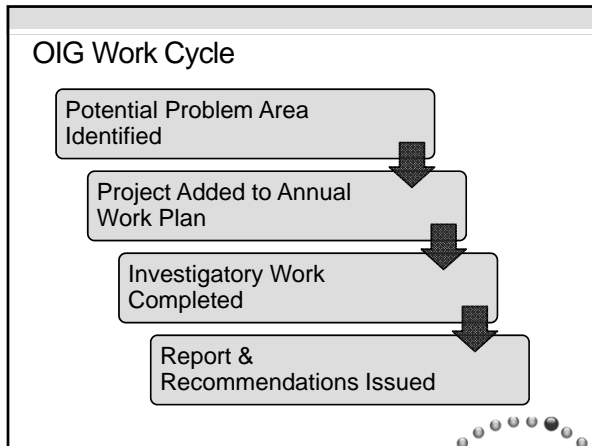


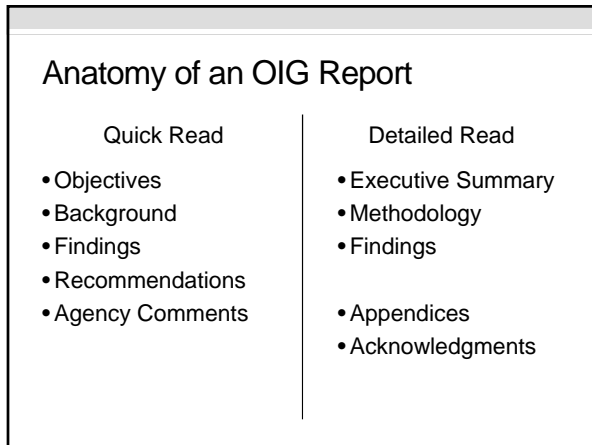
Pay Attention To These

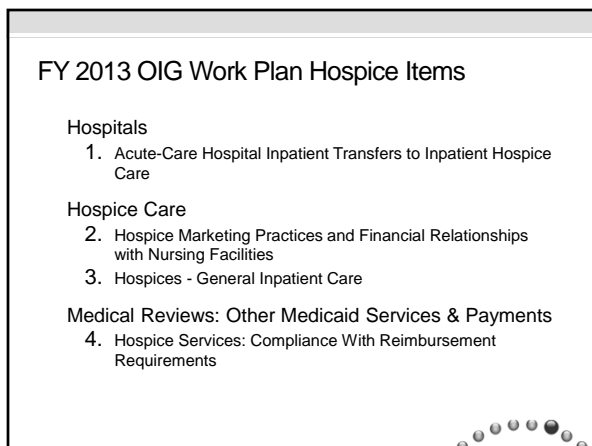
1. Compliance Plan Guidance
1999 Federal Register
2. OIG FY Work Plan
Released annually in the fall (usually)
3. OIG Reports
Released at completion of projects
4. Advisory Opinions

The OIG Annual Work Plan

- Sets forth projects to be addressed during the fiscal year
- Projects are completed by one of the OIG offices
 - Office of Audit Services
 - Office of Evaluation and Inspections
 - Office of Investigations
- Projects organized by provider type
- Reports are issued as projects are completed








FY 2014 OIG Work Plan Hospice Items

Hospice Care

1. Hospice in Assisted Living Facilities (new)
2. Hospices General Inpatient Care




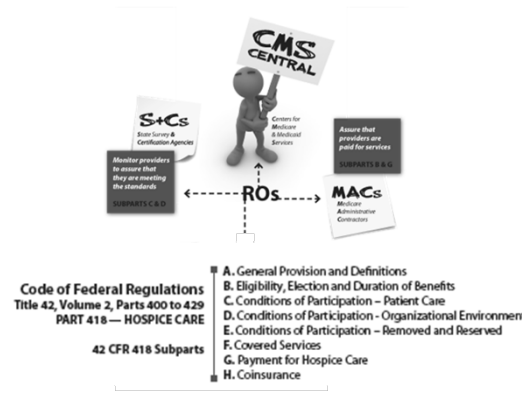
Readiness Component #2

1. Ability to identify & prioritize risks
2. Ability to respond to risks

Once a risk area is identified

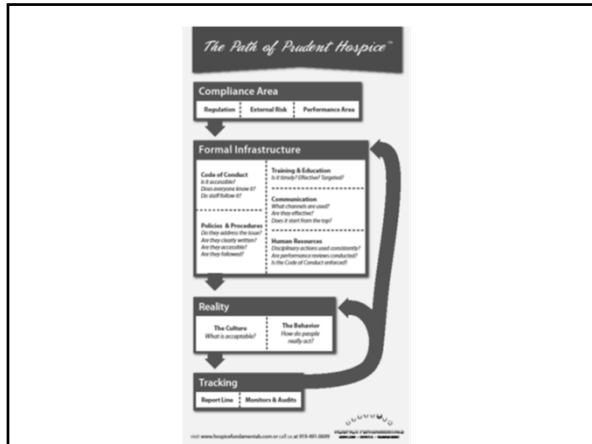
- What regulations guide the area?
- How compliant are current operations?
- What changes need to be made?
- How will effectiveness of changes be assessed?
- How will individual compliance with changes be assessed?





Code of Federal Regulations
Title 42, Volume 2, Parts 400 to 429
PART 418 — HOSPICE CARE
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



Hospice in ALFs – Average LOS

Main Location of Care	2009	2010	2011
Home	87	87	88
Nursing Facility	107	111	111
ALF	143	148	149
Hospice facility or hospital	14	14	15

MedPAC March 2013 Report to Congress, Chapter 12, Hospice Services, Table 12-5

Hospice in ALFs – 2012

Measure	Unskilled NF	Skilled NF	ALF	National
Beneficiaries Served	18%	9%	10%	100%
Utilization Days	19%	5%	17% KY=2%; AZ=33%	100%
Mean LOS	102 Days	55 Days	155 days	71 Days
Median LOS	35 Days	14 Days	73 days	25 Days
% Discharged Alive	18%	18%	25%	13%
% Days @ RHC	99.4%	97.2%	99.6%	97.5%

Medicare 2012 Claims Data
Courtesy of Hospice Analytics, www.hospicenalytics.com

What Is Unique to the Setting?

- Level of care at which medical needs are supposed to be incidental to needs for assistance with ADLs
- No unifying Federal regulations – no Federal payment for this level of care
- Very little licensed staff time / high staff turnover
- Nothing specific to this care setting in the hospice Conditions of Participation
- Hospices still must maintain professional management role

Actions

- Make sure that you are using the correct Q code. Each state has its own definition of assisted living (as well as its own licensing rules); CMS says "as defined by the State in which the beneficiary is located."
- Do you have monitors in place that continually break out service statistics from ALF level?
- How does your data measure up to 2012 data above?
- Consider a focused audit on those patients with the longest length of stay to determine how well the documentation supports their eligibility.


General Inpatient Care

- National Hospice Medicare Rates
 - Routine Home Care \$153.45
 - GIP \$682.59
- Broad criteria for use

42 CFR § 418.302 Payment procedures for hospice care.
General inpatient care day. A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.
- Great variation in usage between providers


Actions

- How much GIP are you providing? Do you know?
- Are you doing any pre-billing medical record review?
- For all GIP does record demonstrate
 - Precipitating event
 - Interventions put in place to try to avoid GIP
 - Once at GIP
 - What is underway to get patient home
 - What justifies continued GIP stay
- If doing GIP in a SNF
 - What is facility doing to support higher level of care
 - Is there an RN there providing care 24 hours a day?



In Closing

1. Read the hospice projects in the plan
2. Evaluate your operations with regard to care in ALFs and use of GIP
3. Watch for OIG reports
4. Read and make internal adjustments / course correction as necessary



To Contact Us

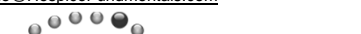
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➤ Hospitalizations of nursing home residents for manageable and preventable conditions

Quality of Care and Safety—We will determine the extent to which Medicare beneficiaries residing in nursing homes are hospitalized as a result of conditions thought to be manageable or preventable in the nursing home setting. Context—A 2013 OIG review found that 25 percent of Medicare beneficiaries were hospitalized for any reason in FY 2011. Hospitalizations of nursing home residents are costly to Medicare and may indicate quality-of-care problems in the nursing homes. (OEI; 06-11-00041; expected issue date: FY 2014; work in progress)

Hospices

Acronyms and Abbreviations for Selected Terms:

CoPs—(Medicare) conditions of participation

➤ Hospice in assisted living facilities (new)

Policies and Practices. We will review the extent to which hospices serve Medicare beneficiaries who reside in assisted living facilities (ALFs). We will determine the length of stay, levels of care received, and common terminal illnesses of beneficiaries who receive hospice care in ALFs. Context—Pursuant to the Affordable Care Act, § 3132, CMS must reform the hospice payment system, collect data relevant to revising hospice payments, and develop quality measures for hospices. Our work is intended to provide HHS with information relevant to these requirements. Medicare covers hospice services for eligible beneficiaries under Medicare Part A. (Social Security Act, § 1812(a).) Hospice care may be provided to individuals and their families in various settings, including the beneficiary's place of residence, such as an ALF. ALF residents have the longest lengths of stay in hospice care. The Medicare Payment Advisory Commission has said that these long stays bear further monitoring and examination. (OEI; 02-14-00070; expected issue date: FY 2014; work in progress; Affordable Care Act)

➤ Hospice general inpatient care

Quality of Care and Safety. We will review the use of hospice general inpatient care. We will assess the appropriateness of hospices' general inpatient care claims and the content of election statements for hospice beneficiaries who receive general inpatient care. We will also review hospice medical records to address concerns that this level of hospice care is being misused. Context—Hospice care is palliative rather than curative. When a beneficiary elects hospice care, the hospice agency assumes the responsibility for medical care related to the beneficiary's terminal illness and related conditions. Federal regulations address Medicare conditions of participation for hospices. (42 CFR Part 418.) Beneficiaries may revoke their election of hospice care and return to standard Medicare coverage at any time. (42 CFR § 418.28.) (OEI; 02-10-00491; 02-10-00492; expected issue date: FY 2014; work in progress)