

FYI:

OIG Looks at Direct Admissions to GIP from Hospital Stays

HOSPICE FUNDAMENTALS SUBSCRIBER EMAILS — July 2023

The Least You Need to Know:

The OIG has raised concerns about patients who are hospitalized and then elect hospice, and move directly to a GIP status. The OIG has noted in data that there are increases, in some hospitals, of direct GIP admissions when a patient has been hospitalized for longer than the average for the DRG for which the patient has been treated. This begs the question if this is for the hospital's financial gain, or to side-step a risk in the quality reporting. If these direct admissions are motivated by these issues, it certainly could be questioned if there was true medical necessity for the GIP level of care by the hospice.

What Will Be the New Focus?

Hospice professionals nationwide need to know that the OIG is expanding its general inpatient (GIP) audit focus to include hospice patients admitted directly to GIP from an inpatient setting. Here's what OIG says about adding this new focus to its work plan:

Medicare pays hospices a daily reimbursement rate for each day an individual is enrolled to receive the hospice benefit. The reimbursement rate for hospice general inpatient (GIP) care is the second-highest daily rate that Medicare pays for hospice services. GIP care is provided only for pain control or acute or chronic symptom management that cannot be managed in other settings. It is intended to be short-term care. For this audit, **we will focus on claims for enrollees who were transferred to GIP care immediately after an inpatient hospital stay for a period during which the enrollee's inpatient stay reached or exceeded the geometric mean length of stay for the assigned [hospital] diagnosis-related group.** These hospice GIP claims are at high risk for inappropriate billing because GIP care may exceed an enrollee's needs or may not be provided. We will determine whether hospice providers that billed for GIP care complied with Medicare requirements.

Actions of a Prudent Hospice Agency™

- ONE.** Review your agency's current GIP rates and frequency of these direct from hospital GIP admissions.
- TWO.** Review the June TOT GIP checklist with the agency's marketer's and referral systems to ensure appropriate use of the levels of care in these circumstances.
- THREE.** Utilize the GIP checklist during IDG and for teaching and reviewing documentation of this level of care.

Link to More Information

Audit of Selected, High-Risk Medicare Hospice General Inpatient Services

<https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000780.asp>

