

The Medicare Hospice Benefit

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» AGENDA

- 1. Introduction Terri Deutsch
- 2. Survey & Certification Kim Roche
- 3. Payment Policy Terri Deutsch
- 4. Medical Review Sandra Bastinelli
- 5. Q's & A's Terri Deutsch – moderator
Sandra Bastinelli
Kim Roche



Survey & Certification

Kim Roche



TOP 10 HOSPICE DEFICIENCIES

- L133 – Written POC established, maintained for each individual
- L135 – Plan reviewed, updated at intervals specified in plan
- L137 – POC states scope, frequency of services needed
- L136 – Plan includes assessment of needs, identification of services
- L155 - Group responsible for review/updating of POC



Top 10 Hospice Deficiencies

- L176 – Establish & maintain a clinical record for every patient
- L209 – HHA trained, available, adequate to meet patients' needs
- L210 – RN visits home site at least every 2 weeks when aide services are provided
- L200 – POC for bereavement services reflects family needs
- L194 – Services provided in accordance with recognized standards of practice



TOP 3 HOSPICE COP DEFICIENCIES

- L100 – General Provisions
- L132 – Plan of Care
- L107 – Governing Body



TRAINING FOR THE NEW HOSPICE CoPs

- Surveyors
- Providers



CMS HOSPICE WEBSITE

<http://www.cms.hhs.gov/center/hospice.asp>

- Survey & Certification letters
- State Operation Manual
- COPs (current & proposed)
- Open Door Forum



Survey & Certification Contact

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Hospice Lead**

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Coverage and Payment Policy

Terri Deutsch



National Growth

Number of hospice patients - *growing*

Number of Services – *greatest growth in physician & CHC*

Average Length of Stay - *growing*

Medicare reimbursement – *greatest growth in physician & CHC*



MedPAC Findings

High Lengths of Stay:

- Higher Margins
- Exceeding Caps



Top Diagnoses Codes by Number of Beneficiaries

Diagnoses in 1993	1995	2000	2005
Lung Cancer	1	1	1
Congestive Heart Failure	2	2	2
Prostate Cancer	3	7	9
Breast Cancer	4	8	10
Chronic Obstructive Pulmonary Disease	5	3	4
Colon Cancer	6	9	-
Pancreatic Cancer	7	10	-
Cerebral Vascular Accident	8	4	7
Rectosigmoid Cancer	9	-	-
Alzheimer	10	6	5
Debility Not Otherwise Specified	-	5	3
Failure to Thrive	-	-	6
Senile Dementia	-	-	8

The Hospice Benefit



Certification of Terminal Illness

§418.22:

Purpose: Terminal illness with a prognosis of 6 months or less if the illness runs its normal course

Timing: *Written prior to submitting claims*

Content: Support determination of terminal illness



The Hospice Benefit

Hospice Responsibility

- Terminal & Related Condition (s)
- 4 Payment Rates
 - Routine Home Care
 - Continuous Home Care
 - General Inpatient Care
 - Inpatient Respite



Revocation/Discharge

- § 418.24 - Hospice Election
- § 418.26 – Discharge from Hospice Care
- § 418.28 – Revoking Hospice Election



The Hospice Benefit

Cost Report Information

- Attestation – Accurate
- Preliminary Findings



Claims Data

- Phase 1 – Site of Service
- Phase 2 - Number of Medically R&N Visit for RNs, LVNs, HHA, SW, NPs as attending & MD
- Purpose for collecting data



The Hospice Benefit

Information Sites

- IOM Pub 100.04, Chapter 11
- IOM Pub 100.02, Chapter 9
- <http://www.cms.hhs.gov/center/hospice.asp>



Medical Review

Sandra Bastinelli



HOSPICE MEDICAL REVIEW

UPDATES

- Signature requirements clarification – no stamped signatures
 - Shall be hand written or electronic
- Facsimile of original written or electronic signatures are acceptable of terminal illness for hospice
 - Must be in the patient's medical record



HOSPICE MEDICAL REVIEW

TRENDS

- Admitting patients that are not assessed appropriately and physicians have not seen
 - Lack of understanding of the hospice benefit on the part of the referring benefit.
 - Coordination with the Hospice director should be occurring and the entire team.
 - One person on the team should not be making the call to admit.



HOSPICE MEDICAL REVIEW

TRENDS

- Studies have found that respite care in 2005 claims data is being used not as the benefit was intended
 - Average number of days wide range
 - Range based on geographic location



HOSPICE MEDICAL REVIEW

TRENDS

- When we looked at data in a particular area of the country that had the highest lengths of stays – highest over CAPs – the diagnoses were obscure, vague
 - CMS contractors have no choice but to perform medical review based on the intent of the regulation that we have when it was written not on what you feel the benefit should be now.



HOSPICE MEDICAL REVIEW

TRENDS

- Revoking the benefit over and over again when the beneficiary needs Inpatient acute care to save the benefit.
 - Reminder – Inpatient acute care is a Hospice benefit, as are drugs related to these obscure diagnoses.



HOSPICE MEDICAL REVIEW

TRENDS

- Average length of stay exceeding 210 days
- All of the trends that are apparent by geography and Hospice type.
 - Thus our contractors look at data based on these aberrances



HOSPICE MEDICAL REVIEW

What to expect from Medical Review?

Proactive Approach from your RHHI

- PROBES
- CORRECTIVE ACTION PLANS
- EDUCATION
- PRE-PAYMENT REVIEW
- REFERRALS TO BENEFIT INTEGRITY



HOSPICE MEDICAL REVIEW

CONTACT INFORMATION

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QUESTIONS?

