

Part B Insider (Multispecialty) Coding Alert

HOSPICE: Ward Off Hospice Audits By Helping SNF Partners

SNF patients on hospice are a trouble spot for both providers.

You may find your relationships with your skilled nursing facility partners coming to an abrupt end if their hospice patients bring them a truckload of survey trouble. The OIG found that 82 percent of all hospice claims for nursing home residents failed to meet at least one Medicare requirement, according to a recent report. These included "failure to meet care planning requirements, or providing fewer services than set forth in the plan of care," says attorney **Mary Michal**, with Reinhart Boerner Van Deuren in Madison, Wis.

This report sheds light on obvious problems hospices can have with their own surveys. But it also could put your nursing home relationships in danger. The F309 interpretive guidance for SNFs talks about nursing homes coordinating care with the hospice and having a coordinated plan of care, says attorney **Meg Pekarske**, also with Reinhart Boerner Van Deuren. She has, in fact, worked with nursing facilities that have been cited because surveyors couldn't tell by looking at a resident's care plan that the person was on hospice.

Another vulnerability: The nursing home may also be in hot water if auditors or surveyors determine the resident did not receive medically necessary care specified by the care plan or otherwise, says attorney **Paula Sanders** with Post & Schell in Harrisburg, Pa.

To protect themselves against hospice-related shortfalls, nursing homes are being advised to be increasingly strategic about selecting a hospice that the facility staff feels comfortable with. For example, the hospice should "be responsive to patients' needs, involved in care planning -- and understand the nursing home business and regulatory requirements," Pekarske tells nursing homes.

That means if SNF surveyors choose a hospice patient to review, you may need to go to bat for the facility. "The hospice should be there to answer the surveyors' questions," Pekarske suggests.

That's not just a smart move on the SNF's part -- it could save your bacon too.

"The nursing home interpretive guidance for F309 talks about surveyors" referring a hospice to its survey agency when they don't see the expected coordination of care, Pekarske says. "Thus, the hospice staff would want to be there to demonstrate that they are meeting the requirements so the nursing home surveyor doesn't make that referral."

Read the OIG report at www.oig.hhs.gov/oei/reports/oei-02-06-00221.pdf.