

Eli's Hospice Insider

Compliance: Don't Let Your Live Discharge Rate Become A Red Flag

Correction: CMS found 71 hospices had a 100 percent live discharge rate.

You should include your rate of live discharges in your benchmarking, as the figure may well bring reviewers knocking at your door.

At the **National Association for Home Care & Hospice's** March on Washington conference, the **Centers for Medicare & Medicaid Services** revealed some shocking statistics about hospice utilization (see story, p. 49). For example, according to newly collected data, 71 hospices had live discharges on 100 percent of patients in the time period reviewed. Those hospices had an average LOS of 193 days.

If you are in the upper tier of live discharge rates, the **HHS Office of Inspector General**, CMS or others may conclude that you are admitting questionable patients, billing them for a while, and then discharging, warns attorney **Robert Markette Jr.** with **Hall Render** in Indianapolis. "If they did reach this conclusion, they would most definitely start looking at medical reviews or other enforcement activity for these providers," Markette says.

Regulators "use this sort of data to identify providers for investigation all of the time, and this seems like a pretty easy one," Markette tells **Eli**. "They could identify providers with high live discharge rates and just review those charts, although they may look at a broader range on the assumption that a broader swath of the patients may not be appropriate."

Benchmark: Providers may want to monitor their live discharge rate, Markette advises. Hospice agencies averaged live discharges of 10.89 percent of their patients in 2013, CMS revealed at the March 24 NAHC session.

"There may be legitimate reasons for live discharges — even OIG and CMS recognize patients get better," Markette allows. But you better be ready for your documentation to show that, because you may find yourself under review if you are near the top of the heap in your region, state or nationally, for live discharge rate.

Tip: "If you are near the top, you may want to audit some of your discharge files and look at the circumstances, diagnosis, etc.," Markette advises. Other stats that could land you on reviewers' radar include diagnoses supporting terminal illness, length of stay, and disparity between patients in a skilled nursing facility and out of

a SNF, he adds.

In the NAHC session, a CMS rep did not specify what CMS would do with its newfound data. However, she did note that CMS could hand over the information to Medicare contractors for action.