

Eli's Hospice Insider

Compliance: OIG Urges 11-Point To-Do List To Change Hospice Surveys

Watchdog agency wants your survey details posted on Hospice Compare.

The **HHS Office of Inspector General** found numerous horror stories when it put the magnifying glass on hospice surveys and hospice patient harm. In two reports, the watchdog agency recommends 11 steps to rectify the problem.

Here are the recommendations with which the **Centers for Medicare & Medicaid Services** concurs:

- Monitor surveyors' use of immediate jeopardy citations. The State Operations Manual Appendix Q revisions should help in this area, CMS maintains (see story, this page).
- Expand the deficiency data that accrediting organizations report to CMS and use these data to strengthen oversight of hospices.
- Increase oversight of hospices with a history of serious deficiencies. CMS agrees with this recommendation, but points out it already has a procedure for this. But "we will refer the OIG's list of hospices with a history of serious deficiencies to the appropriate Regional Office and State Survey Agency for review and investigation," CMS Administrator **Seema Verma** says in the agency's comment letter on the reports.
- Strengthen requirements for hospices to report abuse, neglect, and other harm. The Medicare Conditions of Participation already require this reporting, but "CMS will review our interpretive guidance for opportunities to clarify existing guidance on reporting these violations," Verma says in the letter. In the report, the OIG criticizes Medicare regulations that require reporting only when a hospice worker is alleged to be involved.
- Strengthen guidance for surveyors to report crimes to local law enforcement.
- Ensure hospices are educating their staff to recognize signs of abuse, neglect, and other harm.

Here are the recommendations that CMS agrees with only partially:

- Seek statutory authority to include information from accrediting organizations on Hospice Compare. The **Trump** administration has already proposed this change in its 2020 budget, CMS notes in its comment letter on the OIG reports, so it's already following this recommendation.
- Include on Hospice Compare the survey reports from accrediting organizations, once authority is obtained. Even if CMS does obtain this authority, it isn't ready to commit to that step. "We would evaluate the best approach for including these reports, or the most relevant information from the reports for consumers on CMS websites, as well as comparable information from state survey agency reports," the agency says.
- Educate hospices about common deficiencies and those that pose particular risks to beneficiaries. The **National Association for Home Care & Hospice** singles out this recommendation for praise. "Historically there has been limited education available to providers in these areas, and information directly from CMS is vital to maintaining a continuing understanding of quality of care requirements," the trade group says in a statement. "Direct educational offerings also provide a unique opportunity for give and take between CMS and the hospice community around quality and survey issues."
- Improve and make user-friendly the process for beneficiaries and caregivers to make complaints. CMS can do this only "within regulatory constraints and with available resources," according to the comment letter.

Here's the recommendation with which CMS does not concur:

- Include on Hospice Compare the survey reports from state agencies. "While CMS is supportive of increased transparency of hospice survey findings," including only state surveys and not accreditation surveys "may be misleading," Verma says. In 2015, about 40 percent of hospice surveys were conducted by accrediting organizations.

