

## Eli's Hospice Insider

### Fraud & Abuse: OIG Accuses Hospices Of Overbilling For GIP

**Watch out: Hospice-specific RAC in the works.**

Expect increased scrutiny of General Inpatient care following an **HHS Office of Inspector General** report claiming hospices widely overbilled for the service. The OIG reviewed 565 GIP stays from 2012 and deemed 31 percent of them inappropriate, costing Medicare about \$268 million, according to the report.

**Breakdown:** Twenty percent of the GIP reviewed stays didn't need the level of care at all, and another 10 percent needed it for only part of the stay, the OIG found. "In 1 percent of stays, there was no evidence that the beneficiary elected hospice care or was even certified as having a terminal illness," the OIG added in the report.

This report is leaving some hospices feeling like they're damned if they do and damned if they don't. The **Medicare Payment Advisory Commission's** annual report to Congress last year slammed hospices for not providing enough GIP. Nearly 98 percent of hospice days in 2013 were for routine home care (RHC). About 1.7 percent were GIP, 0.4 percent continuous home care (CHC), and 0.3 percent inpatient respite care, MedPAC said. "A sizable share" of hospice providers did not furnish GIP (21 percent), CHC (57 percent), or inpatient respite care (26 percent) to any hospice patient discharged in 2012, MedPAC criticized.

Long-length GIP stays seemed to often be the problem in the OIG's investigation. "For example, a hospice billed for GIP for a beneficiary with a circulatory disease who had no unmanaged symptoms," the watchdog agency relates in the report summary. "This beneficiary could have been cared for at home, but the hospice billed Medicare for 46 consecutive days of GIP. The hospice was paid just over \$31,000 for the stay."

**Hot spots:** Risk factors for inappropriate GIP provision were geographic location (such as Florida); nursing home residency; and for-profit status, the OIG says.

The OIG also took hospices to task for "double billing" of drugs to Part D when the hospice should have covered them; hospices not meeting all care planning requirements for 85 percent of GIP stays; and providing poor-quality care.

**More scrutiny:** The **Centers for Medicare & Medicaid Services** noted in its comments on the report that it already has put in place a number of oversight activities to catch GIP and other hospice problems, but the agency did say that CMS is in the process of "procuring a national Durable Medical Equipment (DME)/Home Health and Hospice Recovery Audit contractor." CMS will also work with Medicare Administrative Contractors to implement prepayment reviews for lengthy stays, he added.

Abuse of the hospice benefit continues to catch the interest of the general public, with a story about the OIG and recent MedPAC report running in The New York Times.

**A step ahead:** "Hospice providers are undergoing increased self-scrutiny as the result of" increased oversight developments at CMS and its MACs, maintains the **National Association for Home Care & Hospice**. However, "NAHC encourages hospices to study the OIG report and conduct a thorough review of its policies and processes regarding utilization of GIP to ensure full compliance with existing rules and regulations," the trade group says in its member newsletter.

"Any inappropriate behavior or spending is unacceptable and ought to be rectified," **Jonathan Keyserling** with the

**National Hospice & Palliative Care Organization** told the Times.