

Eli's Hospice Insider

Fraud & Abuse: OIG Has Inpatient Care In Its Sights

Watchdog agency focuses on relationship between hospice facilities and GIP care.

If your hospice lies at either end of the GIP spectrum, expect to take increasing heat.

Why? The **HHS Office of Inspector General** analyzed hospice claims data for 2011 to identify General Inpatient trends, it says in a new report. Most of the \$1.1 billion in GIP care for which Medicare paid in 2011 went to services furnished in hospice inpatient units, as opposed to hospitals or nursing homes, the OIG found.

About 23 percent of Medicare hospice beneficiaries received GIP services during 2011. One-third of beneficiaries' GIP stays exceeded five days and 11 percent lasted 10 days or more, the OIG discovered. "The hospices that used inpatient units provided GIP to more of their beneficiaries and for longer periods of time than hospices that used other settings," the OIG observed.

"Long lengths of stay and the use of GIP in inpatient units need further review to ensure that hospices are using GIP as intended and providing the appropriate level of care," the OIG recommends.

On the other hand, about 27 percent of Medicare hospices did not provide any GIP care to Medicare beneficiaries in 2011, according to the OIG. And 429 of those hospices did not provide any level of hospice care other than routine home care during the year.

The **Centers for Medicare & Medicaid Services** "should focus on hospices that do not provide GIP and ensure that these hospices are providing beneficiaries access to needed levels of care at the end of their lives," the OIG urges. "One option is for CMS to adopt a quality measure regarding hospices' ability to provide all hospice services."

CMS's findings in this area should inform its payment reform process, the OIG suggests in the report at <http://go.usa.gov/Tv2T>.