

Eli's Hospice Insider

Hospice News: Hospices Recently Fail To Meet Regulatory Requirements, OIG Blasts

New report cites problem of hospice enrollment without patients' consent.

The hospice industry's profile as fraud-prone continues to grow, indicates the **HHS Office of Inspector General** in a new report.

In its 2019 budget justification report, the OIG notes that combating fraud and abuse in the home setting is a top priority in need of funding. "OIG seeks to both reduce fraud, waste, and abuse and enhance program integrity in noninstitutional settings ... through outreach, education, audits, evaluations, investigations, and administrative enforcement," the watchdog agency says.

The OIG touts the success of its Health Care Fraud Strike Force teams. "During FY 2017, OIG's Strike Force efforts resulted in the filing of charges against 186 individuals or entities, 264 criminal actions, 2 civil actions, and \$771.5 million in investigative receivables," the agency recounts. The report offers a home health example for Strike Force accomplishments.

Enforcement in home-based services is bound to get tighter, the report indicates. "Program integrity in noninstitutional settings takes on heightened urgency as consumers increasingly seek and prefer services provided in those settings, including in their own homes. In these settings, OIG has uncovered risks for, and instances of, serious patient harm," the OIG says.

For example: "Hospice care provides comfort for terminally ill beneficiaries and supports family and other caregivers; yet OIG has found that hospices frequently fail to meet Medicare requirements for patient care, billing, certification, and licensure. Disturbingly, OIG has also investigated cases of hospice providers enrolling beneficiaries in hospice care without their consent," the agency reports. "In addition to fraud and risks of patient harm, improper payments for these services take a financial toll."

Future plans: With its requested budget, "OIG would develop new recommendations for targeted program safeguards that prevent fraud by bad actors while limiting burden on legitimate providers," it claims. "Through data analytics, OIG would also detect new and emerging fraud schemes, enabling it to monitor trends and migration of known fraud schemes. With this reinvestment, OIG would also add 'boots on the ground' to take appropriate enforcement actions against fraud perpetrators, including building its capacity to respond to the fraud referrals generated by its own analysts."

Ahead: "With additional resources, OIG would open more criminal, civil, and administrative investigations, as warranted, and conduct more audits and monitoring of suspicious billers," the agency says. These efforts "would help ensure that consumers are protected and honest providers do not have to compete with dishonest ones," the report concludes.

See the budget request justification at <https://oig.hhs.gov/reports-and-publications/archives/budget/files/2019budget.pdf>.