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Eli's Hospice Insider

Medical Review: Examine Your Own GIP Documentation Before It's Too Late

GIP is under fire, and you need to be prepared.

If you want to keep your rightful General Inpatient care dollars, you'd better make sure your clinicians are using plenty of detail in their documentation.

The **HHS Office of Inspector General** and the **Centers for Medicare & Medicaid Services** have indicated they will put GIP under the microscope (See story, cover page). "As the government sharpens its focus on hospice GIP stays, we recommend that providers do the same to prepare for increased scrutiny," advise attorneys **Sara Lord and Elizabeth Mulkey of Arnall Golden Gregory** in analysis of a recent OIG report that found nearly one-third of GIP stays inappropriately billed.

Hospices need to have top-notch documentation to justify GIP, HHH Medicare Administrative Contractor **National Government Services** said in a hospice documentation training session in 2012. NGS offered this scenario as an example: "A 67-year-old male patient with diagnosis of stage IV pancreatic cancer.

Patient resides at home with his wife who is the primary caregiver. Patient has been having increasing bouts of pain with vomiting. Patient is receiving sublingual morphine every two hrs. for break through pain and phenergan suppositories for vomiting. Patient is alert and conversive. At 2:00 a.m. the wife calls the hospice nurse to report that the pain medication is not relieving the pain."

Wrong Way To Document

07/02/2010 2:15 a.m. Patient experience pain, medication administered without relief. Patient is exhibiting severe pain. Physician notified, new orders received and noted. Ambulance called to transport patient to the inpatient unit.

07/03/2010 10:15 a.m. Visit note-patient admitted to hospice facility for inpatient care due to uncontrollable pain. Met with family and they are pleased with the care. Patient's symptoms are controlled with the initiation of a pain pump. Assessment completed and noted.

Right Way To Document

07/02/2010 2:15 a.m. Patient experiencing pain not relieved by sublingual morphine. Physician called and new orders noted to transfer patient to the inpatient unit for initiation of pain pump. Ambulance called and patient transported. The patient's wife is unable to meet the increased needs of the patient, and has no other family members for support.

07/03/2010 10:15 a.m. Nursing staff reports that patient's pain is only minimally controlled with pain pump. Patient has had several episodes of vomiting and given phenergan IV. Patient is non-responsive except to painful stimuli. Moans frequently. Patient requires two for turning, repositioning and performing personal care. Assessment completed and noted. Oxygen was initiated at 2 Liters via nasal cannula for Oxygen saturations of 88%. O2 sat is 98% on 2 L/per min.

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