

## Eli's Hospice Insider

### Survey & Certification: Hospice Survey Frequency Upped To Every 3 Years

**IMPACT law also targets hospices with long-stay patients for scrutiny.**

After a series of high-profile, extremely critical articles about some hospices' practices in The Washington Post, The Wall Street Journal, and other press outlets, **President Obama** has a law aimed at combatting fraud and abuse in the hospice Medicare benefit, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.

Many in the industry applaud the legislation's requirement that hospices undergo Medicare surveys every three years.

"This will bring hospices up to the standards of the health-care industry," **Christy Whitney**, chief executive of **HopeWest** hospice in Colorado, told the Post. "I really believe that a lot of the issues that have been exposed can be prevented by this. It won't just catch bad actors. It will make well-intended hospices better, too."

"A lot of things can go wrong when no one's looking," **J. Donald Schumacher** of the **National Hospice and Palliative Care Organization** told the New York Times.

**Bad news:** The feds will pay for the increased surveys by taking the money out of hospice caps. "While we predict that the change in the calculation of the hospice cap update will not impact most hospices, it is expected to slow the rate of growth in the hospice cap," notes the **National Association for Home Care & Hospice**. That "may mean that, over time, more providers exceed the cap or that those exceeding the cap do so by a higher amount than would otherwise be the case," the trade group says.

In an analysis of recent years' caps, the change would have reduced the cap update by amounts ranging from 0.13 to 1.48 percentage points, NAHC found. "This will provide a strong incentive for those hospices with cap-related overpayments to review their admission/discharge criteria," NAHC says.

**Plus:** The IMPACT law also allows for medical review of hospices with a high proportion of long-stay patients. Medicare hasn't yet set the threshold that would trigger a review, but administrators are talking about a 40 percent to 60 percent range, reports the Times.