Hospice Program Integrity Initiatives

The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. NHPCO represents over 4,300 hospice locations and 58,000 individual professionals caring for more than 1,000,000 patients and their families across the country. NHPCO plays a critical role in helping to empower consumers to learn more about hospice and palliative care and in choosing a quality hospice provider through resources such as NHPCO's CaringInfo.org. Additionally, NHPCO is committed to encouraging an environment of paying for value over volume and working to ensure providers deliver person-centered, interdisciplinary care that builds on the field's four decades of service. We offer our expert assistance to the Centers for Medicare & Medicaid Services (CMS), HHS Office of Inspector General (OIG) and Congress, helping to stop fraud and abuse **before** it occurs and embracing any new formal role in increasing hospice data transparency.

In July 2019, two OIG reports identified vulnerabilities in the Medicare hospice benefit. Among the recommendations in OIG's first report were the following: strengthen the survey process, establish additional enforcement remedies, and provide more information to beneficiaries and their caregivers.[1] The second OIG report on safeguards made several recommendations. Among them were: CMS should seek statutory authority to establish additional, intermediate remedies for poor hospice performance and strengthen requirements for hospices to report abuse, neglect and other harm.[2] Below are recommendations from NHPCO on possible program integrity initiatives that Congress and/or CMS could implement. NHPCO welcomes the opportunity to be a partner in establishing the highest possible quality and compliance for hospices, always remaining committed to all patients nearing the end of life and their families.

Note: *Reviewed and approved by NHPCO committees in August 2019.*

CATEGORY	SPECIFIC RECOMMENDATIONS
PROGRAM INTEGRITY REFORMS TO ESTABLISH ADDITIONAL ENFORCEMENT REMEDIES AND ESTABLISH ADDITIONAL, INTERMEDIATE REMEDIES FOR POOR HOSPICE PERFORMANCE[3]	**1. CMS should seek statutory authority to establish additional, intermediate remedies for poor hospice performance:** Instead of civil monetary penalties, include a directed plan of correction with oversight, put the hospice on an action plan with very specific timeframes and target dates, more frequent surveys, even as frequently as every 6 months, require progress reports and data to be submitted showing ongoing compliance with the corrective action. **2. NHPCO recommends doubling the payment reduction for not reporting quality measures from 2% to at least 4%:** This will be an incentive to submit hospice quality reporting program data and reduce the number of programs that do not participate in the Medicare hospice quality reporting program (HQRP).[4] **3. Transparency:** CMS should delineate and define the deficiencies and factors that identify the 313 hospices as "poor performers," share the list of poor performing hospices with Congress, as requested and with NHPCO. **4. Tools and Resources:** NHPCO will enhance current resources and create focused materials that will allow providers to assess and improve their standing as a provider – identifying areas where they meet the highest quality standards today, areas for performance improvement and areas that need intensive improvement.

PROGRAM INTEGRITY REFORMS TO STRENGTHEN THE SURVEY PROCESS AND OVERSIGHT	**5. Survey Frequency:** CMS should require all new initial certification surveys and surveys for poor performing hospice providers to be completed annually -- either by the state survey agency or the accrediting organization. These two groups of hospices should submit data regularly for review. Annual surveys for poor performers should end if the plan of correction is followed and no condition-level deficiencies are detected. **6. Education for Surveyors:** CMS should provide additional standardized, computerized program for training, education and ***competency evaluations*** for hospice surveyors to ensure knowledge of hospice regulations and consistency of surveys, including both state survey agencies and accrediting organizations.
PROGRAM INTEGRITY REFORMS TO PROVIDE MORE INFORMATION TO BENEFICIARIES AND THEIR CAREGIVERS	**7. Share Comparable Survey Results:** NHPCO supports releasing comparable survey results from state agencies and accrediting organizations at some point in the future on Hospice Compare to allow consumers to make informed decisions. **8. Improve/Upgrade Hospice Compare:** NHPCO will work with CMS to improve upon/upgrade the Hospice Compare system and will serve as a resource to CMS in building a robust and user-friendly Hospice Compare website.
PROGRAM INTEGRITY REFORMS TO ENHANCE PATIENT ACCESS AND UNDERSTANDING	**9. Access to Hospice for Patients and Beneficiaries in Underserved Areas:** Congress should remove a statutory barrier that restricts access to hospice in underserved communities including rural communities. When a Medicare beneficiary becomes eligible for hospice, they select a physician or nurse practitioner to serve as their attending physician. Unfortunately, providers working in Rural Health Centers (RHC) and Federal Qualified Health Centers (FQHC) cannot bill and be paid for hospice attending physician services. This statutory barrier restricts choice for some of the most underserved populations by not allowing patients to choose the RHC or FQHC provider they know and trust to serve as their attending during hospice care.[5]
PROGRAM INTEGRITY REFORMS TO EDUCATE HOSPICES ABOUT COMMON DEFICIENCIES AND THOSE THAT POSE PARTICULAR RISKS TO BENEFICIARIES	**10. Training in Abuse, Neglect and Harm:** CMS should provide educational resources to hospice staff to assist in identifying signs of abuse, neglect and other harm. NHPCO and its state organizations can provide state-specific information and reporting requirements. **11. Remedial Education for Poor Performing Hospices:** CMS should require poor performing hospices to enroll in remedial education or continuing education from an approved hospice compliance vendor and to submit their participation to the state survey agency or accrediting organization for oversight. NHPCO offers to utilize existing resources and develop and provide remedial education for poor performing hospices through on-line learning, webinars and in-person education. Providers could select a vendor of their choice but must show proof of participation. **12. Best Practices in Quality:** NHPCO is developing a Hospice Quality Professional Certificate Program for the hospice provider community, including Quality Assessment/ Performance Improvement, monitoring and analysis of quality trends, benchmarking, HQRP basics, interpreting and improving Hospice CAHPS® scores, PEPPER report utilization, and internal reporting on quality indicators and measures. **13. Best Practices in Compliance:** NHPCO provides robust training in compliance for the hospice provider community, including compliance risk assessment, compliance policies and procedures, and anonymous reporting. In addition, compliance training includes anti-kickback statutes and inducements for referrals, the federal hospice regulations including Conditions of Payment, and internal audits.

[1]https://oig.hhs.gov/oei/reports/oei-02-17-00020.asp?utm_source=mmpage&utm_medium=web&utm_campaign=OEI-02-17-00020
[2]https://oig.hhs.gov/oei/reports/oei-02-17-00021.asp?utm_source=mmpage&utm_medium=web&utm_campaign=OEI-02-17-00021
[3]Criminal background checks for all hospice staff and volunteers was implemented in 2008 as a part of the revised Medicare Hospice Conditions of Participation at § 418.114 (d)
[4]In 2016 there were 514 hospices that did not participate in the quality reporting program 2% being $12,386,481 and 4% being $24,772,963, if you stretch the additional 2 percent payment reduction over a period of 10 years $124 million in new savings could be realized.
[5]This proposal has been introduced as the Rural Access to Hospice Act H.R. 2594/S. 1190 and received technical assistance from CMS in 2018.