Medicare Hospice General Inpatient Level of Care

2016

Today's Presenters

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Objectives

- To provide information regarding the Medicare hospice benefit for general inpatient admissions.

Agenda

- Two levels of inpatient care
- Definition of general inpatient care
- Location of services
- Services that may meet for a general inpatient level of care
- Conditions of Participation (CoPs) for inpatient services
- Scenarios

OIG Headline

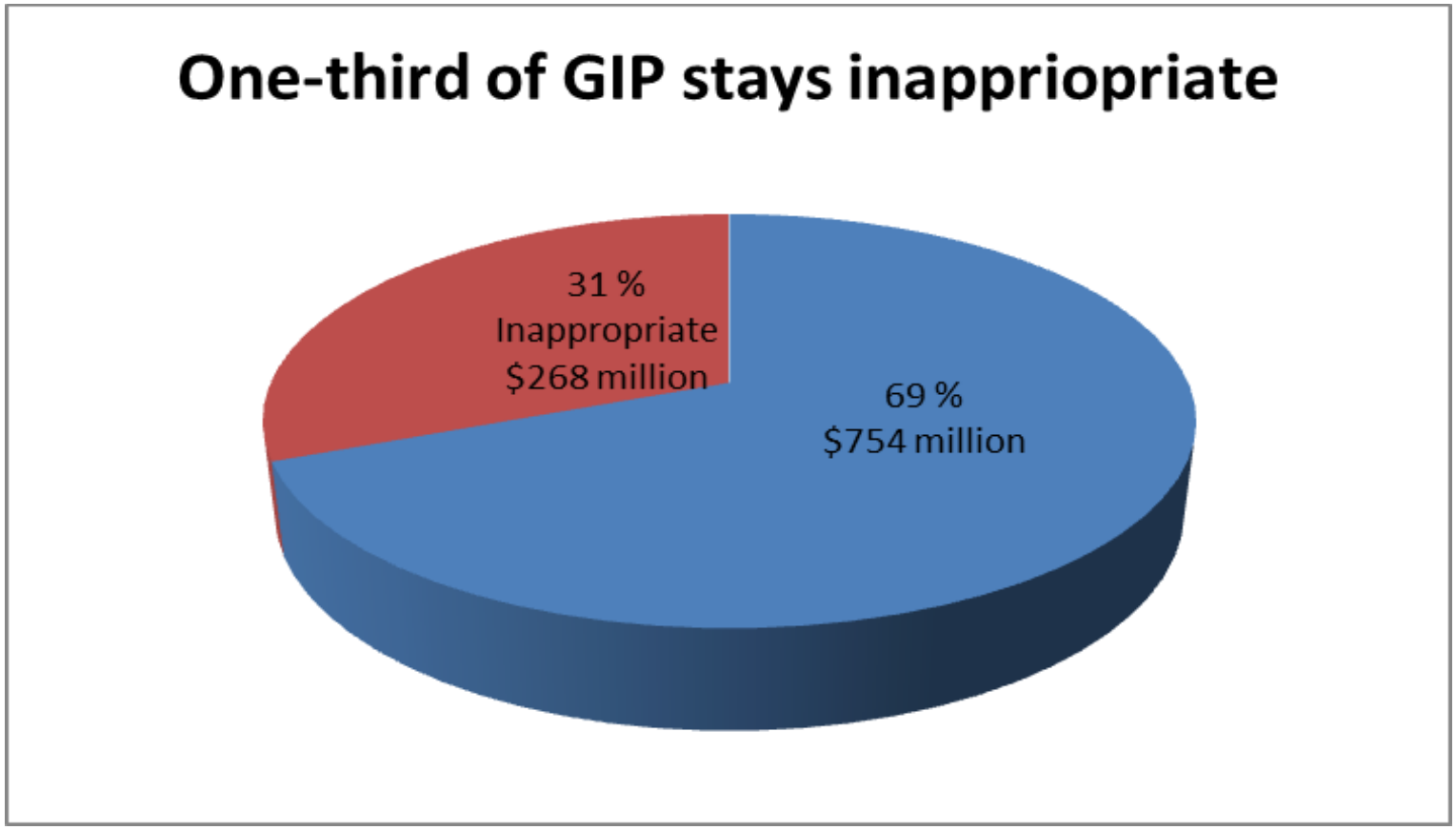
HOSPICES INAPPROPRIATELY BILLED MEDICARE OVER $250MILLION FOR GENERAL INPATIENT CARE

* OIG Report March 2016 OEI-02-10-00491

Why Did the OIG Look at GIP?

- Fraud cases
- Companion reports showing increase length of stay and use of GIP

What the OIG Found



Medicare Covers Two Levels of Inpatient Care Under the Hospice Benefit

- Inpatient pespite
  - An inpatient respite care day is a day on which the individual who has elected hospice care receives care in an approved facility on a short-term basis for respite. This level of care is to relieve a care giver.
- General inpatient care (GIP)
  - A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings

General Inpatient Care

- General inpatient care under the hospice benefit is not equivalent to a hospital level of care under the Medicare hospice benefit
- For example, a brief period of general inpatient care may be needed in some cases when a patient elects the hospice benefit at the end of a covered stay. If a patient in this circumstance continues to need pain control or symptom management, which cannot feasibly be provided in other settings while the patient prepares to receive hospice home care, general inpatient care is appropriate.

Three Day Qualifying Hospital Stay

- If a hospice patient receives general inpatient care for 3 days or more in **a hospital**, and chooses to revoke hospice, then the 3-day stay (although not equivalent to a hospital level of care) would still qualify the beneficiary for a covered SNF services

Locations for General Inpatient

- General inpatient may only be provided in a Medicare participating:
  - Hospital
  - SNF
  - Medicare certified hospice inpatient facility

Did you know?

- General inpatient care is the level of care provided to meet the individual's needs and not the location where the individual resides, or caregiver breakdown, that determine payment rates for Medicare services.

General Inpatient Care

- Pain requiring:
  - Complicated technical delivery of medication requiring RN for calibration, tubing changes, or site care;
  - Frequent evaluation by physician/nurse;
  - Aggressive treatment to control pain;
  - Frequent medication adjustment

Hospice General Inpatient Care

- Symptom changes such as:
  - Sudden deterioration requiring intensive nursing interventions
  - Uncontrolled nausea and vomiting
  - Respiratory distress which becomes unmanageable
  - Open lesions requiring frequent skilled care
  - Complex wound care requiring complex dressing changes

Hospice General Inpatient Care

- Severe agitated delirium or acute anxiety or depression secondary to the end-stage disease process requiring extensive intervention.
- Imminent death: requiring skilled nursing care for pain or symptom management.

Caregiver Breakdown

- "It is not appropriate to bill Medicare for general inpatient care days for situations where the individual's caregiver support has broken down unless the coverage requirements for the general inpatient level of care are otherwise met. For a hospice to provide and bill for the general inpatient level of care, the patient must require an intensity of care directed towards pain control and symptom management that cannot be managed in any other setting."
  - CMS IOM Publication 100-02, Chapter 9, Section 40.1.5 - Short-Term Inpatient Care

Condition of Participation: Organization and Administration of Services

- 42 CFR Part 418.100 Subsection (e) Standard:
  - Professional management responsibility. A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be —
    - (1) Authorized by the hospice;
    - (2) Furnished in a safe and effective manner by qualified personnel; and
    - (3) Delivered in accordance with the patient's plan of care.

Documentation for GIP

- Hospice
  - Documentation to support why the beneficiary was transferred to an inpatient facility for GIP
  - Documentation of visit(s) provided during GIP
- Inpatient facility providing GIP
  - Provided documentation to the hospice to support GIP
    - Medication administration records
    - Nurses notes/physician notes
    - Stabilizing treatments
    - Admission and discharge summaries
    - Laboratory results
    - Plan of care

Scenarios

Scenario 1

- 85-year old female with liver cancer, mets to the bone and lung and a secondary diagnosis of dementia. Patient is bed-bound. She is incontinent of bowel and bladder and requires personal care throughout the day. Patient is lethargic but arouses to vigorous stimuli. The daughter request that her mother be transferred to an inpatient unit, she can no longer provide the care that is required.

Scenario 1

- Her medication regimen includes Morphine Sulphate twice daily with sublingual morphine for break-through pain q two hours prn. The patient has required increasing amounts of morphine for break-through pain over the past two days. She is having increased periods of agitation and anxiety. The patient begins having grand mal seizures and is started on Intravenous medications to control the seizure activity. The patient is mottled and has developed Cheyne stokes respirations. She requires frequent suctioning and monitoring.

Polling Question 1

- Would this patient be appropriate for a GIP level of care?
  - Yes
  - No

Scenario 2

- 72 year old female patient who resides in a nursing facility. Patient has a hospice diagnosis of end-stage Alzheimer's and comorbidities of Type II diabetes, congestive heart failure, and renal disease. The patient is aphasic and lethargic. Patient requires frequent turning, mouth care, and personal hygiene. Patient has mottling in all extremities, and nail beds are cyanotic, Cheyne Stokes respirations with a respiratory rate of ten. Pulse is 106 and thready. Blood pressure inaudible. Slight rales noted bilaterally.
- The family is no longer able to care for the patient at home.

Polling Question 1

- Would this patient be appropriate for a GIP level of care?
  - Yes
  - No

Scenario 3

- 85 year old male patient who resides in a nursing facility, diagnosis of end-stage Alzheimer's/dementia and comorbidities of type II diabetes, and CHF. Patient has a Stage IV decubiti on the coccyx, which is oozing copious amounts of foul smelling drainage. Patient has spiked a temp of 103.2 (R). B/P 124/56 P 102 R 26. Patient is aphasic, but moans frequently. Wound cultures are obtained. Pain medication is administered every two hours via IV administration. Patient begins vomiting and anti-emetic is administered. Sterile dressing changes to the decubiti are required every four hours and requires two staff members. The patient is on an air mattress and requires two for turning and repositioning every two hours and prn.

Polling Question 1

- Would this patient be appropriate for a GIP level of care?
  - Yes
  - No

CERT A/B MAC Outreach & Education Task Force

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- The goal of the A/B MAC Outreach & Education Task Force is to ensure consistent communication and education to reduce the Medicare Part A and Part B error rates.
  - A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program.
  - Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
  - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
    - http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html
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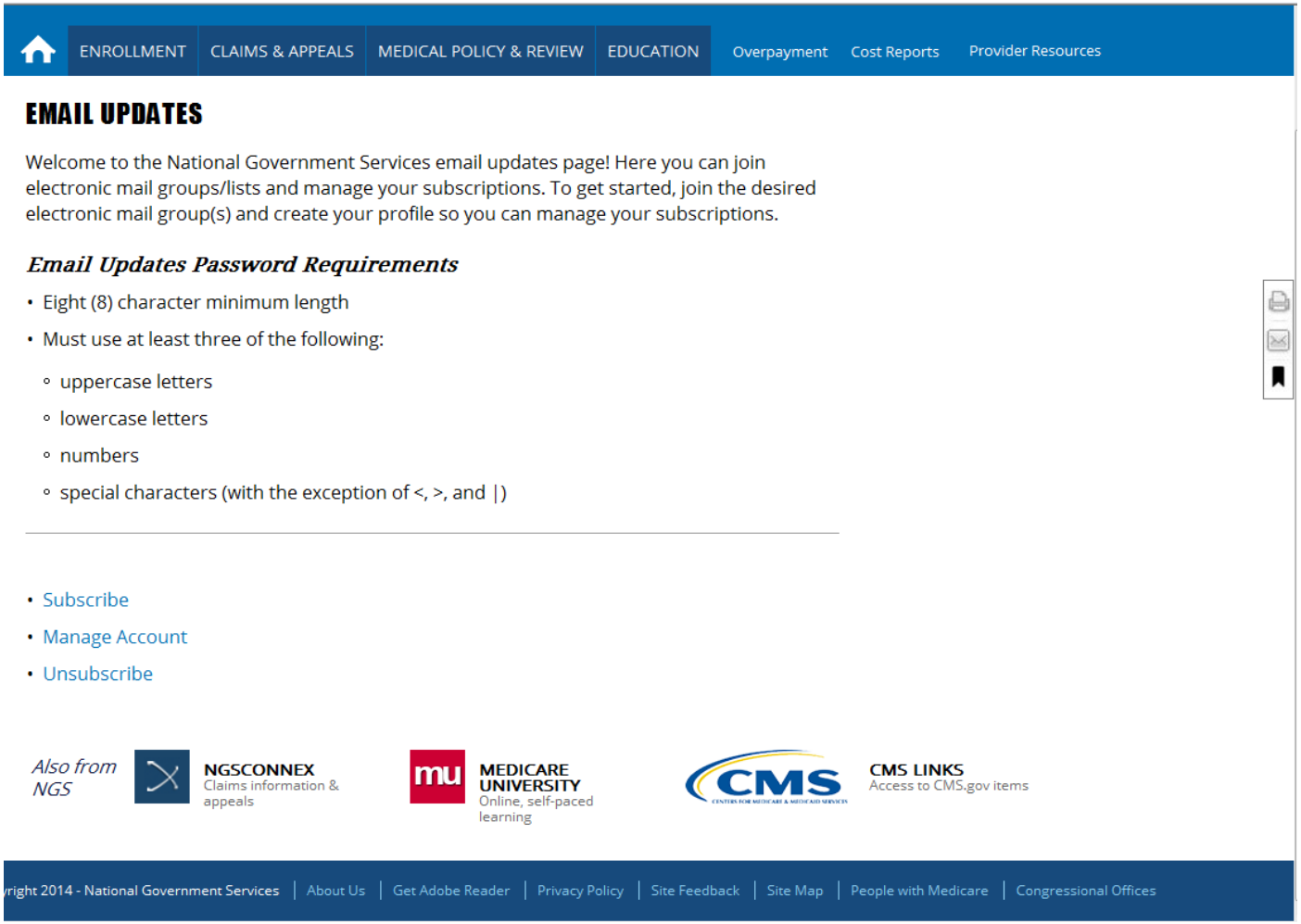

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    - Course Code = To be provided
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