



## HHS OIG Issues 2015 Work Plan – Series Installment Five – A Review of Hospice and Home Health Items

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*In an effort to assist our clients and friends with reviewing the OIG Work Plan for Fiscal Year 2015, we will be publishing a series of articles focusing on different aspects of the Work Plan. In this article, we focus on the elements of the Work Plan that are specifically applicable to hospice providers and home health agencies.*

On October 31, 2014, the Department of Health and Human Services' Office of Inspector General (OIG) posted the 2015 Work Plan. As in previous years, the OIG identified certain projects that are specifically applicable to various provider types. This article reviews the projects that are focused on hospice providers and home health agencies.

Notably, the Work Plan included only two projects for hospice and two projects for home health. For each provider type, one of the two projects is a continued focus area from the 2014 Work Plan.

### ■ Hospice

New for hospice is a focus on the provision of hospice services in assisted living facilities (ALFs). The OIG notes that ALF residents have the longest lengths of stay in hospice care. The OIG plans to review length of stay levels of care and designation of terminal illness of beneficiaries receiving care as residents of ALFs. Findings may ultimately impact the expected reform of the hospice payment system and development of quality measures for hospice.

The OIG focus on hospice general inpatient care (GIP) is a continuation from the 2014 Work Plan. The OIG has long signaled a belief that hospices widely misuse the general inpatient level of care, which is reimbursed at a higher per diem rate than routine hospice home care. GIP is short-term, general inpatient care provided either through a contract arrangement with a licensed and Medicare-certified hospital or long-term care facility or directly by a hospice in its inpatient facility, to provide pain control and symptom management that cannot be accomplished in another setting.

### ■ Home Health

New for home health is an assessment of providers' general compliance with home health prospective payment system requirements. This will include a review of sufficiency of documentation, and may specifically focus on newly enrolled home health agencies, which are designated by CMS as high-risk providers.

As a continuation from the 2014 Work Plan, the OIG will assess the extent to which home health agencies are employing individuals with criminal convictions, in violation of applicable state and local laws. Notably, states vary widely on how they define criminal convictions, so multi-state providers should review their screening processes to ensure compliance.

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