

Federal Office of the Inspector General Identified Risk Areas for Hospice

(From the OIG Compliance Program Guidance for Hospices, 64 Fed. Reg. 54031 [Oct.5, 1999])

The following are practices the federal Office of the Inspector General has identified as potential risk areas for hospices:

- Uninformed consent to elect the Medicare Hospice Benefit
- Admitting patients to hospice care who are not terminally ill
- Arrangement with another health care provider that a hospice knows is submitting claims for services already covered by the Medicare Hospice Benefit
- Under-utilization
- Falsified medical records or plans of care
- Untimely and/or forged physician certifications on plans of care
- Inadequate or incomplete services rendered by the Interdisciplinary Group
- Insufficient oversight of patients', in particular, those patients receiving more than six consecutive months of hospice care
- Hospice incentives to actual or potential referral sources (e.g., physicians, nursing homes, hospitals, patients, etc.) that may violate the anti-kickback statute or other similar federal or state statute or regulation, including improper arrangements with nursing homes
- Overlap in the services that a nursing home provides, which results in insufficient care provided by a hospice to a nursing home resident
- Improper relinquishment of core services and professional management responsibilities to nursing homes, volunteers and privately-paid professionals
- Providing hospice services in a nursing home before a written agreement has been finalized, if required
- Billing for a higher level of care than was necessary
- Knowingly billing for inadequate or substandard care
- Pressure on a patient to revoke the Medicare Hospice Benefit when the patient is still eligible for and desires care, but the care has become too expensive for the hospice to deliver
- Billing for hospice care provided by unqualified or unlicensed clinical personnel
- False dating of amendments to medical records
- High-pressure marketing of hospice care to ineligible beneficiaries
- Improper patient solicitation activities, such as "patient charting"
- Inadequate management and oversight of subcontracted services, which results in improper billing
- Sales commissions based upon length of stay in hospice
- Deficient coordination of volunteers
- Improper indication of the location where hospice services were delivered
- Failure to comply with applicable requirements for verbal orders for hospice services
- Non response to late hospice referrals by physicians
- Knowing misuse of provider certification numbers, which results in improper billing
- Failure to adhere to hospice licensing requirements and Medicare conditions of participation
- Knowing failure to return overpayments made by Federal health care programs