



HOSPICE COMPLIANCE LETTER

Press Release

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Special Report Examines Government Scrutiny of Hospice Eligibility

Hospice care, a skilled and supportive health service for patients with life-limiting illnesses, has grown dramatically since becoming a Medicare-covered benefit in 1983. In fact, that dramatic growth—to 4,850 providers serving 1.45 million patients per year at a cost to Medicare of \$12 billion—is seen by some government regulators as a problem. The Office of Inspector General and the Department of Justice have conducted investigations of hospices. The Medicare Payment Advisory Commission has advised Congress to revise the hospice benefit's payment structure to limit suspected overutilization. And a veritable alphabet soup of Medicare and Medicaid contracting watchdogs are scrutinizing hospice claims for post-payment denials.

The main focus of all these efforts is eligibility for hospice care. The fundamental prerequisite for hospice coverage under Medicare—beyond being a Medicare beneficiary and giving informed consent to the benefit—is a terminal prognosis of six months or less to live, assuming the disease runs its normal course, as certified by the attending physician and the hospice's medical director. But that simple requirement is not so simple, says a special report on the government's multi-pronged scrutiny of hospices' eligibility decisions, published in this month's *Hospice Compliance Letter* trade newsletter.

This report, compiled from interviews with industry leaders, consultants and professional associations, explores the biggest regulatory challenge now facing hospices and its impact on the care they provide to dying patients. It explores the dilemmas and challenges involved in determining terminal prognoses, limitations in the medical science of prognostication, and the emotional barriers standing in the way of hospice access. It also explores the very real—if not well-quantified—accusations of abuse, misuse and ignorance of Medicare's hospice regulations by some providers. And it recommends concrete steps for the hospice community to engage with the challenges of heightened government scrutiny of their patient eligibility determinations.

Most of all, it is intended to spark a dialogue within the hospice provider community and the larger health care system about what is appropriate scrutiny and accountability for hospice admissions. How can this industry self-police while putting the needs of vulnerable, terminally ill patients first? What effect is government scrutiny having on the delivery of hospice care? What is clear is that there are no easy or obvious answers to these questions. But finding answers is essential for ensuring that high-quality, individualized hospice care is available for all of us when that need arises in our own lives.

The *Hospice Compliance Letter*, established in 1999, is a bi-monthly online newsletter published by the Hospice Compliance Network, a subsidiary organization of Summit Business Group, LLC. For information on how to join HCN and regularly receive the *Hospice Compliance Letter*, go to www.hospicecompliance.net or call (866) 229-0132. To read the January issue, with this special report on hospice eligibility, go to www.hospicecompliance.net and click on the available link. For more information on the special report, contact Editor Larry Beresford at (510) 536-3048 or larryberesford@hotmail.com; or Publisher Jay Mahoney at (800) 689-6747 or jmahoney@sbg-llc.com.