



NPHI Statement on the OIG report

On July 30th, The Office of the Inspector General (OIG) at the Department of Health and Human Services (HHS) released a [portfolio report](#) detailing care quality and program integrity issues plaguing certain segments of the hospice provider community, and providing a number of recommendations to CMS intended to help address and ameliorate the concerning behaviors by some hospice providers.

NPHI is encouraged to see that more attention is being paid to vulnerabilities in the hospice program that incentivize disreputable activity focused on maximizing profits at the expense of patient care and safety. While not representative of the industry as whole, and especially rare amongst not-for-profit community-based hospices, the deliberate bad behavior highlighted in the report is inexcusable. NPHI appreciates the OIG's commitment to spotlighting these troublesome trends, but believes that there are important additional issues that warrant attention and more appropriate action, especially as they relate to differentiating not-for-profit community-based hospices from other providers, such as highlighting outliers from Medicare's Hospice Program for Evaluating Payment Patterns Electronic Reports (PEPPER reports) and aggressively pursuing repayment from hospices that go over the aggregate cap. NPHI is committed to working with CMS and other stakeholders toward solutions that ensure that misconduct is addressed appropriately in each and every instance, with an ultimate goal of preventing its occurrence in the first place.

Importantly, the report highlights several key differences in behavior between for-profit and not-for-profit hospices related to inappropriate billing for General Inpatient (GIP) care; the questionable focus by some for-profit hospices on beneficiaries residing in assisted living and nursing facilities; outright fraud schemes; and patterns of suboptimal provision of care. The data and examples in the report reinforce NPHI's messaging around these issues and serve as a reminder of the kinds of practices and policies that set apart not-for-profit community-based providers in terms of the comprehensive, high-quality, holistic care they provide patients and their families. Examples of our members' practices include:

- A commitment to appropriately providing all four levels of hospice care depending on patient and family needs and wishes
- Provision of timely and accessible services at any time, including weekends, nights, and holidays
- Ensuring appropriate GIP services are provided with 24-hour RN direct care with medical oversight
- Striving for a mix of patient settings-of-care and diagnoses that are reflective of the diversity of populations in need of hospice services.

While it is clear from this report that some hospice providers are engaging in concerning behavior, there is much that can be done to tackle these issues head-on and to create a stronger, more targeted program integrity regime for hospice. NPHI continues to urge CMS that deploying a more effective approach of claims-based analysis and other survey oversight reviews would help ensure that troubling trends are flagged and addressed in a timely fashion. These approaches would be in stark contrast to the current approach where CMS contractors are increasingly denying hospice for patients whose condition does not appear on paper to be in "continuous decline," but whose treating medical professionals – including certifying physicians, as required by the law -- continue to believe—and certify—that they



have terminal prognoses. A real and resource-backed CMS commitment to taking up a number of the report's recommendations, as well as ours, will help foster improved compliance and meaningful repercussions for those providers who skirt the rules or game the system.

Additionally, it is vital that appropriate quality metrics be developed and promulgated that capture the data most relevant to the issues driving poor performance. Robust measures are a powerful accountability tool, and CMS should do more to work with NPHI and other stakeholders to collectively create a set of responsive and meaningful metrics that will serve to better facilitate the kind of person-and-family centered care at the heart of the hospice benefit.

NPHI and our members continue to engage with CMS, OIG and other stakeholders on collectively developing solutions to address the issues raised by this and previous OIG reports.