



HCCA Compliance Institute  
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## Developing Your Hospice Risk Assessment

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### Objectives

1. Review sources and latest guidance for hospice risk areas
2. Outline key steps in your risk assessment process – who and what to include
3. Learn important tips to ensure an effective hospice compliance risk assessment process and avoid common challenges.

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BM1

# Purpose and Framework

## Hospice Risk Assessments

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## Slide 4

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**BM1** This can be done verbally, but think it would be good to extend remarks to specific ways some o this might apply to hospice - such as benchmarks and sources of data

Bill Musick, 1/18/2019

## Risk Compliance vs. Risk Management

### Compliance:

“... conforming with stated requirements...achieved through management processes which identify the applicable requirements...assess the state of compliance, assess the risks and potential costs of non-compliance against the projected expenses to achieve compliance, and hence prioritize, fund and initiate any corrective actions deemed necessary.”

### Risk Management:

“...the set of processes through which management identifies, analyzes, and, where necessary, responds appropriately to risks that might adversely affect realization of the organization's business objectives.” (Wikipedia, 2019)

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## Risk The Risk Assessment

- Identifies potential risks that can negatively impact the organization and its payers/clients/referral sources, etc.
- Improves the distribution of resources to support compliance
- Reduces the likelihood and impact of negative consequences
- Identifies areas of highest risk/probability
- Provides some assurances to investors, board of directors, key stakeholders, and investigators

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## U.S. Department of Justice

Criminal Division Fraud Section

### Evaluation of Corporate Compliance Programs

“The Principles of Federal Prosecution of Business Organizations in the United States Attorney’s Manual describe specific factors that prosecutors should consider in conducting an investigation of a corporate entity, determining whether to bring charges, and negotiating plea or other agreements. These factors, commonly known as the “Filip Factors,” include “the existence and effectiveness of the corporation’s pre-existing compliance program” and the corporation’s remedial efforts “to implement an effective corporate compliance program or to improve an existing one.”

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## U.S. Department of Justice

Criminal Division Fraud Section

### Evaluation of Corporate Compliance Programs

#### Sample Questions

- **Risk Management Process** – What methodology has the company used to identify, analyze, and address the particular risks it faced?
- **Information Gathering and Analysis** – What information or metrics has the company collected and used to help detect the type of misconduct in question? How has the information or metrics informed the company’s compliance program?
- **Manifested Risks** – How has the company’s risk assessment process accounted for manifested risks?

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## Risk **The Risk Assessment** k

Conducted annually to:

- Prioritize risks
- Develop and implement internal plans and audits related to risk areas
- Determine reasons for errors
- Develop corrective action plans based on audit findings
- Assign accountability
- Provide monitoring and oversight methods

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## Risk **A Formal Process** k

Documented process to facilitate the:

- Systematic identification of specific hazards that could negatively impact an organization's ability to conduct business.
- Assessment of the severity and likelihood of those hazards
- Implementation of control measures to avoid or minimize risk

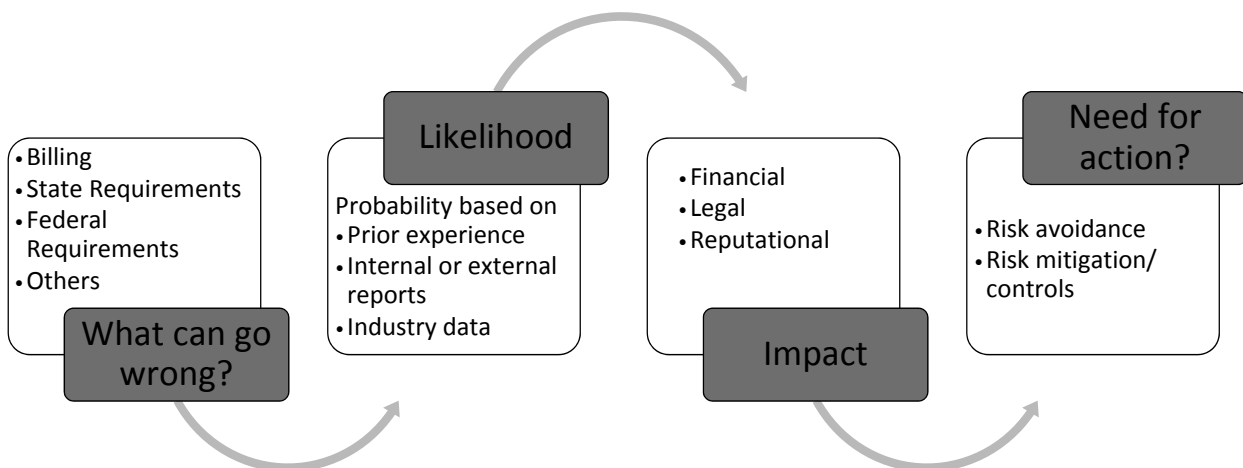
10

# Risk The Team k

- Compliance Officer
- Compliance Committee
- Experienced leaders in the organization
  
- Attorney: Consider whether the risk assessment should be done under privilege

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## Risk Assessment Framework



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BM5

# Risk The Human Factor

Risk Assessments can be subjective:

- Probability/likelihood
- Severity/Impact
- Influenced by prior experience (or lack of experience)

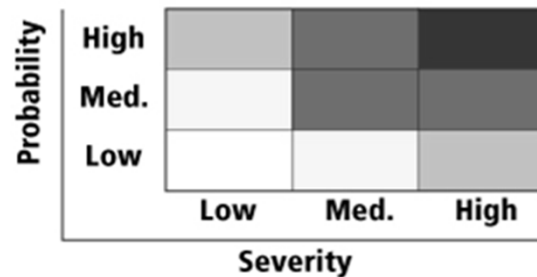
Use objective data whenever available:

- Audits
- Edits
- Industry information (regional/national benchmarks)

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# Risk Subjective Models

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H



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## Slide 13

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**BM5** Suggest thinking of some examples: Repayment/Recoupment:  
GIP \$ billed, Average Revenue per Admission; Reputational:  
feedback from other hospices with CIAs = actual cost of  
implementing CIA plus loss in referrals

Bill Musick, 1/21/2019

## Risk Appropriate Frameworks

- High level / Drill down
- Categories of risks
  - Domain (can be department, responsible party, etc.)
    - Category
      - Sub-Category
- Determine the scope of the assessment
- Determine where each risk “fits” in the assessment
- Allow modifications to the framework

(Source: Advanced Risk Assessment Design: A Framework and Methodology, Swenson, 2018)

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## Risk Appropriate Frameworks - Example

<b>3</b>	Clinical Documentation
<b>3.1</b>	Certification/Recertification
<b>3.1.1</b>	Physician narratives that do not consistently include the clinical findings of the face-to-face encounter
<b>3.1.2</b>	Physician narratives that do not consistently provide evidence of a terminal prognosis

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## Risk The Plan k

<b>3.1.2</b>	Physician narratives do not consistently provide evidence of a terminal prognosis
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**Findings:** Clinical record audit indicated 48% compliance rate with this requirement

**Responsible Party:** VP of Clinical Services.

**Target Completion Date:** 8/1/2019

**Plan:**

- Senior Medical Director to develop and provide training for all hospice physicians by 6/1/2019
- Patient Care Coordinators to receive same training by 6/15/2019

Continued

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## Risk The Plan k

<b>3.1.2</b>	Physician narratives do not consistently provide evidence of a terminal prognosis
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- Senior Medical Director to meet one-on-one with hospice physicians who have <90% compliance rate by 6/15/2019
- Patient Care Coordinators to implement audits as follows:
  - 100% of clinical records for each medical director monthly until compliance rate is 100%.
  - 20% of clinical records monthly for 90 days.
  - If compliance rate drops below 100% during 90 day review, clinical audits to continue and additional corrective action plans to be developed.

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## Risk Repeat Risks k

- Examine causal factors
- Use Root Cause Analysis
- Review the entire chain of events

### Example: Problematic physician narratives

- Processes in place (e.g., timing, information available)
- Support available
- Training provided (e.g., purpose, requirements under CoPs, significance, responsibility, liability)
- Accountability in place

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## Risk The High Cost of Unmitigated Risks k

- Payment denials/recoupment
- Defense (150 ADC hospice = \$250,000+ legal and consulting fees)
- Fines & penalties
- Implementation of a CIA
- Reputational damage
- Employee perceptions

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## Risk The Value of a Risk Assessment Risk

- Reduce or prevent errors
- Assist the organization in achieving its mission
- Protect against financial liability
- Assist in the delivery of high quality care
- Improve financial performance
- Protect reputation
- Improve outcomes

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## Risk Goals of a Risk Management Plan Risk

Provide formal documentation and other evidence that there is:

- A process to identify and document risks
- A method to determine risk sources
- A method to prioritize risks
- A strategy to manage risks

(continued)

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## Risk Goals of a Risk Management Plan k

- A process to implement and monitor the status of the risk management plan
- Evidence of adequate resources
- Assignment of responsibilities
- Demonstration of adequate training for responsible parties
- Evidence of ongoing monitoring of the plan.

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## Follow-Up Risk Assessments

- Review prior assessments and progress on mitigating risks
- Carry-over all relevant items
- Review organizational data for new risks
- Review industry data for additional risks
- Assess organizational performance against risks

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# Hospice-Specific Considerations

## Hospice Risk Assessments

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## HHS OIG Reports

### Strategic (Periodic) Reports

- Strategic Plan
- Work Plan
- Semi-Annual Updates to Congress
- Unimplemented Recommendations
- HHS Top Management Challenges

### Topical Reports

- Data Briefs
- Investigative Advisories
- Alerts

### Corporate Integrity Agreements


### Videos

### HHS OIG Strategic Publications



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**HHS OIG**




Strategic (Periodic) Reports

- Strategic Plan
- Work Plan
- Semi-Annual Updates to Congress
- Unimplemented Recommendations
- HHS Top Management Challenges

Topical Reports


- Data Briefs
- Investigative Advisories
- Alerts

Corporate Integrity Agreements




**Government  
Accountability Office**

**Health Care Fraud and  
Abuse Control Program  
Annual Report**




**Congress**

Legislation  
Hearings  
Budget Acts




**DOJ**

Memos  
Justice  
News




**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Horidian**  
Healthcare Solutions

**PERFORMANT**

PEPPER  
Rules



**HHS**

Regulations

OCR, DOL, MedPAC

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**Poll: What is your primary source of compliance guidance updates?**

1. Industry Association – National	5%
2. Industry Association – State	0%
3. Compliance Association	11%
4. Peer Network	0%
5. Government Agency List Servs	44%
6. Law or Consulting Firm	16%
7. Other	22%

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## Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio

Poll: If you provide hospice services, which of the following is most accurate?

- |   |     |
|---|-----|
| 1. I haven't heard of this report   | 23% |
| 2. I've heard of the report, but haven't carefully looked at it                       | 47% |
| 3. I've read through it   | 11% |
| 4. I've used the items in the report as part of a risk assessment for my organization | 17% |

**70%**  
had not  
carefully  
looked at  
this report

# Hospice Vulnerabilities

U.S. Department of Health and Human Services  
**Office of Inspector General**

**Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio**

OEI-02-16-00570  
July 2018  
oig.hhs.gov

Joanne M. Chiedi  
Principal Deputy  
Inspector General

## Hospice Vulnerabilities

### Hospices Do Not Always Provide Adequate Services to Beneficiaries and Sometimes Provide Poor Quality Care

- Key services are sometimes lacking
  - Fewer services than outlined in the plans of care
  - Adequate nursing, physician, or medical social services for General Inpatient care stays
    - Example: 17 days of general inpatient care with no in-person visits, only phone calls to family caregivers
  - Effective management of pain and/or symptoms
    - Examples: Uncontrolled pain throughout 16 days in GIP care with no change in pain medication until the last day; Respiratory symptoms uncontrolled for 14 days on GIP

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## Hospice Vulnerabilities

### Hospices Do Not Always Provide Adequate Services to Beneficiaries and Sometimes Provide Poor Quality Care (cont'd)

- Hospices often do a poor job care planning
  - Did not meet plan of care requirements in 85 percent of GIP stays
  - In NFs, hospices failed to meet requirements for plan of care for 63% of claims
  - Did not involve all members of the interdisciplinary group in establishing the plans or failed to include a detailed statement of the scope and frequency of needed services in the plans of care.
- In 2016, 665 hospices provided only one level of care
- Most beneficiaries do not see a hospice physician, even on GIP
- Prematurely enrolling beneficiaries results in loss of curative treatment benefits

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## Hospice Vulnerabilities

### **Beneficiaries and Their Families Do Not Receive Crucial Information To Make Informed Decisions About Hospice Care**

- CMS provides beneficiaries little information about hospice quality
- Hospices often provide beneficiaries incomplete or inaccurate information about the benefit. Statements often neglect to specify that the beneficiary was electing the Medicare hospice benefit as opposed to Medicaid hospice or some other insurance where eligibility criteria and election periods may differ from those of Medicare.
- Other required information on election statements is often missing

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## Hospice Vulnerabilities

### **Inappropriate Billing by Hospices**

- Hospices frequently bill Medicare for a higher level of care than the beneficiary needs
  - Billing for inappropriate levels of care (48% of GIP stays in SNFs were inappropriate with 30% in other settings).
  - Insufficient clinical documentation.
- Medicare sometimes pays twice for the same service
  - Drugs paid through Part D for hospice beneficiaries when payment for these drugs should have been covered by the daily rate paid to the hospice.
  - Medicare also paid twice for physician services for hospice beneficiaries under both the Part A hospice benefit and Part B even though from the same physician, on the same day, for the same beneficiary and terminal illness

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## Hospice Vulnerabilities

### **Inappropriate Billing by Hospices**

- Hospice physicians are not always meeting requirements when certifying beneficiaries for hospice care ....the physicians did not explain their clinical findings or attest that their findings were based on their examination of the beneficiary or review of the medical records.
- Hospice fraud schemes are growing and include kickbacks and false billing

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## Hospice Vulnerabilities

### **Payment System Creates Incentives for Hospices To Minimize Services and Seek Beneficiaries with Uncomplicated Needs**

- Hospices typically provide less than 5 hours of visits per week
- Hospices seldom provide services on weekends
- Hundreds of hospices target beneficiaries in certain settings who have long lengths of stay
  - Over one-third of beneficiaries in ALFs received hospice care for more than 180 days
  - 263 hospices had more than two-thirds of their beneficiaries in nursing facilities

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## Hospice Vulnerabilities - Recommendations

**CMS should strengthen the survey process to better ensure that hospices provide beneficiaries with needed services and quality care**

- CMS should identify hospices that *do not provide all levels of care, infrequently provide physician services, or rarely provide care on weekends*
- CMS should *identify hospices with repeat deficiencies* and instruct surveyors to focus on these problem areas during their reviews

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## Hospice Vulnerabilities - Recommendations

**CMS should develop and disseminate additional information on hospices to help beneficiaries and their families and caregivers make informed choices about their care**

- Develop other claims-based information and include it on Hospice Compare, such as: *the average number of services a hospice provides, the types of services, how often physician visits are provided, and how often a hospice provides services on weekends.*
- Include on Hospice Compare deficiency data from surveys, including information about *complaints* filed and resulting deficiencies.

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## Hospice Vulnerabilities - Recommendations

### Promote physician involvement and accountability to ensure that beneficiaries get appropriate care

- Ensure that a physician is involved in the decisions to start and continue general inpatient care such as:
  - Requiring the hospice to obtain a *physician's order to change the level of care to general inpatient care* and including the ordering physician's National Provider Identifier on the hospice claim
  - Have the *physician sign off on the level of care at reasonable intervals during the general inpatient care stay*

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## Hospice Vulnerabilities - Recommendations

### Strengthen oversight of hospices to reduce inappropriate billing

- Analyze claims data to identify hospices that engage in practices or have characteristics that raise concerns.
  - High *percentage of beneficiaries in SNFs and/or ALFs*
  - High *percentage of beneficiaries with diagnoses that require less complicated care*
  - *Not providing all levels of hospice care*
- Take appropriate follow-up actions
  - Initiate probe and educate reviews
  - Provide education
  - Conduct prepayment reviews
  - Make referrals to law enforcement or Recovery Auditors

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## Hospice Vulnerabilities - Recommendations

### **Strengthen oversight of hospices to reduce inappropriate billing**

- Increase oversight of general inpatient care claims, *particularly care provided in SNFs*
- Implement a comprehensive prepayment review strategy to address *lengthy general inpatient care stays*
- Develop and execute a strategy to work directly with hospices to ensure that they are *providing drugs covered under the hospice benefit as necessary* and that the cost of drugs covered under the benefit are not inappropriately shifted to Part D.

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## Hospice Vulnerabilities - Recommendations

### **Take steps to tie payment to beneficiary care needs and quality of care to ensure that services rendered adequately serve beneficiaries' needs**

- Assess the current payment system to determine what changes may be needed to tie payments to beneficiaries' care needs and quality of care
- CMS should assess the *accuracy of hospice cost reports*
- Modify the payments for hospice care in nursing facilities.

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## Hospice Vulnerabilities – Key Take-Aways

### 1. Track and manage to key indicators:

- Distribution of levels of care
- Frequency of physician services
- Percent of care on weekends

### 2. Carefully manage and test plans of correction for deficiencies

### 3. Enhance documentation for General Inpatient Care

- Obtain physician's order to change the level of care to general inpatient care
- Record physician sign off on the level of care at reasonable intervals (daily)

### 4. Ensure accuracy of cost reports

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HHS OIG  
Workplan

Active	New in 2018	Completed in 2018
7	2	1

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## OIG Work Plan - Hospice

### NEW: Protecting Medicare Hospice Beneficiaries From Harm

This study is a companion to Trends in Hospice Deficiencies and Complaints (OEI-02-17-00020), in which we determine the extent and nature of hospice deficiencies and complaints and identify trends. For this study, we will use the survey reports to provide more detail about poor-quality care that resulted in harm to beneficiaries. We will describe specific instances of harm to Medicare hospice beneficiaries and identify the vulnerabilities in Medicare's process for preventing and addressing harm.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
November 2018	OEI-02-17-00021	2019

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## OIG Work Plan - Hospice

### NEW: Medicare Payments Made Outside of the Hospice Benefit

Hospices assume responsibility for medical care related to the beneficiary's terminal illness and related conditions, while Medicare continues to pay for services that are not related to the terminal illness. OIG reviews have identified separate payments that should have been covered under the hospice per diem payments. We will produce summary data on all Medicare payments made outside the hospice benefit, and conduct reviews of selected individual categories of services (e.g., durable medical equipment, prosthetics, orthotics and supplies, physician services, outpatient) to determine whether payments made outside of the hospice benefit complied with Federal requirements.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
June 2018	W-00-17-35797, W-00-18-35797	2019

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## OIG Work Plan - Hospice

### Duplicate Drug Claims for Hospice Beneficiaries

Medicare Part A pays hospices a daily per diem amount which is designed to cover the cost of drugs related to the terminal illness. Accordingly, Medicare Part D drug plans should not pay for prescription drugs related to a hospice beneficiary's terminal illness. Previous OIG work found that Medicare may have paid twice for prescription drugs for hospice beneficiaries, under the Part A per diem rate and again under Part D. We will review the appropriateness of Part D drug claims for individuals who are receiving hospice benefits under Part A.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
August 2017	W-00-17-35802; A-06-17-xxxx	2019

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## OIG Work Plan - Hospice

### Review of Hospices: Compliance with Medicare Requirements

Federal regulations address Medicare conditions of and limitations on payment for hospice services (42 CFR Part 418, Subpart G). We will review hospice medical records and billing documentation to determine whether Medicare payments for hospice services were made in accordance with Medicare requirements.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
November 2016	W-00-16-35783; various reviews	2019

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## OIG Work Plan - Hospice

### Trends in Hospice Deficiencies and Complaints

CMS contracts with State survey agencies and national accreditation organizations to conduct onsite surveys of hospices for certification and in response to complaints. Previous OIG reports raised concerns about the limited enforcement actions against poorly performing hospices. As part of OIG's ongoing commitment to address quality of care, we will determine the extent and nature of hospice deficiencies and complaints and identify trends.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
June 2017	OEI-02-17-00020	2018

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## OIG Work Plan - Hospice

### Frequency of Nurse On-Site Visits to Assess Quality of Care and Services

Medicare requires that a registered nurse make an on-site visit to the patient's home at least once every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs (42 CFR § 418.76(h)(1)(i)). We will determine whether registered nurses made required on-site visits to the homes of Medicare beneficiaries who were in hospice care.

Announced or Revised	Report Number(s)	Expected Issue Date (FY)
November 2016	W-00-16-35777	2019

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## Key Take-Aways: OIG Work Plan

1. Tracking and taking steps to prevent harm
2. Communicating hospice responsibility for costs of drugs and services related to terminal diagnosis and prognosis
3. Strong documentation of:
  - Eligibility
  - Pain and symptom control
  - Physician involvement
4. Response to complaints (process improvement)
5. Compliance with requirement RN visit every 14 days to assess the quality of care by the hospice aide and to ensure that services ordered by the interdisciplinary group meet the patient's needs

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## Top Management Challenges - HHS



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## Top HHS Management Challenges

### Protecting the Health and Safety of Vulnerable Populations – Hospice Care

#### Key Components

- Most beneficiaries, including beneficiaries with complex needs, do not see a hospice physician, and key services to control pain and manage symptoms are sometimes lacking.
- Hospice beneficiaries and their caregivers may not receive the information they need to make informed decisions.
- Investigations have uncovered fraudulent practices

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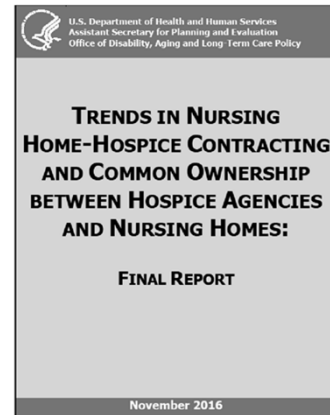
## Top HHS Management Challenges

#### Key Take-Aways

- Strong documentation of explanation of benefit and election
- Strong documentation of eligibility for hospice and advanced levels of care
- Evidence of physician involvement
- Evidence of pain and symptom control

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## Nursing Home-Hospice Contracting



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## Common Facility/Hospice Ownership

### Growth in:

- Common ownership of hospice agencies and nursing homes
- Proportion of hospice enrollees and nursing home residents receiving care from nursing homes and hospices with common ownership

### Characteristics:

- Longer hospice stays
- Higher number of visits from registered nurse/licensed practical nurse in the last 7 days of life, yet...
- Lower proportion of days with any kind of hospice visit
- Fewer visit hours per day.

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## Common Facility/Hospice Ownership

### Monitor Nursing Facility patients vs overall patient population:

- Rates of live discharge
- Lengths of stay
- Proportion of stays less than or equal to three days
- Registered nurse/licensed practical nurse visits in the last 7 days of life
- Proportion of days with any kind of hospice visit
- Visit hours per day

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Recent Areas of Focus:  
CMS Contractors

The word "PERFORMANT" is written in a bold, sans-serif font. It is positioned inside a large, dark, circular graphic that has a rough, ink-like edge. The background of the slide is white with a large, dark, circular graphic on the right side that partially overlaps the text.The logo for Meridian Healthcare Solutions, featuring the word "meridian" in a lowercase, sans-serif font with a stylized 'm', and "Healthcare Solutions" in a smaller font below it. The logo is set against a dark rectangular background.

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## Hospice Focus by CMS Contractors

Noridian as the **Supplemental Medical Review Contractor (SMRC)** for CMS is conducting post-payment review of claims for *general inpatient hospice* billed from January 1, 2017 through December 31, 2017.

Performant, as **Recovery Audit Contractor (RAC)** is reviewing charges for hospice-related equipment and services:

8/16/2018 **Physician services billed during an active hospice period** Region 1: NY, ME, NH, VT, MA, RI, CT, OH, KY, IN, and MI

9/20/2018 **DME billed concurrent with hospice services** Region 5 – All States

11/28/2018 **Part A Outpatient Services related to a Hospice terminal diagnosis.** Region 1: NY, ME, NH, VT, MA, RI, CT, OH, KY, IN, and MI

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## Overall Key Take-Aways

Does hospice...		
Y	N	
<input type="radio"/>	<input type="radio"/>	provide all levels of care? <HV>
<input type="radio"/>	<input type="radio"/>	have repeated deficiencies? <HV> If so, are plans of correction in place and being monitored for effectiveness?
<input type="radio"/>	<input type="radio"/>	have repeated complaints? <HV, WP> If so, are plans of correction in place and being monitored for effectiveness?
<input type="radio"/>	<input type="radio"/>	have a process to ensure the cost of drugs are not inappropriately shifted to Part D <WP, HV>
<input type="radio"/>	<input type="radio"/>	have a process to ensure that related DME, supplies and services are not billed outside of hospice benefit <WP, RAC>
<input type="radio"/>	<input type="radio"/>	have a process to ensure accuracy of hospice cost reports <HV>
<input type="radio"/>	<input type="radio"/>	have a process to ensure and document that RN makes an in-home visit at least every 14 days to assess the quality of care
<input type="radio"/>	<input type="radio"/>	provided any aides and that services ordered by the IDG meet the patient's need <WP>
<input type="radio"/>	<input type="radio"/>	documentation that clearly meets requirements for billing:
<input type="radio"/>	<input type="radio"/>	- Appropriately signed and dated election statement with all required elements <TMC, WP>
<input type="radio"/>	<input type="radio"/>	- Appropriate and timely face-to-face documentation
<input type="radio"/>	<input type="radio"/>	- Physician certification of terminal illness that clearly addresses terminal illness and limited prognosis
<input type="radio"/>	<input type="radio"/>	- Timely verbal orders in lieu of signed orders
<input type="radio"/>	<input type="radio"/>	- Consistency in documentation of appropriate hospice LCD elements
<input type="radio"/>	<input type="radio"/>	- Clear rationale for the need for increased levels of care
<input type="radio"/>	<input type="radio"/>	have clear documentation and exception tracking for pain and symptom control <TMC, WP>

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## Overall Key Take-Aways

### *Not required, but recommended to address stated government concerns*

<input type="checkbox"/>	<input type="checkbox"/>	regularly provide physician services <HV, TMC>
		% of GIP patients receiving daily visit > 75%
		% of patients on service more than 60 days with physician visits > 25%
<input type="checkbox"/>	<input type="checkbox"/>	provide care on weekends approaching levels of care on weekdays (at least 10% of total visits per day) <HV>
<input type="checkbox"/>	<input type="checkbox"/>	obtain a physician's order to change the level of care to general inpatient care <HV>
<input type="checkbox"/>	<input type="checkbox"/>	have the physician sign off on elevated levels of care at reasonable intervals <HV>
<input type="checkbox"/>	<input type="checkbox"/>	high percentage of beneficiaries in SNFs and/or ALFs <HV>
<input type="checkbox"/>	<input type="checkbox"/>	high percentage of beneficiaries with diagnoses that require less complicated care (e.g. dementia) <HV>

### *Not required, but recommended to address stated government concerns:*

#### *ALF/SNF Patients*

<input type="checkbox"/>	<input type="checkbox"/>	rates of live discharge (compare to percentile in PEPPER reports)
<input type="checkbox"/>	<input type="checkbox"/>	long lengths of stay (> 90 days)
<input type="checkbox"/>	<input type="checkbox"/>	short lengths of stay (3 days or less)
<input type="checkbox"/>	<input type="checkbox"/>	RN/LPN visits in the last 7 days of life
<input type="checkbox"/>	<input type="checkbox"/>	Proportion of days with any hospice visit
<input type="checkbox"/>	<input type="checkbox"/>	Visit hours per day

## Overall Key Take-Aways

### *Not required, but recommended best practices to avoid compliance issues*

<input type="checkbox"/>	<input type="checkbox"/>	require manager certifications that all known overpayments have been identified and repaid (CIA)
<input type="checkbox"/>	<input type="checkbox"/>	have program to encourage a "speak-up" culture for patients, families and staff wrt to patient or opioid abuse, missed visits, copy and paste documentation
<input type="checkbox"/>	<input type="checkbox"/>	have defined process for investigation, follow-up and process improvement for identified issues from "speak-up" culture
<input type="checkbox"/>	<input type="checkbox"/>	have a verification process for visits, especially F2F and RN

# Tips and Common Challenges

## Hospice Risk Assessments

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## Risk Assessment Challenges Considerations.... Before You Start

- Understand the organization's mission and objectives
- Assess for competing organizational priorities
- Determine Attorney Client Privilege
- Assign Authority... QAPI Committee - Compliance Committee - Audit Committee
- Establish and agree on the results reporting format
  - Percentages, traffic lights, high/ moderate/ low
  - Who receives the report
  - What is the plan for follow - up

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## Risk Assessment Organizational Challenges

- Size
- Selecting a framework
- Structure - test compliance at the level of accountability
  - Single site, multi-site
  - Single or multiple business lines
- Hierarchy
- Roles and responsibilities of
  - Compliance Department
  - QAPI Program and Process
  - Legal Department
  - Internal Audit Department
- “Buy- in”

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## Organizational Size and Structure

**Challenge:** Size and structure may influence the risk universe and risk criteria

**Tip:** Cast a wide net and develop a common set of factors with which to evaluate the risk universe

**Challenge:** Numerous risk assessment theoretical frameworks

**Tip:** Ensure the sophistication and detail level of the chosen framework parallels the size and structure of the organization. Regardless of which framework you use:

1. Develop your assessment criteria
2. Assess the risks
3. Prioritize the risks

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## Organizational Hierarchy and Roles

**Challenge:** How to determine who in the organization will make the decisions about how to identify risk? Organizations have limited resources allocated to mitigate risk

**Tip:** Risk assessments are most effective and accurate when personnel from different units and with various levels of supervisory responsibility are involved. Involve different levels of personnel from different departments and strive to receive in-put from across the organization; but determine ahead of time which department will conduct /manage the assessment

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## Organizational Buy-in to Risk Assessments

**Challenge:**

- Stakeholder compliance expectations are high
- Risk exposure in Hospice is high

**Tips:**

- Harness the power of the data for meaningful change
- Focus organizational messaging on advanced warning of lurking problems prior to them becoming potentially damaging
- Address Legal implications before you start the risk assessment
- Determine assessment criteria that will actually assess risk instead of repeat auditing of known problems

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## Informal Risk Assessment

### ***Tips:***

- Communication
  - Have a process in place to monitor multi-site decentralization, including remote support teams
  - Pay attention to multi- site locations “home grown processes” or individuals who express discontent with the organization’s culture
  - Share hot line results between HR and Compliance
- Social media
  - Encourage executive management to practice transparency with messaging to avoid cynical employee chatter

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## Informal Risk Assessment (cont'd)

### ***Tips:***

- Recruitment and exits
  - Hire character first
  - Does your organization value people equally during the exit and hiring processes?
- Rewards
  - Make them consistent with organizational values

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# Work Plans

**Challenge:** How to make the work plan a living, breathing document

**Tips:**

- Develop the work plan into a roadmap based on the risk assessment results that will guide the organization through the processes of:
  - Prioritization of goals
  - Specifying detail (responsible party, timeline, etc.)
  - Assigning resources to achieve the goals
- Make the work plan adaptable
  - Government regulations change, contractor audits are received, staffing fluctuates, leadership changes
- Make the work plan manageable
  - Use tight timelines versus multi-year
  - Make the tasks specific and singular
  - Ensure adequate resources are available to conduct the tasks
- Review the work plan on a pre-determined regular basis

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**Work Plan Example**

Compliance Work Plan									
Work Plan Period: 01/01/19-03/01/19									
ITEM #	TASK	OBJECTIVE	PRIORITY	STATUS	OWNER	ASSIGNED TO	START DATE	TARGET DUE DATE	COMPLETION DATE
1.00	Policies, Procedures and Standards of Conduct								
1.10	Develop Standards of Conduct - (Review formats, review content - compliance responsibilities, fair and equitable discipline, duty to report, methods of reporting and non-retaliation) [Essentials #5-13, 279]	#1- P&P's & Standards of Conduct	Priority 1	In Progress					
1.11	Develop training for Standards of Conduct including mechanisms for new hires (Refer to 3.1)	#1- P&P's & Standards of Conduct	Priority 2	Not Started					
1.12	Obtain Completed Attestations	#1- P&P's & Standards of Conduct	Priority 3						
1.13	Develop mechanism to communicate Standards to contractors and vendors (See 1.23)	#1- P&P's & Standards of Conduct							
1.14	Review/Revise Employee Handbook to reflect one organizational standard of conduct.	#1- P&P's & Standards of Conduct							
1.21	Review/Revise Corporate Program Policies	#1- P&P's & Standards of Conduct							

## Work Plan Example (cont'd)

Compliance Work Plan									
Work Plan Period: 01/01/19-03/01/19									
ITEM #	TASK	OBJECTIVE	PRIORITY	STATUS	OWNER	ASSIGNED TO	START DATE	TARGET DUE DATE	COMPLETION DATE
1.22	Review/Revise Clinical and Operational Policies and Procedures related to compliance	#1- P&P's & Standards of Conduct							
1.23	Load Standards of Conduct to intranet	#1- P&P's & Standards of Conduct							
1.24	Review/Revise policy archiving system	#1- P&P's & Standards of Conduct							

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## Developing Hospice Work Plans

- Incorporate Risk Assessment findings
- Incorporate OIG work plan items as appropriate to your organization
- Cross reference and incorporate aspects of the Vulnerabilities Report findings as appropriate to your organization
  - Review Election statement
  - Review visit frequencies
  - Review Billing practices as related to LOC
  - Review Plans of Care for individualization and detail

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## Final Tips for Developing a Hospice Work Plan

- Remain focused on the identified goal
  - Be specific to enable deliverables to stay on track
  - Maintain priority focus
- Only measure what you need to know
  - Avoid over complicated plans
- Provide involved employees with a fixed time commitment to avoid “availability” issues that could potentially delay or derail the plan for the entire team
- Stay current
  - “Grey- out” completed tasks

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## Questions/ Discussion

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