

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

To participate in Medicare, hospices must meet conditions of participation, which are the health and safety requirements for improving quality of care and protecting the health and safety of beneficiaries. Compliance with each condition of participation depends on how the hospice provider satisfies various standards within the condition. One standard requires registered nurses to visit beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides. Since 2009, the Centers for Medicare & Medicaid Services (CMS) has consistently identified this standard as one of the top seven standards with the most deficiencies.

Our objective was to determine whether registered nurses visited hospice beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides and documented the visits in accordance with Federal requirements.

How OIG Did This Audit

Our audit covered approximately 189,000 high-risk registered nurse visit date-pairs from January 1 through December 31, 2016. A date-pair consisted of two care visits that were made by a registered nurse to a beneficiary's home and that were more than 14 days apart. We reviewed a random sample of 78 date-pairs and estimated the number of date-pairs that did not comply with Federal requirements.

Registered Nurses Did Not Always Visit Medicare Beneficiaries' Homes at Least Once Every 14 Days To Assess the Quality of Care and Services Provided by Hospice Aides

What OIG Found

Registered nurses did not always (1) visit hospice beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides or (2) document the visits in accordance with Federal requirements. Of the approximately 189,000 high-risk date-pairs, we identified (1) an estimated 99,000 instances in which the registered nurses did not make the required supervisory visits at least once every 14 days and (2) an estimated 5,000 instances in which supervisory visits were not documented in accordance with Federal requirements.

These deficiencies occurred because of hospices' lack of oversight, scheduling errors, employee turnover, and the registered nurses not being aware of the 14-day supervisory visit requirement. As a result, there was no assurance that beneficiaries admitted to those hospices received the appropriate care while in hospice care.

What OIG Recommends and CMS Comments

We recommend that CMS promote hospices' compliance with the condition-of-participation standard that requires registered nurses to visit hospice beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides, which could include working with State survey agencies and accreditation organizations to increase emphasis on oversight of this requirement, educating hospices about the requirements associated with this standard, and making this standard a quality measure. We also recommend that CMS take action to ensure that all registered nurses' supervisory visits of hospice aides are documented in accordance with applicable CMS regulations and interpretive guidelines.

CMS concurred with our recommendations and described actions that it planned to take to address our recommendations.