Ensuring compliance with applicable laws, regulations and professional standards of practice implementing systems and processes that prevent fraud and abuse.
Standard:

CLR 1 The organization maintains full compliance with legal and regulatory requirements and standards of practice.

Requirements include but are not limited to:

- Medicare Hospice Conditions of Participation of 2008 (42 CFR 418, Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule, Federal Register Doc. 08-1305, Washington, DC: Government Printing Office) are the health and safety requirements that all Medicare certified hospice are required to meet. They are a flexible framework for continuous quality improvement in hospice care and reflect current standards of practice.

- Medicare hospice interpretive guidelines of 2010 (CMS S&C 09-19) are survey protocols that are established to provide guidance to personnel conducting surveys. They serve to clarify and/or explain the intent of the Medicare hospice regulations and all surveyors are required to use them in assessing compliance with Federal requirements.

- State hospice licensure regulations are requirements a hospice must meet to be licensed to provide hospice care and maintain hospice provider licensure in their respective state. Each state has specific hospice licensure requirements. In order to operate a hospice, an organization must apply for hospice licensure and be surveyed for compliance by the state certification and survey body. Usually, the state will complete the licensure and Medicare certification survey during the first initial compliance survey.

- Health Insurance Portability and Accountability Act (HIPAA), enacted by Congress in 1996. The privacy rule took effect in 2003 and addresses the use and disclosure of “protected health information” (PHI). The security rule also took effect in 2003 and addresses electronic protected health information (E Ph I). HIPAA significantly expanded federal authority and resources to combat fraud and abuse.

- The Centers for Medicare and Medicaid Services (CMS) hospice data collection regulations require hospice providers to submit specific operational data on patient claim forms. (CMS Transmittals CR 5245, 5567, 6440)

- The Office of the Inspector General’s (OIG) mission is to protect the integrity of Department of Health and Human Services (HHS) programs, as well as the health and welfare of the beneficiaries of those programs, CMS included. The OIG has published several documents regarding hospice compliance in the past few years. All of the OIG reports can be found at www.oig.hhs.gov. A sample of the publications is below:
  - Medicare Hospice Care for Beneficiaries in Nursing Facilities: Compliance with Medicare Coverage Requirements (09/2010) (PDF)
  - Hospice Beneficiaries' Use of Inpatient Respite Care Report (03/31/08) (PDF)
  - Medicare Hospice Care: A Comparison of Beneficiaries in Nursing Facilities and Beneficiaries in Other Settings (12/2007) (PDF)
  - OIG Report on Medicare Hospice Certification and Oversight (04/24/07) (PDF)
CLR 1.1  The governing body adopts bylaws in accordance with the mission of the organization.

CLR 1.2  Mechanisms are in place to address the recommendations made in the reports received from authorized regulatory and accrediting bodies.

CLR 1.3  The hospice has a comprehensive compliance program that includes:

1. The development and distribution of written standards of conduct, as well as written policies and procedures, which promote the hospice's commitment to compliance and address specific areas of potential fraud, such as Medicare hospice eligibility and admission, improper financial relationships with nursing facilities and other healthcare professionals and entities, and improper billing practices.

2. The designation of a compliance officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility for operating and monitoring the compliance program, and who report directly to the CEO and the governing body;

3. The development and implementation of regular, effective education and training programs in compliance for all affected employees;

4. The creation and maintenance of a process, such as a hotline or other reporting system, to receive complaints and ensure effective lines of communication between the compliance officer and all employees and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation;

5. The use of audits and/or other evaluation techniques to monitor compliance, identify problem areas and assist in the reduction of identified problem areas;

6. The development of appropriate disciplinary mechanisms to enforce standards and the development of policies to address (i) employees who have violated internal compliance policies, applicable statutes, regulations or federal healthcare program requirements and (ii) the employment of sanctioned and other specified individuals; and

7. The development of policies that direct prompt and proper responses to detected offenses, including the initiation of appropriate corrective action and preventive measures.

Practice Examples:

◆ Results of surveys are documented in governing body meeting minutes.

◆ Ongoing mock surveys or self-assessments are conducted to identify areas for improvement and changes are made based on the findings.

◆ The hospice has a procedure for reporting and investigating compliance concerns.
Standard:

CLR 2 The hospice has a program to identify, prevent and correct practices that are fraudulent or abusive.

CLR 2.1 Medicare-certified hospices provide care, treatment and services as defined in Medicare hospice regulations.

CLR 2.2 The hospice uses specific guidelines to determine eligibility for hospice on admission and with every recertification.

CLR 2.3 The hospice regularly monitors its compliance with regulatory requirements and business practices.

Practice Examples:

◆ Utilization of organizational resources including Medicare Administrative Contractors/fiscal intermediaries, state organizations, accrediting bodies for regulatory questions and interpretive guidance.

◆ Voluntary accreditation by agencies with deemed status.

◆ There is a process for review of patient eligibility for hospice services prior to admission as well as at the time of recertification.

◆ For admission and recertification of patients with the Medicare Hospice Benefit as the payor source, the hospice utilizes CMS regulations and Medicare Administrative Contractors/fiscal intermediary Local Coverage Determinations.

◆ The hospice regularly audits compliance with regulatory requirements and business practices.
Standard:

CLR 3  The hospice maintains a comprehensive, timely, and accurate clinical record of services provided in all care settings for each patient and family.

CLR 3.1 There are written policies and procedures that address the content, maintenance, security, storage, retention and access to hospice clinical records. These policies and procedures conform to all state and federal laws.

CLR 3.2 A standardized format is used to document the services provided in all care settings.

CLR 3.3 Documentation in the hospice clinical record is descriptive, timely, and accurate and includes at a minimum:
1. A medical history including clinical evidence of the terminal prognosis on admission;
2. An age-appropriate physical assessment of the patient by the hospice nurse;
3. A psychosocial assessment of the patient, family and caregiver;
4. A spiritual assessment of the patient, family and caregiver;
5. A bereavement assessment of the patient, family and caregiver;
6. Physician certification and recertification of terminal illness form(s);
7. Physician certification and recertification of terminal illness narrative statement(s);
8. Outcome measure data elements;
9. An interdisciplinary team plan of care;
10. The care provided by all disciplines from admission through bereavement;
11. Patient/family responses to medications, symptom management, treatments and services;
12. Signed physician’s orders for care;
13. Persons to contact in an emergency;
14. Signed Notice of Hospice Election form by patient or representative;
15. A signed informed consent and signed receipt that patient or representative has received a copy of the notice of rights and responsibilities;
16. The patient’s decisions regarding end-of-life care;
17. Advance directives information;
18. A military history checklist (when indicated);
19. Identification of other agencies involved in care;
20. Communication regarding care or services to be provided and care coordination; and
21. Additional information as required by law and regulation.

CLR 3.4 When services are provided under a contractual agreement, clinical documentation or a summary of services provided by the other organization or individual is included in the hospice clinical record.

CLR 3.5 Clinical records of patients transferring to a different level of care, or to or from the hospice, contain detailed information to promote continuity of care and support care coordination across treatment settings.

CLR 3.6 Forms utilized in the clinical record are reviewed according to established policy and revised as appropriate.
CLR 3.7 The clinical record contains a discharge summary for every discharged patient.

CLR 3.8 The clinical record is completed within the time frame specified by the hospice for every discharged patient.

Practice Examples:

◆ Clinical records of discharged patients are reviewed to verify that a discharge summary was completed in a timely manner.

◆ All documentation for discharged patients is submitted within two weeks of discharge and filed in the clinical record.

◆ The military history checklist is used to help identify veteran patients, evaluate the impact of the experience and determine if there are benefits to which the veteran and surviving dependents may be entitled.

◆ The following documents are provided to the nursing facility:
  a. The most recent hospice plan of care specific to each patient;
  b. Hospice election form and any advance directives specific to each patient;
  c. Physician certification and recertification of the terminal illness specific to each patient;
  d. Names and contact information for hospice personnel involved in hospice care of each patient;
  e. Instructions on how to access the hospice’s 24-hour on-call system;
  f. Hospice medication information specific to each patient; and
  g. Hospice physician and attending physician (if any) orders specific to each patient.

◆ Patients are informed that protected health information is collected and maintained and may be shared with other providers as a part of their plan of treatment in the Notice of Privacy Practices.

◆ When transferring to a different level of care, or a different service location, the patient’s clinical record contains a transfer summary with the reason for transfer, a copy of the interdisciplinary plan of care and other appropriate information for caregivers in the new level of care.

◆ When transferring to another hospice, the transferring hospice provides a transfer summary of all care provided a copy of the interdisciplinary plan of care, copies of signed consents for care, copies of certifications of terminal illness and other information as requested by the receiving hospice.

◆ Routinely evaluates the application of advancing technology.