

# 2018 SMP/SHIP

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## Building Hospice Complex Interaction Cases

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Resource Center



**CALIFORNIA HEALTH ADVOCATES**  
Medicare: Policy, Advocacy and Education

# Building Hospice Complex Interaction Cases

Speakers: Sandy Morales, CA SMP; Mike Klug, SMP Resource Center

# California Health Advocates

## Our Focus

*Providing quality Medicare and related healthcare coverage information, education and policy advocacy*

- ▶ **Advocacy** – Bring the experiences of Medicare beneficiaries to the public, and especially legislators and their staff at federal and state levels, through media and educational campaigns.
- ▶ **Policy** – Conduct public policy research to support recommendations for improving rights and protections for Medicare beneficiaries and their families
- ▶ **Education** – Provide timely and high-quality information on Medicare through our website, fact sheets, policy briefs and educational workshops
- ▶ **Senior Medicare Patrol (SMP)**

# Agenda

- ▶ What is Hospice?
  - ▶ Questionable Hospice Enrollment Examples
  - ▶ Building a Complex Interaction Hospice Case
  - ▶ OIG's Recent Hospice Report
  - ▶ CA SMP's Referral Process
  - ▶ Hospice Fraud Outreach and Education
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# What is Hospice?



Patients who have been given a terminal diagnosis with the expectation that they have less than six months to live if the illness runs its course.

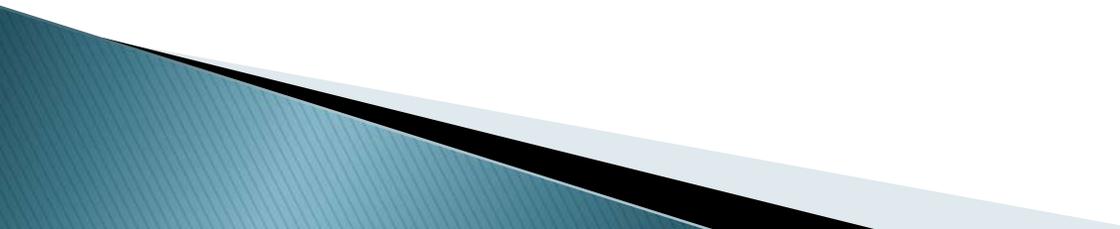
# Hospice via Medicare.gov continued:

## Who's eligible? Person must:

- Medicare Part A (Hospital Insurance) & meets all of these conditions:
  - doctor & regular doctor (if there is one) certify that individual is terminally ill, expected to live 6 months or less
- Accept palliative care (for comfort) instead of care to cure illness.
- Sign statement choosing hospice care instead of other Medicare-covered treatments for terminal illness & related conditions.

**\*Only hospice doctor and regular doctor (if there is one) can certify that individual is terminally ill and has a life expectancy of 6 months or less.**

# Questionable Hospice Enrollment Examples



# Beware of:

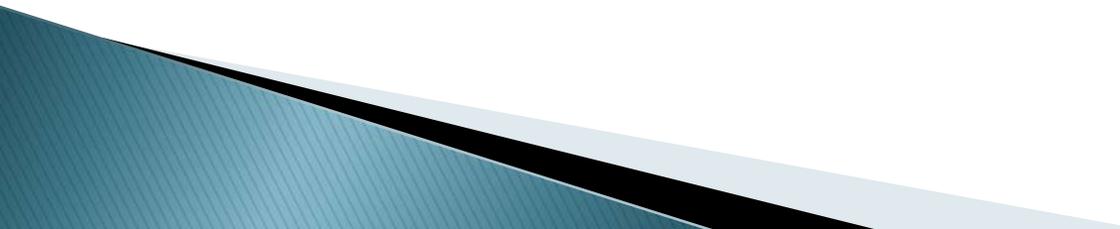
- Presentations at low-income senior housing facilities where beneficiaries are offered assistance with cooking and cleaning while unknowingly placed into hospice.
- Door-to-door solicitations offering free milk for an entire year covered by Medicare.
- Free hospice trial period offered at skilled nursing facilities.
- Unsolicited calls offering additional benefits for low-income Medicare beneficiaries.
- Beneficiaries approached at church food bank, agree to free services while unknowingly placed into hospice.

# Red flags:

- Medicare does not cover:
  - cooking and cleaning services
  - milk
- Service advertised as a free, but Medicare # is being requested.
- Medicare will not call to offer additional benefits or ask for personal information.
- Never give out Medicare or SS #s to a stranger.



# **Building a Complex Interaction Hospice Case**



# Step 1: Collect Information

- Call received via toll free SMP Medicare fraud hotline
- Intake form completed by SMP:
  - Complainant name & contact information if different from beneficiary
  - Beneficiary name, address, phone number, address, DOB, Medicare # & secondary insurance information if available
  - Description of the issue (who, what, when, where, why, how)
    - Who** is the complaint against, **what** services are in question, **when** did service/issue begin, **where** was beneficiary contacted, does beneficiary know **why** he/she is receiving the service, **how** did beneficiary enroll

**Complex Interactions Training Manual: Chapter 2 about  
Gathering Enough Information**

**SMP Fraud Alerts**

**available in:**

English

Chinese

Spanish

Vietnamese

Korean

Russian

Farsi

**Accessible via:**

**California Health**

**Advocates**

**website at:**

<https://cahealthadvocates.org/fraud-abuse/medicare-fraud-alerts/>

**California Senior Medicare Patrol**

**Medicare Fraud Alert**

January 2016

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**Beware of Fraudulent Hospice Enrollments**

We're getting several reports about a hospice company that is giving presentations and visiting seniors at their home, and enrolling them into hospice even though they do not have a terminal illness with 6 months or less to live. The hospice company misleads people into enrolling in hospice by offering beneficiaries housekeeping, home health, nurse visits and/or medications for "free". The hospice company is claiming they are a different branch of hospice and that services are covered by Medicare through "Obama Care".

Some things to watch for:

- Beware of hospice companies enrolling patients who do not have a terminal illness with 6 months or less to live.

# Who calls SMP?

- Medicare beneficiaries
- Family members and caregivers
- Service coordinators of low-income housing units
- Owners of room & board facilities
- Health Insurance Counseling and Advocacy Programs (HICAPs)
- Ombudsman
- Medicare Advantage Plan Investigation Analysts

# Call narratives: Medicare Beneficiary

→Beneficiary advised by her doctor to contact suspicious company who told her she qualified for hospice due to her asthma. Says she signed up during a presentation at her apartment complex where company had information about how to get services they can't afford out-of-pocket .

→Beneficiary fed up with nurse coming to her home too often and feels visits are unnecessary. Beneficiary says she signed up for a free program because she liked the idea of having a nurse come out every week. Beneficiary reported having signed up during a presentation at her apartment complex with company said she didn't have to be terminal to get on hospice.

→Beneficiary detected hospice claims on his Medicare Summary Notice (MSN). Says he signed up with a company that had given a presentation at his apartment complex to help residents obtain free medications and free help with everyday living. He did not agree to get on hospice.

→Beneficiary is Spanish-speaking only. Not getting benefits. Received a cold call from woman claiming to be from Medicare and was offering additional benefits and help for low-income beneficiaries.

# Call narratives: Family members & caregivers

→ Friend/caregiver found two binders full of notes and hospice documents. When friend tried to disenroll them, she was told they could not cancel and told they would be in trouble if they did not cooperate and finish the hospice period. Elderly couple was approached at their church food bank by an individual who was offering them free services. Told they could receive \$50 per person they refer to receive their "free" services."

→ Family member detected hospice claims on loved one's Medicare Summary Notice and are adamant loved one is not terminal.

# Call narratives: Service coordinators of low-income housing units

→ Service coordinator at a senior apartment complex believes a hospice company enrolled some of her residents into hospice without their understanding of hospice benefits. According to the service coordinator, these residents said they were told by the hospice representatives that they would help with cleaning, checking blood pressure and ordering any durable equipment that they may need.

→ Service Coordinator came across our SMP hospice fraud alert and is concerned that a resident's RN is associated with a hospice company. Other resident informed the coordinator that they had been approached by this same RN to try to get them to enroll into hospice. The coordinator is concerned about residents being placed into hospice who may not qualify and believes RN is doing this recruitment.

# Call narratives: Owners of room & board facilities

→ Said residents at this location are not receiving the needed hospice services by the hospice company they are enrolled with. Says hospice until stopped sending hospice staff to the room and board and stopped delivering needed medication and diapers. When owner reached out to the hospice company to inquire why they were no longer coming to assist the residents, she was told the residents had met their cap and all hospice benefits had been used up.

# Call narratives: Health Insurance Counseling and Advocacy Programs (HICAPs)

→ Beneficiary went to her HICAP office after she had second thoughts about signing up for a program to receive free housekeeping along with healthcare. She signed up when a doctor and nurse showed up to her home, examined her and informed her she qualified for hospice care. When beneficiary consulted with her primary care physician, he informed her it was a scam.

→ Beneficiary went to his local HICAP office for Medicare counseling. During this visit, beneficiary disclosed that a woman from their neighborhood had connected them to a program where they could receive \$100 if they signed up. Since signing into this program, they have received home visits by nurses and doctors who provide medical services to the beneficiary and spouse. They do not know the name of the program nor the doctor's name.

# Call narratives: Ombudsman

→ Ombudsman told by Medicare beneficiaries that they were offered to enroll into hospice. Resident caregivers know of residents who have enrolled into hospice who do not qualify for this benefit.

→ Ombudsman receive information from Medicare beneficiary about having a free trial period with a hospice company. Beneficiary stated that she didn't need it, but they signed her up and said it would be free.

# Call narratives: Medicare Advantage Plan Investigations Analysts

→ Special Investigations Analyst with SCAN Health Plan says member reported being on hospice and does not know why she was receiving services. SCAN contacted the member's PCP and her case manager at her medical group. Neither had referred the member for hospice, nor were they aware that the member was enrolled in hospice.

# Step 1 Challenges

## Complainants May Not Know/Have:

- Name of hospice company
- When hospice services began
- All of beneficiary's personal information such as current address, DOB, and/or Medicare number

**Follow up as needed.**

# Step 2: Request Documentation

- Copies of the following correspondence is important:
  - Medicare Summary Notice (MSN) containing hospice claims in question
  - Hospice binder/paperwork and any business cards

## Step 2 Challenges

- Copy of MSN not provided
- Not enough beneficiary information to research hospice claims with 1-800 Medicare

**Complex Interactions Training Manual: Chapter 3 about information to include for complex interactions that will be referred to investigative entities.**

# Step 3: Research

- Use SMP Unique ID Number to
    - Verify beneficiary's Medicare coverage (Medicare FFS or Medicare Part C)
    - Check for hospice claims
      - date of service (hospice claims)
      - claim number
      - name of hospice, address both physical and billing if different, phone number
      - claim details such as amount billed, approved, paid by Medicare including patient responsibility
    - Request for MSNs to be mailed to the beneficiary
- \*SMP does not contact the hospice company to ask if enrollment was made in error. Instead we follow the 5 steps to refer to investigators.**

**Complex Interactions Training Manual: Chapter 3 about information to include for complex interactions that will be referred to investigative entities.**

# MSN detail examples:

- MSN details via 1-800 Medicare:

→ All claim information as found on hard copy MSN:

September 20, 2017: Medicare was billed \$2479.73, approved \$2479.73 & paid \$2430.19

→ All subject information as found on hard copy MSN:

Name, address, phone number

- MSN details via hard copy MSN

Quantity & Service Provided	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<b>11 Hospice/Rtn Home</b> 3 Skilled Nurs/Visit	Yes	\$2,479.73	\$2,479.73	\$2,430.14	<b>\$0.00</b>	
<b>Total for Claim #21727800415507CAR</b>		\$2,479.73	\$2,479.73	\$2,430.14	<b>\$0.00</b>	<b>A,B,C</b>

# Step 3: Research continued

- Follow up with complainant as needed to obtain full narrative, collect information and supporting documentation.
- Check SIRS to see if case matches subject(s) in prior hospice cases reported to SMP.
- Determine if there is a potential pattern and decide if fraud alert should be issued.
- Educate in all outreach events about hospice fraud trend(s) including, but not limited to group sessions, health fairs, meetings, webinars, trainings, staff meetings, SMP mentor calls, etc.

# Step 4: SMP Information Reporting System(SIRS)

- **Refer to the SIRS Complex Interactions Job Aid**
  - Enter all information gathered from step 1 into SIRS
  - Upload all documentation/data gathered from step 2 & step 3 into SIRS
- **Complex Interactions Training Manual: Chapter 2 about Tracking and Reporting SMP Complex Interactions**
  - If not enough information about beneficiary collected, at least subject information is in SIRS.
  - Take credit for your time.
  - Take credit for the SMP program on future Office of Inspector General (OIG) Report for recoveries and savings.

# CA SMP's Referral Process



# Step 5: Refer

- Cases are referred to the OIG via ACL (Refer to the SIRS Complex Interactions Job Aid
  - Refer case to SIRS if enough information about the beneficiary, hospice company and claims details has been gathered.
  - Refer case even if hard copy MSN has not been provided to SMP, but make sure MSN claim details collected by 1-800 Medicare are in the explanation of dollars section. Once hard copy is provided, upload to SIRS and inform ACL about this complex interaction update.
  - If not enough information about the beneficiary is collected to research hospice claims, but the subject and/or scenario matches a current trend and/or previously reported subject, then refer case to ACL.
  - If not enough information about the beneficiary is collected to research hospice claims and the subject/scenario warrants potential Medicare fraud, then refer to case to ACL.

# Step 5: Refer

- Refer to your local investigative contacts in addition to ACL
  - OIG Special Agents
  - Center for Program Integrity
  - FBI Special Agents
  - Qlarant
- Update SIRS as necessary
  - If follow up is provided by ACL or any of the investigative entities, enter this information in the **Notes section** under the **Interaction tab**.

Examples:

8-7-18= SMP received a letter from Qlarant-National Benefit Integrity Unit letting us know that our information will be reviewed and that we will be notified of the results.

8-14-18= SMP received a letter from MEDIC thanking SMP for the referral and letting us know that this information may be used to support existing investigations or cases that have been referred to law enforcement.

→Print hard copy ACL email or letters received from investigative entities into hard copy case file

8-8-18= ACL notified SMP that this case will be reported to the OIG.

\*Find out when investigative entities hold fraud roundtable meetings and make sure your SMP gets involved.



## **Pasadena Doctor Sentenced to 4 Years in Prison for Falsely Certifying Patients Were Terminally Ill as Part of Healthcare Fraud Scheme**

-Defendant sentenced and ordered to pay \$1,344,204 in restitution.

-Falsely certified that at least 79 Medicare and Medi-Cal patients were qualified for hospice care because they were terminally ill - when, in fact, the vast majority of them were not dying

-Sentenced to four years in federal prison.

# OIG'S Hospice Portfolio



# OIG Portfolios

- ▶ Portfolios synthesize OIG's body of work in a program area and identifies trends in payment, compliance, oversight, or fraud vulnerabilities that require priority attention and action.
- ▶ Portfolios present recommendations to improve program vulnerabilities detected in prior audits, evaluations, and investigations.

# OIG's Hospice Portfolio

- ▶ Issued July 31, 2018
- ▶ Trend: Payments increased between 2006–16
  - Payments in 2006: \$9.2 billion
  - Payments in 2016: \$16.7 billion
- ▶ Trend: More hospice providers
  - 4,374 Medicare–enrolled hospices in 2016
  - For–profit hospices now make up 64% of the total
- ▶ Trend: More beneficiaries using hospice
  - 1.4 million beneficiaries hospice care in 2016
  - Up 53% since 2006

# OIG's Hospice Portfolio

- ▶ Vulnerability: Hospices don't always provide adequate services and sometimes provide poor quality care
  - Key services are sometimes lacking
  - Hospices often do a poor job care planning
  - Hundreds of hospices provide only one level of care
  - Most beneficiaries do not see a hospice physician
  - Common fraud schemes involve inappropriately enrolling beneficiaries

# OIG's Hospice Portfolio

- ▶ Vulnerability: Beneficiaries, their families and caregivers 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

# OIG's Hospice Portfolio

- ▶ Inappropriate billing costs Medicare hundreds of millions of dollars
  - Hospices frequently bill Medicare for a higher level of care than the beneficiary needs
  - Medicare sometimes pays twice for same service
  - Hospice physicians are not always meeting requirements when certifying beneficiaries for hospice care
  - Hospice fraud schemes are growing and include kickbacks and false billing

# OIG Hospice Portfolio

- ▶ Vulnerability: Current payment system creates incentives to minimize services and seek beneficiaries with uncomplicated needs
  - Payments to hospices are based on the time spent in care, not services provided
  - 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
    - Assisted Living Facilities

# OIG's Hospice Portfolio

- ▶ Medicare's Hospice Payment System
  - Four Payment Levels
    - Routine home care (\$190.55 per day for days 1–60; \$149.82 per day after day 60, in 2017)
    - General inpatient care (\$734.94 per day in 2017)
    - Continuous home care (\$964.63 per day based on an hourly rate of \$40.19 per hour in 2017)
    - Respite care (\$170.97 per day in 2017)
  - Medicare pays hospices the daily rate “regardless of the quantity or quality of service they provide.”

# OIG Hospice Portfolio

- ▶ 15 Recommendations for CMS in 7 Areas
  - Strengthen the survey process
  - Establish additional remedies for hospices with poor performance
  - Develop and disseminate additional information on hospices to help beneficiaries, families, caregivers
  - Educate beneficiaries, families and caregivers about the hospice benefit
  - Promote physician involvement & accountability
  - Strengthen oversight to reduce improper billing
  - Tie payment to beneficiary care needs and quality of care

# Hospice Fraud Outreach & Education



# PROTECT-Guard Your Card



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Treat you Medicare card like a credit card number.

✓Never give your Medicare number to a stranger.

# DETECT-Review MSNs & EOBs

✓Keep track of medical appointments

✓Look for three things on your statements:

-Charges for something you didn't get

-Billing for the same services or supplies twice

-Services that weren't ordered by your doctor

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# FIGHT FRAUD IN YOUR COMMUNITY

## Tips you can share:

- Protect the Medicare #, “Guard your Medicare card”
- Review MSNs, EOBs for accuracy
- Report concerns to SMP

## Outreach and Education:

- Share and post our SMP fraud alerts
- Call SMP to schedule a no-charge presentation in your community
- Tune into our 4<sup>th</sup> Thursday SMP educational webinars



# THANK YOU!



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