

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**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**

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# *Office of Inspector General*

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## Report in Brief

Date: November 2019

Report No. A-09-18-03022

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.

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## **INTRODUCTION**

### **WHY WE DID THIS AUDIT**

To participate in the Medicare program, 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 (42 CFR § 488.3(a)).<sup>1</sup> To ensure compliance with these conditions, hospices are subject to surveys by a State survey agency or approved accrediting organization every 3 years. Compliance with a particular condition of participation depends on how and the degree to which the hospice provider satisfies the various standards within the condition (42 CFR § 488.26(b)).

Within 22 hospice conditions of participation, there are 96 standards. Within the “hospice aide and homemaker services” condition of participation, the “supervision of hospice aides” 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 hospice standards with the most survey deficiencies. In 2017, it was ranked third among hospice standards with the most deficiencies. Our audit focused only on the “supervision of hospice aides” standard.

### **OBJECTIVE**

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.

### **BACKGROUND**

#### **The Medicare Program and the Hospice Benefit**

The Medicare program provides health insurance coverage to people aged 65 and over, people with disabilities, and people with end-stage renal disease. CMS administers the program. Medicare Part A provides hospital insurance for inpatient care in hospitals and helps cover hospice care provided to eligible beneficiaries.

To be eligible to elect the hospice care benefit, an individual must be entitled to Medicare Part A and certified as terminally ill (42 CFR § 418.20). An individual is considered terminally ill if the medical prognosis is that his or her life expectancy is 6 months or less if the illness runs its normal course (the Social Security Act (the Act) § 1861(dd)(3)(A) and 42 CFR § 418.3).

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<sup>1</sup> See also 42 CFR part 418, subparts C and D (hospice conditions of participation).

## Hospice Levels of Care and Payment Rates

Medicare pays at predetermined rates for four levels of hospice care: routine home care, continuous home care, inpatient respite care, and general inpatient care (42 CFR § 418.302 and CMS's *Medicare Claims Processing Manual*, Pub. No. 100-04 (the Manual), chapter 11, § 30.1).

This audit focused on routine home care and continuous home care:

- A hospice is paid the routine-home-care rate for each day a patient is under the hospice's care and not receiving one of the other levels of hospice care.<sup>2</sup>
- A hospice is paid the continuous-home-care rate when care is provided in a patient's home; therefore, this rate is not paid during a hospital, skilled nursing facility, or inpatient hospice facility stay. For a hospice to receive this rate, it must provide a minimum of 8 hours of care per day and must provide nursing care for more than half of the period of care. The rate is paid only during periods of crisis and only as necessary to maintain the terminally ill patient at home (the Manual, chapter 11, § 30.1).

## Medicare Reporting Requirements for Hospice Visits When Care Was Provided

Medicare requires hospices to report the number of visits provided to a beneficiary during delivery of the hospice levels of care. The total number of patient care visits are reported by discipline (i.e., a registered nurse, nurse practitioner, licensed nurse, home health aide (also known as a hospice aide), social worker, or physician or nurse practitioner serving as the beneficiary's attending physician) for each week at each location of service. To constitute a visit, the discipline must have provided care to the beneficiary. In addition, the visit must be reasonable and necessary for the palliation<sup>3</sup> and management of the terminal illness and related conditions as described in the patient's plan of care (the Manual, chapter 11, § 30.3).

## Federal Requirements for Hospices and Registered Nurses' Supervisory Visits

Hospices are required to comply with all applicable Federal, State, and local laws and regulations related to the health and safety of patients (42 CFR § 418.116). Federal regulations specify the conditions of participation for organizations providing hospice home care to Medicare beneficiaries (42 CFR §§ 418.52 through 418.116). The "supervision of hospice aides" standard within the "hospice aide and homemaker services" condition of participation requires a registered nurse to make an onsite visit to a patient's home no less frequently than once every 14 days to assess the quality of care and services provided by a hospice aide (called a

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<sup>2</sup> For claims with dates of service on or after January 1, 2016, there are two routine-home-care rates: a higher per-day rate is paid for days 1 through 60, and a lower per-day rate is paid after day 60 (the Manual, chapter 11, § 30.1).

<sup>3</sup> Palliation is the relief of symptoms and suffering caused by cancer and other life-threatening diseases. Palliation helps a patient feel more comfortable and improves the quality of life but does not cure the disease.

supervisory visit) and to ensure that services ordered by the hospice interdisciplinary group<sup>4</sup> meet the patient's needs (42 CFR § 418.76(h)(1)(i)).<sup>5, 6</sup> The hospice aide does not have to be present during this visit (42 CFR § 418.76(h)(1)(i)).

Hospices must provide reports and keep records as the Secretary of Health and Human Services (the Secretary) determines necessary to administer the hospice program (42 CFR § 418.310). In addition, registered nurses' supervisory visits of hospice aides must be documented in patients' clinical records (CMS's *State Operations Manual*, Pub. No. 100-07 (State Operations Manual), Appendix M, L629, Interpretive Guidelines § 418.76(h)(1)(i)).

### **CMS Oversight of Hospices' Compliance With Conditions of Participation**

To participate in Medicare, hospices must be certified as meeting the hospice conditions of participation (42 CFR § 488.3(a)). State survey agencies (the Act § 1864(a)) and approved accreditation organizations (the Act § 1865(a)) conduct onsite surveys of hospices to determine whether they meet these conditions of participation. Each participating hospice must be subject to a standard survey by the appropriate State survey agency or an approved accreditation organization no less frequently than once every 36 months.<sup>7</sup> Surveyors review a sample of beneficiaries' records during this process to determine compliance with the conditions of participation, including the "supervision of hospice aides" standard.<sup>8</sup> Surveyors must cite deficiencies when hospices fail to meet requirements.

### **HOW WE CONDUCTED THIS AUDIT**

We used data analytics and statistics to identify approximately 189,000 high-risk registered nurse visit date-pairs during which there was a greater risk that a registered nurse did not

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<sup>4</sup> The hospice interdisciplinary group, which includes at least one physician, one registered professional nurse, one social worker, and at least one pastoral or other counselor, provides (or supervises the provision) of hospice care and services and establishes the policies governing the provision of such care and services (the Act § 1861(dd)(2)(B); see also 42 CFR § 418.56).

<sup>5</sup> CMS clarified that the 14-day requirement is specific to the supervision of hospice aides. If there is no hospice aide assigned to provide care to a beneficiary, the 14-day requirement does not apply.

<sup>6</sup> According to the State Operations Manual, Appendix M, L629, Interpretive Guidelines § 418.76(h)(1)(i): "If the registered nurse makes a supervisory visit on a Tuesday, the next supervisory visit is due by the Tuesday which occurs 14 days later."

<sup>7</sup> The Improving Medicare Post-Acute Care Transformation Act of 2014, P.L. No. 113-185, § 3(a)(1) (adding subparagraph § 1861(dd)(4)(C)). This requirement affects hospices surveyed by State survey agencies beginning April 2015. Hospices surveyed by approved accreditation organizations were already being resurveyed no later than every 36 months, as required by 42 CFR § 488.5(a)(4)(i).

<sup>8</sup> State Operations Manual, Appendix M, "Guidance to Surveyors: Hospice." Available at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf). Accessed on May 31, 2019.



assess the quality of care and services provided by a hospice aide. Our audit covered registered nurse visit date-pairs from January 1 through December 31, 2016 (audit period). A date-pair consisted of two visits that were (1) made by a registered nurse to a beneficiary's home for routine or continuous home care and (2) more than 14 days apart.

CMS requires that registered nurses' visits for care provided to beneficiaries—but not supervisory visits to assess the quality of care and services provided by hospice aides—be reported on a claim.<sup>9</sup> We restricted our review to date-pairs in which registered nurses' care visits were greater than 14 days apart. These date-pairs were potentially less likely to have the required 14-day supervisory visits because a nurse did not otherwise visit the beneficiary to provide care.

The 14-day supervisory visit requirement applies only if a hospice aide is assigned to provide care to a beneficiary.<sup>10</sup> Therefore, we restricted our review to date-pairs that had hospice aides' visits reported on the claims for the months that were associated with these date-pairs.<sup>11</sup> We identified approximately 189,000 date-pairs that met these criteria.

We selected a random sample of 78 date-pairs from this population. For the 78 date-pairs, we requested from 75 hospices supporting documentation to determine whether registered nurses visited beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by the hospice aides and documented the visits in accordance with Federal requirements. For each of the 78 sampled date-pairs, we reviewed all registered nurses' supervisory visits that were associated with the date-pairs. Based on the results of our review, we estimated the number of date-pairs in our sampling frame that did not comply with Federal requirements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix B describes our statistical sampling methodology, and Appendix C contains our sample results and estimates.

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<sup>9</sup> If a registered nurse provided care to the beneficiary and assessed the quality of care and services provided by the hospice aide during the same visit, only the care visit would be reported on the claim.

<sup>10</sup> CMS clarified that hospices are required to have hospice aide benefits available for beneficiaries but are not required to have a hospice aide assigned to a beneficiary unless it is stated in the beneficiary's plan of care.

<sup>11</sup> Our analysis did not include situations in which a hospice aide visit may have been reported on a claim but no registered-nurse care visits were reported or only one registered-nurse care visit was reported.

## FINDINGS

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:

- an estimated 99,000 instances<sup>12</sup> in which the registered nurses did not visit the beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by the hospice aides and
- an estimated 5,000 instances<sup>13</sup> in which registered nurses' supervisory visits were not documented in accordance with Federal requirements. As a result, we could not determine whether the registered nurses visited the beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by the hospice aides.

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. In addition, some hospices could not explain why the registered nurses did not make the required supervisory visits at least once every 14 days. As a result, there was no assurance that beneficiaries admitted to those hospices received the appropriate care while in hospice care.

### **REGISTERED NURSES DID NOT ALWAYS VISIT BENEFICIARIES' HOMES AT LEAST ONCE EVERY 14 DAYS TO ASSESS THE QUALITY OF CARE AND SERVICES PROVIDED BY HOSPICE AIDES**

The "supervision of hospice aides" standard within the "hospice aide and homemaker services" condition of participation requires hospices' registered nurses to visit patients' homes no less frequently than every 14 days to assess the quality of care and services provided by hospice aides and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. A hospice aide does not have to be present during a supervisory visit (42 CFR § 418.76(h)(1)(i)).

We identified an estimated 99,000 instances in which registered nurses did not visit beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides in accordance with Federal requirements. In addition, we estimated that 53 percent of the time when the registered nurses' care visits were more than 14 days apart, the required supervisory visits were also more than 14 days apart.

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<sup>12</sup> This estimate is based on 41 sampled date-pairs. Because of the nature of the sampling process, it is possible that the actual numbers of date-pairs and associated beneficiaries are higher or lower than reported here. The confidence intervals reported in Appendix C provide a measure of this imprecision.

<sup>13</sup> This estimate is based on two sampled date-pairs.

For example, for one sampled date-pair, the claim data indicated that the registered nurse's care visits were made to the beneficiary's home on May 2 and May 23, 2016 (21 days apart). Supporting documentation for this date-pair showed that the registered nurse made hospice-aide supervisory visits to the beneficiary's home on April 11, 2016, and May 23, 2016 (42 days apart).

These deficiencies occurred because of hospices' lack of oversight, scheduling errors, employee turnover, and the registered nurses not being aware of the 14-day requirement. In addition, some hospices could not explain why the registered nurses did not make the required supervisory visits at least once every 14 days. As a result, there was no assurance that beneficiaries admitted to those hospices received the appropriate care while in hospice care.

## REGISTERED NURSES' SUPERVISORY VISITS WERE NOT ALWAYS DOCUMENTED

Medicare requires hospices to maintain central clinical records on all patients (the Act § 1861(dd)(2)(C)). It also requires that hospices provide reports and keep records as the Secretary determines necessary to administer the program (42 CFR § 418.310). In addition, supervisory visits must be documented in the patient's clinical record (State Operations Manual, Appendix M, L629, Interpretive Guidelines § 418.76(h)(1)(i)).

We identified an estimated 5,000 instances in which the registered nurses' supervisory visits were not documented in accordance with Federal requirements. As a result, we could not determine whether the registered nurses visited beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by the hospice aides.

For example, for one sampled date-pair, the claim data indicated that the registered nurse's care visits were made to the beneficiary's home on May 5 and May 30, 2016 (25 days apart). The hospice stated that the nurse who performed the visits documented them on paper. However, she left abruptly because of an emergency, and the hospice was unable to obtain the visit notes. Instead, the hospice provided copies of entries made in the computer system that showed the registered nurse's visits to the beneficiary's home on May 5, 16, and 20, 2016. Based on the information provided in those entries, we could not determine whether the visits were also supervisory visits of the hospice aides.

### NO CONSISTENCY IN DOCUMENTING REGISTERED NURSES' SUPERVISORY VISITS

CMS guidance in the *State Operation Manual* does not specifically explain how hospices should document registered nurses' supervisory visits of hospice aides in beneficiaries' clinical records. One hospice stated: "[T]he State Operations Manual does not appear to give hospices a great deal of guidance about the substance of any documentation." As a result, hospices' documentation ranged from specific and detailed, such as including the name of hospice aides, to much less detailed. For example, several hospices' standard documents included a section specific to documenting the supervisory visits of the hospice aides; however, the section included only checkmarks indicating that the supervisory visits had been made.

These deficiencies occurred because of hospices' lack of oversight. As a result, there was no assurance that beneficiaries admitted to those hospices received the appropriate care while in hospice care.

## **RECOMMENDATIONS**

We recommend that the Centers for Medicare & Medicaid Services:

- 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; and
- 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 COMMENTS**

In written comments on our draft report, CMS concurred with our recommendations and described actions that it planned to take to address our recommendations. CMS also provided technical comments, which we addressed as appropriate. CMS's comments, excluding the technical comments, appear as Appendix D.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

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 visits that were (1) made by a registered nurse to a beneficiary's home for routine or continuous home care and (2) more than 14 days apart. We reviewed a random sample of 78 date-pairs for which hospice aides' visits were reported on the claims for the months that covered these date-pairs.

We did not review CMS's overall internal control structure. Rather, we reviewed only those internal controls related to our objective.

We conducted our audit from April 2018 to April 2019, which included contacting CMS in Baltimore, Maryland.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- interviewed CMS officials to obtain an understanding of:
  - Medicare requirements for hospices' conditions of participation and registered nurses' supervisory visits and
  - whether hospice aides are always assigned to beneficiaries;
- obtained from CMS's National Claims History (NCH) file the Medicare Part A hospice claim data for our audit period containing direct skilled nursing services provided to beneficiaries by registered nurses in the hospice setting for routine or continuous home care;<sup>14</sup>
- created an initial sampling frame of 242,315 registered nurse visit date-pairs,<sup>15</sup> consisting of 2 visits by a registered nurse to a beneficiary's home for routine or continuous home care and that were more than 14 days apart;

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<sup>14</sup> Our audit enabled us to establish reasonable assurance of the authenticity and accuracy of the data obtained from CMS's NCH file, but we did not assess the completeness of the file.

<sup>15</sup> These 242,315 date-pairs represented 136,546 beneficiaries. The 242,315 included date-pairs that did not have hospice aides' visits reported on the claims. We used the 242,315 date-pairs to identify the approximately 189,000 date-pairs that had hospice aides' visits reported on the claims for the months that were associated with the date-pairs.

- selected a random sample of 100 date-pairs and identified 78 date-pairs that had hospice aides' visits reported on the claims for the months that were associated with these date-pairs;
- obtained from the hospices and reviewed for each of the 78 date-pairs supporting documentation and determined whether registered nurses visited beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by the hospice aides;
- estimated the:
  - number of date-pairs for which registered nurses' supervisory visits were required,
  - number of date-pairs in which the 2 supervisory visits were more than 14 days apart,
  - percentage of date-pairs for which supervisory visits were required but the 2 visits were more than 14 days apart and the registered nurses' care visits were also more than 14 days apart, and
  - number of date-pairs for which supervisory visits were not documented; and
- discussed the results of our audit with CMS officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## **APPENDIX B: STATISTICAL SAMPLING METHODOLOGY**

### **SAMPLING FRAME**

Our analysis covered calendar year 2016 hospice claim lines for registered nurse visit date-pairs. We excluded registered nurse visit date-pairs associated with (1) beneficiaries that were discharged from hospice care, (2) providers liable for a period that fell between the two registered nurse visits,<sup>16</sup> and (3) hospices that were under investigation. Our initial sampling frame consisted of a database containing records for 242,315 date-pairs<sup>17</sup> in which a registered nurse made visits to a beneficiary's home for routine or continuous home care more than 14 days apart. We obtained the data from CMS's NCH file.

### **SAMPLE UNIT**

The sample unit was a registered nurse visit date-pair, consisting of two visits by a registered nurse to a beneficiary's home that were more than 14 days apart.

### **SAMPLE DESIGN**

We used a simple random sample.

### **SAMPLE SIZE**

We selected a sample of 100 date-pairs; 78 of these date-pairs had hospice aides' visits reported on the claims for the months that were associated with the date-pairs.

### **SOURCE OF RANDOM NUMBERS**

We used the Office of Inspector General (OIG), Office of Audit Services (OAS), statistical software to generate the random numbers.

### **METHOD OF SELECTING SAMPLE UNITS**

We consecutively numbered the sample units in the frame from 1 to 242,315. After generating 100 random numbers, we selected the corresponding frame items. The final sample size of 78 date-pairs was identified by removing all date-pairs from the sample that did not have hospice aides' visits reported on the claims for the months that were associated with the date-pairs.

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<sup>16</sup> A provider liability period is a period of noncovered hospice care for which the provider accepts payment liability (other than for medical necessity of custodial care) (the Manual, chapter 11, § 30.3).

<sup>17</sup> The 242,315 date-pairs included date-pairs that did not have any hospice aides' visits reported on the claims. The database served as a starting point to identify the approximately 189,000 date-pairs for which a registered nurse was required to assess the quality of care and services provided by a hospice aide.

## **ESTIMATION METHODOLOGY**

We used the OIG, OAS, statistical software to calculate the point estimates and the corresponding lower and upper limits of the two-sided 90-percent confidence intervals for each of the measures listed in Table 2 of Appendix C.



## APPENDIX C: SAMPLE RESULTS AND ESTIMATES

**Table 1: Sample Results**

No. of Registered Nurse Visit Date-Pairs in the Initial Sampling Frame	Sample Size	No. of Registered Nurse Visit Date-Pairs	
		More Than 14 Days Apart	Not Documented
242,315	78	41	2

**Table 2: Statistical Estimates and 90-Percent Confidence Intervals**

Estimate Description	Lower Limit	Point Estimate	Upper Limit
Estimated number of high-risk date-pairs for which required registered-nurse supervisory visits were more than 14 days apart	79,238	99,349	120,452
Estimated number of high-risk date-pairs for which registered-nurse supervisory visits were required	169,864	189,006	205,022
Estimated percentage of high-risk date-pairs for which required registered-nurse supervisory visits were more than 14 days apart <sup>18</sup>	43%	53%	62%
Estimated number of high-risk date-pairs for which required registered-nurse supervisory visits were not documented	865	4,846	14,929

<sup>18</sup> This percentage is out of all date-pairs for which supervisory visits were required and the registered-nurse care visits were more than 14 days apart.

## APPENDIX D: CMS COMMENTS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

*Administrator*

Washington, DC 20201

**DATE:** October 15, 2019

**TO:** Gloria L. Jarmon  
Deputy Inspector General for Audit Services

**FROM:** Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services

**SUBJECT:** The Office of Inspector General (OIG) Draft Report: 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 (A-09-18-03022)

The Centers for Medicare & Medicaid Services (CMS) appreciates the opportunity to review and comment on the Office of Inspector General's (OIG) draft report. CMS is committed to providing Medicare beneficiaries in hospice care with high-quality care.

Monitoring patient safety and quality of care in the provision of hospice care is an essential part of CMS's oversight efforts. CMS oversees hospice providers through the survey and certification process in which state agencies and national accrediting organizations conduct surveys of hospices to ensure they provide all required services and meet all hospice conditions of participation before hospices are certified for participation in Medicare, and at least every three years thereafter.

CMS establishes survey protocols and guidance that clarify the intent of the regulations and all surveyors are required to use them in assessing compliance with Federal requirements. As part of this effort, CMS provides interpretive guidance on the "supervision of hospice aides" standard within the conditions of participation, which states that registered nurses are required to visit beneficiaries' homes at least once every 14 days to assess the quality of care and services provided by hospice aides.<sup>1</sup> In addition to elaborating on the standard to emphasize the importance of assessing the adequacy of the aide services in relationship to the needs of the patient and family, the guidance also specifies that supervisory visits must be documented in the patient's clinical record.<sup>2</sup> Surveyors must cite deficiencies when hospices fail to meet these requirements.

An important element of CMS efforts on improving the quality of hospice care includes outreach and education for hospice providers and surveyors. We do this through various channels including the Medicare Learning Network, weekly electronic newsletters, and quarterly compliance newsletters. CMS coordinates the Hospice Open Door Forum, which occurs every six weeks, to provide continuing education to providers and to reinforce CMS requirements.

<sup>1</sup> §418.76(h)(1)(i)

<sup>2</sup> State Operations Manual, Appendix M – Guidance to Surveyors: Hospice, [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_m_hospice.pdf)

CMS also provides training on our Integrated Surveyor Training Website that is accessible to providers and surveyors. In November 2019, CMS will launch the Quality, Safety & Education Portal which is a new and dynamic training portal providing self-service, mobile-friendly, on-demand training to users at any time to provide surveyors with the knowledge and skills needed to make decisions that ensure health and safety for Medicare beneficiaries.

CMS will continue to diligently perform our survey and certification efforts to ensure that all hospices meet the applicable conditions of participation in the Medicare program and to oversee the quality of care in hospices across the country.

OIG's recommendations and CMS' responses are below.

**OIG Recommendation**

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.

**CMS Response**

CMS concurs with this recommendation. CMS will promote hospices' compliance with the condition of participation that requires registered nurses to visit hospice beneficiaries' homes at least once every 14 days to assess the quality of care and services. CMS will do this by increasing awareness of the requirement to State survey agencies and accreditation organizations in surveyor training, and further educating hospices about the requirement through various channels including the Medicare Learning Network, weekly electronic newsletters, and quarterly compliance newsletters.

**OIG Recommendation**

We 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 interpretative guidelines.

**CMS Response**

CMS concurs with this recommendation. The State Operations Manual contains interpretive guidelines that state that the supervisory visits must be documented in the patient's clinical record. CMS will educate hospices on the need for registered nurses to document their supervisory visits of hospice aides through CMS's various channels of outreach, including the Medicare Learning Network, weekly electronic newsletters, and quarterly compliance newsletters.