

where it knows of the absence of a terminal condition, the hospice may be liable for the submission of false claims. Criminal penalties can also be imposed against persons who knowingly and willfully make false representations about a patient's medical condition which are used to determine eligibility for payment of Medicare or Medicaid benefits.

- *A hospice should not refuse to address health care needs relating to a beneficiary's terminal diagnosis.*

Once a Medicare beneficiary elects hospice care, the hospice is responsible for furnishing directly, or arranging for, all supplies and services that relate to the beneficiary's terminal condition, except the services of an attending physician. Hospice beneficiaries have the right to receive covered medical, social and emotional support services from the hospice directly, or through arrangements made by the hospice, and should not be forced to seek or pay for such care from non-hospice providers.

When a beneficiary is receiving hospice care, the hospice is paid a predetermined fee for each day during the length of care, no matter how much care the hospice actually provides. This means that a hospice may have a financial incentive to reduce the number of services provided to each patient, since the hospice will get paid the same amount regardless of the number of services provided.

Medicare has received complaints about hospices neglecting patient needs and ignoring reasonable requests for treatment. One individual reported that his wife's hospice failed on three separate occasions to respond to telephonic requests for emergency services. He was forced to call a non-hospice physician who arranged for hospitalization. His wife's care required a 26-day length of stay. Although the hospital contacted the hospice the day following admission, the hospice did not visit the patient or in any way coordinate her care during the hospital stay.

The Office of Inspector General also has uncovered situations where duplicate claims were submitted by a hospice and other providers (such as skilled nursing homes and hospitals) for services related to the beneficiary's terminal illness. In a nationwide audit of services provided to Medicare beneficiaries enrolled in hospice programs, approximately \$21.6 million was improperly paid to hospitals and nursing homes for the treatment of hospice beneficiaries. Hospices are required to make financial arrangements for hospitalization, nursing services and all other health care needs related to the

beneficiary's terminal illness and included in the hospice plan of care. The cost of these services should be paid by the hospices.

- *A beneficiary has a right to expect a hospice to provide complete and accurate information about the consequences of hospice election and revocation.*

A hospice is obligated to inform beneficiaries or their representatives that by electing the hospice benefit, they waive all rights to curative treatment or other standard Medicare benefits related to the terminal illness, except for the services of an attending physician. Some hospices inappropriately induce beneficiaries or their representatives to enroll in the hospice program without explaining that hospice election results in forfeiture of curative treatment benefits under Medicare. For instance, some hospices have solicited the beneficiary's neighbors and friends, who in some jurisdictions may act as beneficiary representatives, and who may not be familiar with the beneficiary's medical condition. In these situations, the beneficiary and/or representative may not appreciate that traditional Medicare benefits will be denied once the hospice benefit is elected.

The Office of Inspector General also has learned of hospices which induce beneficiaries to revoke the hospice election if expensive palliative treatment, even for a temporary period, becomes necessary. As a consequence, beneficiaries may then be burdened with substantial co-payments that would not be charged under hospice. It is especially important to note that when a beneficiary revokes the hospice election during the last election period, re-enrollment in the Medicare hospice benefit will be precluded permanently.

You Should Be Alert to the Following Questionable Activities

- Hospice recruiters failing to notify prospective patients or their representatives that they will no longer be entitled to Medicare coverage of curative treatment if they elect the hospice benefit.

- Hospice personnel inducing beneficiaries to revoke their hospice election when more costly treatment is needed.

- A hospice refusing or failing to provide or arrange for needed care;

- Nursing home residents being induced to elect hospice but not receiving the additional benefits of hospice care;

- Non-hospice providers charging Medicare for services to hospice patients that hospices can and should

provide, such as counseling or medical equipment.

What To Do With Information About Questionable Practices Involving Hospice

If you have questions about the scope of the hospice benefit or the care you are receiving in hospice, you should first consider discussing these matters with your attending physician or the hospice provider. If you wish to report questionable practices, call or write: 1-800-HHS-TIPS, Department of Health and Human Services, Office of Inspector General, P.O. Box 23489, L'Enfant Plaza Station, Washington, D.C. 20026-3489.

Dated: October 23, 1995.

June Gibbs Brown,

Inspector General.

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National Institutes of Health

National Institute of General Medical Sciences; Notice of Cancellation of Meeting

Notice is hereby given of a cancellation of the meeting of the following committee on the National Institute of General Medical Sciences for November 1995, which was published in the Federal Register Notice on September 15, (60 FR 47951).

Name of Committee: Genetic Basis of Disease Review Committee.

Dates of Meeting: November 6-7, 1995.

Place of Meeting: National Institutes of Health, 45 Center Drive, Natcher Building, Room F2, Bethesda, MD 20892-6200.

Closed: November 6, 8:30 a.m.—5 p.m., November 7, 8:30 —adjournment.

The meeting was canceled due to administrative complications.

Dated: October 30, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

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National Heart, Lung, and Blood Institute; Notice of Meeting

Notice is hereby given of the meeting of the National Heart Attack Alert Program Coordinating Committee, sponsored by the National Heart, Lung, and Blood Institute on Tuesday, December 12, 1995, from 8:30 a.m. to 3:30 p.m. at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland 20814 (301) 897-9400.

The entire meeting is open to the public. The Coordinating Committee is meeting to examine policies and trends in the emerging managed care