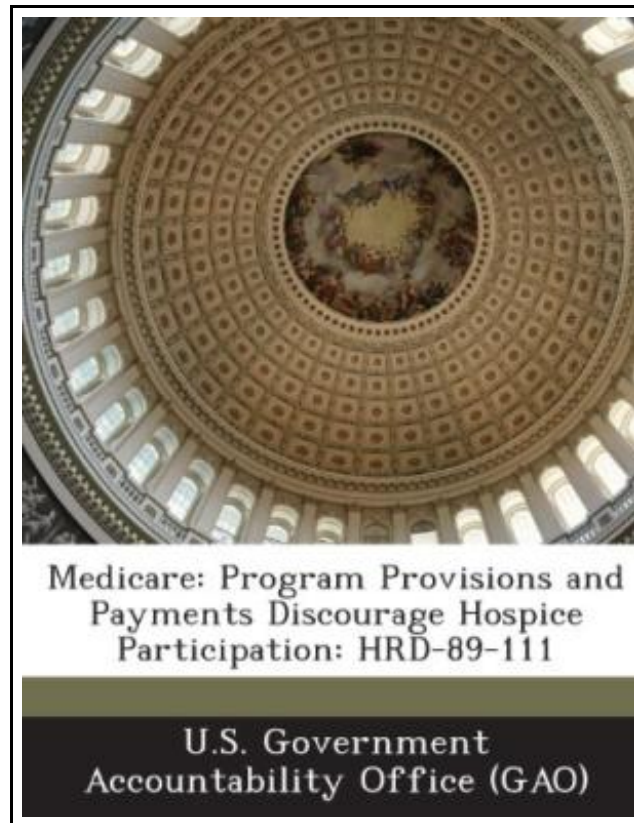


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Bibliogov, United States, 2013. Paperback. Book Condition: New. 246 x 189 mm. Language: English . Brand New Book ***** Print on Demand *****.Pursuant to a congressional request, GAO reviewed hospices that were not Medicare-certified, to determine: (1) the factors that influenced a hospice not to participate in Medicare; (2) whether the Health Care Financing Administration (HCFA) set reasonable prospective payment rates for hospices; (3) whether Congress could adopt additional standards to ensure that participating hospices provided quality care; and (4) whether HCFA and its intermediaries consistently administered the hospice benefit with program policies. GAO found that: (1) enrollment in a Medicare hospice required certification that the patient was terminally ill and would die within 6 months; (2) a participating hospice must have a contract with an inpatient care facility that stipulates that hospice staff will assume care of a patient at that facility; (3) nonparticipating hospices believed that inpatient facility physicians would be reluctant to relinquish patient management to hospice physicians; (4) although some hospices believed that hospitals were reluctant to contract for patient care at the Medicare hospice inpatient rate, they seemed to have no problems in obtaining the contracts or in providing all inpatient services; (5) hospices had a payment cap of \$9,010 times the number of enrolled patients, which some nonparticipating hospices thought could impose a financial risk, but HCFA data showed no instances where hospices reached the cap or filed claims that exceeded the cap; and (6) although some nonparticipating hospices had concerns that reimbursement was limited to no more than 20 percent of total care days as inpatient days, most hospices did not reach the 20-percent limit and did not believe that the limit had an adverse impact on their operations. GAO also found that: (1) it could not determine the reasonableness of payment rates,...



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