

Protecting Hospice Beneficiaries | July 2019

OIG Raises Quality of Care Concerns in Hospice

OIG released two reports which found that from 2012 through 2016, the majority of U.S. hospices that participated in Medicare had one or more deficiencies in the quality of care they provided to their patients. Some Medicare beneficiaries were seriously harmed when hospices provided poor care or failed to take action in cases of abuse.

OIG reviewed data for over 4,500 hospices that participate in Medicare and found that:



NONE

of the 12 hospices faced serious consequences from CMS for the patient harm cases described in our findings.

OIG Recommends the Centers for Medicare & Medicaid Services (CMS):

- Increase oversight of hospices with a history of serious deficiencies.
- Work with Congress to establish new remedies to hold poor performing hospices accountable.
- Educate hospices about common deficiencies and those that pose particular risks to beneficiaries.
- Ensure that hospices are educating their staff to recognize and report signs of abuse and neglect.
- Add complaint and deficiency information to its [Hospice Compare](#) public resource website.
- Make it easier to report instances of patient abuse and neglect.



The Medicare Hospice Benefit is Growing

From 2006 to 2016, Medicare spending for hospice care increased **81 percent to \$16.7 billion**, and the number of beneficiaries using the hospice benefit rose **53 percent to over 1.4 million**.

Visit our Hospice Media Materials page at oig.hhs.gov/hospice to read the reports and to learn more about OIG's efforts to improve the Medicare Hospice Benefit. OIG's mission is to protect the integrity of HHS programs as well as the health and well being of the people served by those programs.