How do your Hospice Services measure up?

1. Since 2011 and through 2030 10,000 Americans will turn 65 years old every day! In 2014 84% of Hospice patients were 65+ years old. Are you serving this growing population?

2. In 2016 CMS implemented the “U” shaped reimbursement payment model which reduces payments after first 60 days. Is your Hospice managing to this new payment structure?

3. What percent of your Hospice Revenue results from the Routine Care Tier of Service? Less than 80% may result in overpayment charges and result in agency-wide survey and financial penalties.

4. Hospice Length of Stay limit violations can result in financial penalties. Are you in compliance with your Medicare Cap Limits?

5. Third party audits (both ZPIC and RAC) target eligibility as well as technical review and intent issues which may result in paybacks. Does your Clinical Documentation meet the intent of Regulation and support the Terminal Diagnosis?

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6. It is estimated that 1 out of every 5 Medicare beneficiaries is readmitted to the hospital within 30 days. Patients with a terminal diagnosis of COPD and CHF are often leaders in readmission rates. The coordination of care of these patients across the Post-Acute Care continuum including Hospice has shown to improve care levels and reduce readmission rate. **Is your Hospice helping to reduce Re-Admission?**

**MileStone Healthcare has 25 years of experience helping clients navigate changes in the Post-Acute Care and Behavioral Health landscape. We can work with you on identifying opportunities for improvements in existing services, training, education and the development of needed services to help you succeed.**

**Ready to learn more?**
Contact our business development department at **800-926-2388** or visit our website at www.milestonehealth.com.