

Report on Medicare Compliance Volume 31, Number 9. March 14, 2022 MAC Hospice Audits Find High Error Rate; OIG Also Reports Problems

By Nina Youngstrom

New audit findings from a Medicare administrative contractor (MAC) and a report from the HHS Office of Inspector General (OIG) underscore the scrutiny that hospices are facing and their vulnerability if their operations don't conform to fundamental Medicare requirements.

The writing has been on the wall for some time in the form of audits and reports about hospice noncompliance in multiple areas. "OIG has been increasing its focus on hospices for the past couple of years," said Dhara Satija, who heads up health care compliance consulting at Paul Hastings. "Every report that has come out has identified lack of compliance with the conditions of payment, participation and/or medical necessity for hospice care."

The latest is a data brief focusing on Medicare billing for nonhospice items that possibly should be paid by hospice providers.¹¹ "If providers bill Medicare for nonhospice items and services that potentially should be covered by hospices, Medicare could pay for the same items or services twice," OIG said.

Medicare covers hospice care for beneficiaries with Part A if they have a terminal illness with a life expectancy of six months or less and the illness runs its normal course. The hospice assumes responsibility for the medical care for the terminal illness. There are four levels of hospice care—routine home care, inpatient respite care, general inpatient care and continuous home care—and Medicare pays an all-inclusive rate for each level of care.

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)