

## Eli's Hospice Insider

### Billing: Follow These Dos And Don'ts For Hospice Reform Payment Corrections

**Including transfer patients or patients' PHI are both no-nos.**

The new easier method to submit corrections for payment errors made under payment reform won't do you much good if you don't use the process correctly.

For the claims that saw incorrect Routine Home Care and Service Intensity Add-on payments starting in January 2016, the **Centers for Medicare & Medicaid Services** tells hospices in SE 17029 to submit to the HHH Medicare Administrative Contractor a list of claim information that includes:

- the document control numbers (DCNs) of the claims to be adjusted
- the dates of service for each claim, and
- whether the error is related to RHC days or SIA amounts.

**Do this:** "To avoid MACs making multiple adjustments on the same claim, providers are advised to send only one list, in an Excel spreadsheet format, containing all claims to be adjusted," a new MLN Matters article instructs. "The MAC will adjust the claims based on the information provided."

Hospices need to submit their lists via email to addresses their MAC provide, CMS instructs.

**Important:** "The list of claim information should include only the following: the document control numbers (DCNs) of the claims to be adjusted; the dates of service for each claim; and whether the error is related to RHC days or SIA amounts," MAC **CGS** instructs in an Oct. 10 post on its website. Do not include PHI - not even the beneficiary's name, CGS cautions.

Problems with errors involving transfer patients continue. "Hospices should continue to submit individual adjustments and apply the workaround noted in SE 17014 in cases where there is a transfer in the benefit period," CMS says. "Do not include these adjustments in the submitted list."

**Reminder:** "The hospice should enter the 'Start Date 1' in the current benefit period as the admission date on their claim, rather than their own admission date. This will allow all the days in the period to be counted in the RHC payment calculation," CMS explained in the May transmittal. That workaround should be used for new claims as well.

Note: The article is at [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17029.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17029.pdf).