

Eli's Hospice Insider

Billing: Roster Billing On The Horizon For Payment Reform Corrections

If you wait, you may have less work.

Hospices hoping for a little bit of help from Medicare for their billing corrections of errors caused by payment reform glitches are in luck.

Reminder: In May, the **Centers for Medicare & Medicaid Services** announced it had fixed most of the problems with the Routine Home Care and Service Intensity Add-on payment errors that accompanied hospice payment reform's implementation in January 2016. And CMS issued instructions for submitting adjustments to correct those problems.

However, CMS also said in a question-and answer set that it would consider coming up with an easier roster billing-type solution when hospices expressed frustration that the Medicare payment system's failure was causing extra work to fall in their laps.

It appears the HHH Medicare Administrative Contractors are hard at work on that task. "CMS notified [MACs] that in an effort to reduce provider burden, and maintain accuracy, CMS will allow hospices the option to create and submit a list of claims that need to be adjusted, rather than submit individual adjustments," MAC **CGS** said in a recent website post. But CMS asked the MACs to do "a trial run of the process" by recruiting a volunteer hospice. CGS did so and "is developing an adjustment process and will perform a trial run using the list," it said.

More to go: "MACs are to provide CMS with feedback about the process. Based on the MAC feedback, CMS will issue a new provider education article explaining how to best submit the adjustment lists," CGS reported. "Until further instructions are issued by CMS, providers should not submit a list of claims to CGS."

Hospices may still submit adjustments to individual claims with outstanding SIA and RHC payment errors, CGS acknowledged. See more information and instructions at www.cgsmedicare.com/hhh/pubs/news/2017/0817/cope4034.html.