

Eli's Hospice Insider

Fraud & Abuse: Terminal Illness, Hospice Caps Feature In Latest OIG Report

Hospice audits get a second spotlight.

If you were hoping the HHS Office of Inspector General's focus on hospice fraud scrutiny would be in your rearview, that's not the case quite yet.

In its new semiannual report to Congress, the OIG recaps the eight hospice audit reports it issued between May and July. Three of the eight audits had the OIG-contracted reviewer determine about half of claims were not compliant with billing requirements. The rest had non-compliant rates nearly as high.

Reviewers based most of the adverse determinations on terminal prognosis criteria. However, lack of support for General Inpatient and other higher-level care also figured in the audits, according to the OIG. So did problems with election documentation.

The OIG estimated that Medicare made \$121.2 million in unallowable payments to the audited hospices. The highest overpayment amount was \$47.4 million to Suncoast Hospice in Clearwater, Florida (see HOP, Vol. 14, No. 7); the lowest was \$3.3 million to Professional Healthcare at Home in Fairfield, California (see HOP, Vol. 14, No. 8).



The report sent to lawmakers also highlights problems with HHH Medicare Administrative Contractor Palmetto GBA's handling of hospice caps. Due to internal policies, "Palmetto did not collect lookback overpayments totaling \$545,639 or send refunds to hospices totaling \$17,513," the OIG highlights.

"For 45 years, our agency has been at the forefront of the fight against waste, fraud, and abuse in Medicare, Medicaid, and other HHS programs. And during these challenging times, our mission to protect the public and taxpayer dollars is more important than ever," says the OIG's **Christi A. Grimm** in a release about the report that covers April through September. "Our agency has achieved exceptional results in the past year."

In fiscal year 2021, the OIG reported 532 criminal enforcement actions and 689 civil actions, according to the release. The OIG also excluded 1,689 individuals and entities from participation in federal health care programs.

Note: The 108-page report is at <https://oig.hhs.gov/reports-and-publications/archives/semiannual/2021/2021-fall-sar.pdf>.