

## Eli's Hospice Insider

### Hospice News: Incomplete HETS Info Ups Hospice Claim Risk

Hospices fed up with denials due to in-complete hospice eligibility information aren't getting much help from their MAC, but a solution is on the horizon.

**Question:** "Since the HIPAA Eligibility Transaction System (HETS) only looks back 27 months for reporting prior hospice benefit periods, will providers be held liable for beneficiaries who have used two or more benefit periods prior to the 27 months reported, if the provider is unaware of the prior usage has no way to identify that it occurred?" one provider asked HHH Medicare Administrative Contractor Palmetto GBA in its July 16 Ask the Contractor Teleconference. "For example: the current hospice provider checks HETS and no prior hospice periods are reported in the previous 27 months, and the beneficiary denies having had prior hospice, so the current hospice admits them into the first benefit period, and does not perform a face to face encounter. Then, later upon billing, finds out the beneficiary had hospice three years ago. Will this good faith effort to check be recognized, or will the provider be denied payment due to the missed face to face? If there is no access or method to verify past 27 months, how could the provider be liable?" asks the agency, according to a recently posted question-and-answer set from the session.

**Answer:** Palmetto ducks the question and just confirms that "changes are currently underway in HETS to ... return hospice period information in the same format as CWF," Palmetto says in the Q&A. "These changes will be in place before the April 2014 termination date for the Fiscal Intermediary Shared System (FISS) Direct Data Entry (DDE) CWF query access."