

Eli's Hospice Insider

Hospice News: Terminal Diagnosis Figures In OIG Claims Determinations

Hospice sees 7 percent of claims kicked out by federal watchdog agency.

Hospices hoping that the OIG would let up a little bit on scrutiny of the industry will not be pleased with a recent report from the watchdog agency.

In a review of 100 claims from **The Community Hospice Inc.** in New York, the **HHS Office of Inspector General** found that seven of the claims did not comply with Medicare requirements. Specifically, three claims lacked sufficient clinical documentation for the terminal diagnosis; one claim lacked sufficient clinical documentation for the six-month terminal prognosis; one claim contained no physician's written certification in the associated beneficiary's case record; and two claims did not have sufficient documentation to support General Inpatient (GIP) care.

Cha-ching: The OIG urges Community to refund \$447,000 to Medicare based on its determinations.

Community paid back the reimbursement for four of the claims, but it maintains that the record contained "ample documentation" for the terminal diagnoses in three claims, the hospice tells the OIG in its comments on the report. Community intends to appeal if its Medicare Administrative Contractor seeks to reopen the claims at issue, it says.

See the report at <http://oig.hhs.gov/oas/reports/region2/21101016.pdf>.