



Process for Hospices to Submit a List of Claims Requiring Adjustments

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PROVIDER TYPE AFFECTED

This MLN Matters Special Edition Article is intended for Hospices billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Medicare pays a higher rate for hospice services at the routine home care (RHC) level of care for the first 60 days of service and pays service intensity add-on (SIA) amounts at the end of life. Some claims involving RHC and SIA payments have been paid incorrectly. MLN article SE17014 (May 24, 2017) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE17014.pdf> instructed hospices to submit adjustments on an individual basis to correct these errors.

This article now instructs hospices that have information identifying payment errors to submit to their MAC a list of claims to be adjusted. Be sure your staffs are aware of these changes and the detailed instructions in the Background Section below.

BACKGROUND

As mentioned above, MLN article SE17014 instructed hospices to submit adjustments on an individual basis to correct these errors. Hospice industry representatives noted that individual adjustments were time-consuming and requested a more streamlined process. In an effort to reduce provider burden, and maintain accuracy, the Centers for Medicare & Medicaid Services (CMS) now instructs hospices that have information identifying payment errors to submit to their MAC a list of claims to be adjusted.

In recent weeks, each MAC has worked with a volunteer hospice to develop an adjustment process and perform a trial run using a list of claims. This trial has confirmed that a list-based

adjustment process is workable. Additional experience with provider-submitted adjustments has also shown that in many cases the adjustments are having no effect on payment. Actions that only the MAC can take are needed for the adjustments to process accurately. All hospices seeking to correct their payments for RHC and SIA errors that are not related to transfers may submit a list instead of submitting individual adjustments.

The hospice should submit to the MAC a list of claim information that includes 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.

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. The MAC will adjust the claims based on the information provided. If no payment change results from the adjustments, the provider may need to do further research into the case to determine whether there had been a payment error.

Hospices should continue to submit individual adjustments and apply the workaround noted in SE17014 in cases where there is a transfer in the benefit period. Do not include these adjustments in the submitted list.

If a hospice provides a list, they should do so no later than October 20, 2017. The hospice should submit the list via email to contacts provided by their MAC. The MAC will initiate the adjustments over the three months following the submission of all lists, concluding the process by January 19, 2018.

ADDITIONAL INFORMATION

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
September 26, 2017	Initial article released

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