

Hospices

Hospices have long faced a troublesome regulatory environment in which to care for the terminally ill. In addition to the hospice cap, which requires hospice providers to return moneys in excess of a set amount (approximately \$24,000 per patient per year), hospice providers are facing increased scrutiny from ZPICs, PSCs and RACs. These Medicare contractors generally use a mathematical standard in denying claims for hospice benefits. Under Medicare rules, a patient must be determined by a physician to have six months or less to live if his or her disease runs its normal course for hospice benefits to be covered. However, we have seen Medicare contractors deny claims for any services longer than six months, regardless if a patient's disease ran a normal course or not. In these instances, it is crucial for a hospice provider to appeal such a determination.

Liles Parker attorneys have significant experience appealing overpayment demands through the Medicare appeals process, as well as PRRB appeals and hospice cap issues.