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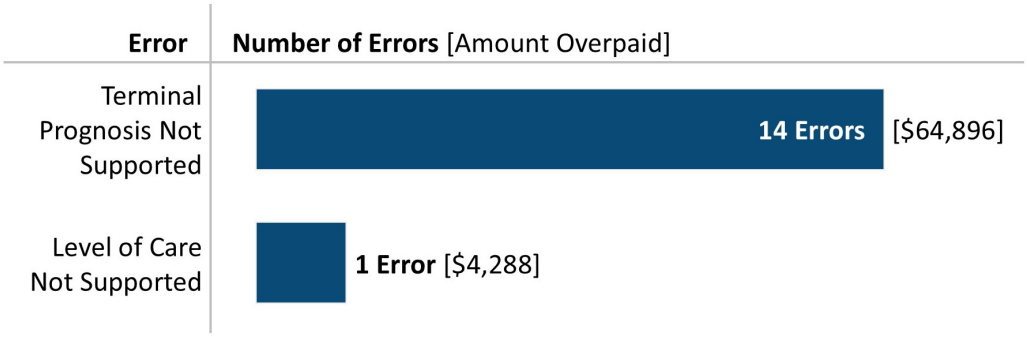
Hospice of the Valley - West Received at Least $8.6 Million in Medicare Overpayments

Why OIG Did This Audit

- The Medicare hospice benefit allows providers to claim Medicare reimbursement for hospice services provided to individuals with a life expectancy of 6 months or less who have elected hospice care.
- Previous Office of Inspector General audits and evaluations found that Medicare inappropriately paid for hospice services that did not meet certain Medicare requirements.
- This audit report, part of a series of hospice compliance audits, determined whether hospice services provided by Hospice of the Valley – West (HOV) complied with Medicare requirements.

What OIG Found

- HOV complied with Medicare billing requirements for 85 out of the 100 hospice claims we reviewed. However, the remaining 15 claims did not comply with Medicare requirements, resulting in overpayments totaling $69,184 from July 1, 2020, through June 30, 2022 (audit period).



- The errors occurred primarily because HOV did not always follow its policies and procedures to prevent the incorrect billing of Medicare claims for hospice services.
- On the basis of our sample results, we estimated that, of the $86 million Medicare paid HOV, HOV received at least $8.6 million in unallowable Medicare reimbursement for hospice services for the audit period.

What OIG Recommends

We made three recommendations, including that HOV refund to the Federal Government the $8.6 million in estimated overpayments. Our complete recommendations are found in the audit report.

HOV did not concur with any of our recommendations.