



Provider Inquiry Assistance

Process for Recovering Medicare Payments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations – JA6276

Related CR Release Date: December 5, 2008

Date Job Aid Revised: December 16, 2008

Effective Date: March 5, 2009

Implementation Date: March 5, 2009

Key Words	MM6276, CR6276, R410OTN, MM5085, CR5085, MM6183, CR6183, CR5873, R322OTN, OASIS, M0175, Overpayments, PPS, Hospital
Contractors Affected	Rural Home Health Intermediaries (RHHIs)
Provider Types Affected	HH agencies (HHAs) who bill RHHIs for services provided to Medicare beneficiaries



Change Request (CR) 6276 provides RHHIs instructions for overpayment recoveries associated with the Office of Inspector General (OIG) findings related to HH PPS claims and Outcomes and Assessment Information Set (OASIS) item M0175.

Provider Needs to Know...

- Because the Centers for Medicare & Medicaid Services (CMS) has found that, on appeal, a significant volume of recoveries have been reversed because providers did not receive timely notice of the reopening of their claims, RHHIs will take no action on OIG reports regarding M0175 overpayment for services in calendar years 2001 through 2004, since reopening these claims is no longer timely.
 - RHHIs will act on OIG claim files provided in association with any current and future OIG reports, regarding M0175 overpayments for services in calendar years 2005 through 2007.
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- The RHHs will notify each HHA that their identified claims will be reopened in response to the reports. After such notification, the RHHs will recover any overpayments for such services in accordance with the Medicare Modernization Act (MMA) 935-compliant processes outlined in CR5873 and CR6183.
 - Providers should be aware that the HH PPS case-mix system refinement, effective January 1, 2009, removed OASIS item M0175 from the list of items that affect HH PPS payments. Therefore, since M0175 overpayments are not a long-term vulnerability of the payment system, systematic changes and national processes to coordinate action on OIG reports (regarding such overpayments) are no longer warranted.
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Background

- In 2003, the OIG reported to the four RHHs that the Medicare program is at risk for making excess payments when certain OASIS information is reported in error on HH PPS claims.
 - Specifically, when HHAs report in OASIS item M0175 that a beneficiary has not been discharged from a hospital within 14 days of the start of HH care, that beneficiary's claim may (in some cases) be submitted using a Health Insurance PPS code for a higher paying payment group.
 - The OIG recommended that CMS and the RHHs take action to prevent and to recover these excessive payments.
 - In response, in April 2004 Medicare implemented pre-payment edits to ensure that claims failing to report prior hospitalizations were identified and recoded (whenever Medicare systems had sufficient information to do so).
 - In addition, CMS issued a series of instructions regarding post-payment adjustment of claims previously paid in error.
 - CR5085, released October 2006, provided directions for adjusting claims for services in fiscal year 2001, following a process that is compliant with the requirements of Section 935 of the MMA.
 - CR5085 stated that further instructions regarding claims for services in October 2001 and later would be provided in a separate transmittal. CR6276 provides those instructions.
 - The related MLN Matters article MM5085 ("Changes to the Process for Recovering Medicare Payments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Hospitalizations") can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5085.pdf> on the CMS website.
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Operational Impact	N/A
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Reference
Materials

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6276.pdf> on the CMS website.

The official instruction (CR6276) issued regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R4100TN.pdf> on the CMS website.

MLN Matters article MM6183 covers CR6183 and the article is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6183.pdf> on the CMS website.

CR5873 may be found at <http://www.cms.hhs.gov/transmittals/downloads/R3220TN.pdf> on the CMS website.
