



Related MLN Matters Article #: SE0561

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Provider Notification Regarding Adjustments for Home Health Prospective Payment System (HH PPS) Claims Failing to Report Prior Inpatient Discharges

Key Words

SE0561, Adjustment, Inpatient, M0175, OIG, RHHI, OASIS, HH, PPS, Prospective

Provider Types Affected

Home Health Agencies (HHAs)

Key Points

- Medicare has paid many claims with Health Insurance Prospective Payment System (HIPPS) codes representing no hospital discharge in cases where Medicare claims history shows that an inpatient stay actually did occur.
- When HHAs report in OASIS item M0175 that a beneficiary has not been discharged from a hospital within 14 days of the start of home health care, the claim for that beneficiary may in some cases be submitted using a HIPPS code for a higher paying payment group.
- The OIG recommended that the Centers for Medicare & Medicaid Services (CMS) and the regional home health intermediaries (RHHIs) take action to recover these excessive payments.
- CMS provided instructions to the RHHIs on how to make adjustments to HH PPS claims and to make the recommended recoveries using files:
 - "M0175 downcode files," which identify adjustments to recover excessive payments; and
 - "M0175 upcode files," which identify claims that have been underpaid.
- The RHHIs will make adjustments associated with these two files simultaneously so that payment of underpayments can help offset recovery of excessive payments.
- The payment of underpaid claims that help offset collection of excessive payments will appear on the HHA's next remittance advice.
- RHHIs will offset any balance that remains due against current claims on the same remittance.
- The adjustments will have Type of Bill (TOB) 32I or 33I.

- The provider notification and inspection period will begin October 24, 2005.
- The RHHs will process all the adjustments during the week of November 28, 2005.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0561.pdf>