Medicare Fee for Service
National Recovery Audit Program

(April 1, 2015 – June 30, 2015)

Quarterly Newsletter

*Figures rounded to nearest tenth; Nationwide figures rounded based on actual collections. Figures provided in millions. All correction data current through June 30, 2015.

	OVERPAYMENTS COLLECTED	UNDERPAYMENTS RETURNED	TOTAL QUARTER CORRECTIONS	FY TO DATE CORRECTIONS
Region A: Performant	$27.83	$3.23	$31.06	$69.31
Region B:CGI	$15.72	$2.62	$18.34	$26.94
Region C: Connolly	$40.31	$17.60	$57.91	$142.84
Region D: HDI	$11.00	$9.06	$20.06	$70.06
Nationwide Totals	**$94.86**	**$32.51**	**$127.37**	**$309.15**

TOP ISSUE PER REGION

*Based on collected amounts through June 30, 2015

Region A:	**MS-DRG Validation: Cardiac Valve Procedures:** (complex review) MS-DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record.
Region B:	**OP Rituximab 100mg Dose vs. Units Billed:** (complex review) Rituximab, (Rituxan), 100mg (J9310) should be billed one (1) unit for every 100mg per patient administered. Hospitals need to ensure that units of drugs administered to patients are accurately reported in terms of dosage specified in the full HCPCS code descriptor.
Region C:	**Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with CC: MS-DRG 464**: (complex review) MS-DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record.
Region D:	**O.R. Procedures Unrelated to the Principal Diagnosis:** (complex review) MS-DRG Validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record.