

	Demonstration	National Program			
	March 2005– March 2008	FY 2010 Oct 2009– Sep 2010	FY 2011 Oct 2010-Dec 2010	FY 2011 Jan 2011-Mar 2011	Total National Program
Overpayments Collected	\$992.7 M	\$75.4 M	\$75.8M	\$162.0M	\$313.2
Underpayments Returned	\$37.8 M	\$16.9 M	\$13.1M	\$22.6M	\$52.6
Total Corrections	\$1.03 B	\$92.3 M	\$88.9M	\$184.6M	\$365.8M

In accordance with Section 306 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), CMS conducted a Recovery Audit demonstration from March 2005 to March 2008. The U.S Congress authorized the nationwide expansion of the Recovery Audit program through the Tax Relief and Health Care Act of 2006. Recovery Auditors are CMS contractors who are tasked with detecting and correcting past improper payments.

**Top Issue per Recovery Auditor** (National Recovery Audit Program: FY 2010– March 2011)

**Overpayment Issues**

<b>Region A: Diversified Collection Services</b>	<b>Ventilator Support of 96+ hours</b> – Ventilation hours begin with the intubation of the patient (or time of admittance if the patient is admitted while on mechanical ventilation) and continue until the endotracheal tube is removed, the patient is discharged/transferred, or the ventilation is discontinued after a weaning period. Providers are improperly adding the number of ventilator hours resulting in higher reimbursement. <b>(Incorrect Coding)</b>
<b>Region B: CGI, Inc.</b>	<b>Extensive Operating Room Procedure Unrelated to Principal Diagnosis</b> – The principal diagnosis and principal procedure codes for an inpatient claim should be related. Errors occur when providers bill an incorrect principal and/or secondary diagnosis that results in an incorrect Medicare Severity Diagnosis-Related Group assignment. <b>(Incorrect Coding)</b>
<b>Region C: Connolly, Inc.</b>	<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Provided During an Inpatient Stay</b> – Medicare does not make separate payment for DMEPOS when a beneficiary is in a covered inpatient stay. Suppliers are inappropriately receiving separate DMEPOS payment when the beneficiary is in a covered inpatient stay. <b>(Billing for Bundled Services Separately)</b>
<b>Region D: HealthDataInsights</b>	<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Provided During an Inpatient Stay</b> – Medicare does not make separate payment for DMEPOS when a beneficiary is in a covered inpatient stay. Suppliers are inappropriately receiving separate DMEPOS payment when the beneficiary is in a covered inpatient stay. <b>(Billing for Bundled Services Separately)</b>